महाराष्ट्रशासन
SIR J. J. GROUP OF HOSPITALS, BYCULLA,
MUMBAI - 400 008
Medical Store
सर ज.जी. समुह रुग्णालये,भायखला,मुंबई-४००००८
Tel.No.०२२२३७३९९०३, ०२२२३२२२४५३,०२२२३७३५५५५
Email id-jjhmedicalstore@gmail.com

No.JJH/MS/QTN/B/ 538/2026 Date:- 04 /11/2026

Sub : Quotation for the supply of medicines /items (open quotation)

Sir,

You are requested to submit your lowest bid for medicines / items. The quotation should reach this office in sealed envelope on before. 16 /11/2026 till 5.00 pm. Quotation is also published on www.ggmcjjh.com

The Dean, Sir J J Group of Hospitals, Mumbai reserves the right to Accept, Recall or Reject any or all quotations without assigning any reason.

Other instructions and terms & Condition regarding quotation are mentioned below the drug list.

SN	Name Of the Drug	Rate Req. as per Unit Packing	Rates Inc. GST as per Vial/Amp/1Tab/1Cap/ Bottle/Tube/Resp. as per mentioned in column C	Mfg. By	MRP
A	B	C	D	E	F
1	Inj. Frusemide 10 mg/ml	2 ml Amp			
2	Inj. Fluconazole IV 200mg,	100 ml Bottle			
3	Inj. Glycopyrrolate 0.2mg/ml	1 ml Amp			
4	Inj. Heparin 5000IU/ml	5 ml Vial			
5	Inj. Hydroxypropyl Methyl Cellulose (HPMC) 2.4 %	3 ml PFS			
6	Inj. Hyoscine Butyl Bromide 20 mg/ml	1 ml Amp			
7	Inj. Insulin (plain) 40IU	10 ml Vial			
8	Inj. Mephentermine Sulphate 30mg/ml	10 ml Vial			
9	Inj. Midazolam 1mg/ml	10 ml Vial			
10	Inj. Pheniramine Maleate 22.75 mg/ml	2 ml Amp			
11	Inj. Pentazocine Lactate 30 mg/ml	1 ml Amp			
12	Inj. Pantoprazole 40 mg	Vial			
13	Inj. Succinyl Choline 50 mg/ml	10 ml vial			
14	Inj. Tetanus Toxoid 0.5 ml	0.5 ml Amp			
15	Inj. Tetanus Toxoid 5ml	5 ml Vial			
16	Tab. Fluconazole 150 Mg	Per Tab			
17	Tab. Thyroxine 100 mcg	Per Tab			
18	Tab. Thyroxine 25 mcg	Per Tab			
19	Syrup Antacid 170 ml Bottle	170 ml			
20	Syrup Paracetamol 125mg/ml, 60ml Bottle	60 ml			
21	Fluocinolone Acetonide 0.025 % w/w Skin	15 gm			
22	Fluocinolone Acetonide 0.1 % w/w Skin Cream	15 gm			
23	Ointment Tacrolimus 0.03%	15 gm			
24	Lignocaine 2% w/w Skin Cream	30 gm			
25	Miconazole Nitrate 2% w/w Skin Cream	15 gm			
26	Framycetin Skin Cream	30 gm			
27	O.R.S. (WHO formula) Powder Packet	20.5 gm			
28	Moxifloxacin 0.5% with Dexamethasone 1% Eye drops,5ml bottle	5 ml			
29	Tropicamide 0.8% w/v and Phenylephrine 5% w/v Eye drops, 5ml bottle	5 ml			
30	Nepafenac 0.1% w/v Eye drops, 5ml bottle	5 ml			
31	Tobramycin Eye Drop 10 ml	10 ml			
32	Tobramycin with Dexamethasone Eye Drop 10 ml	10 ml			
33	Inj. Human Normal Immunoglobulin 5 % 100 ml	100 ml			

Instructions and terms & condition regarding Quotation:-

1. Interested vendors should submit the quotation as per given format only. Vendors need to specify Manufacturer in the quotation and the same supply needs to be supplied.Incomplete information about manufacturer may lead to disqualification of Bidder.

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2. Bidders need to submit all valid documents as mentioned in Sr. no. 19, All documents should be self attested, along with company stamp & seal, Original Documents may be called for physical verification as per requirement.
3. Quotations must be submitted in a sealed envelope only.
4. The quotation & envelope should be addressed to - **The Dean, Sir J J Group of Hospitals Mumbai** and **marked Kind attention to- Medical store.**
5. **Vendors must write quotation reference no & Last date of quotation submission on the envelope.**
6. Any amendments regarding the quotation will be published on website **www.ggmcjjh.in.** Vendors will not be communicated separately regarding the amendments.
7. However if the vendor fails to check any of these amendments on the website then it will be presumed that the vendor has quoted his rates by taking the note of these amendments.
8. Rate should be quoted **inclusive of all taxes ,GST , etc./per vial/Amp/Tab**
9. Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
10. Rate must be quoted for official Pharmacopeial standards i.e. IP/BP/ USP only & same goods must be supplied.
11. Delivery period is 24 hrs to 03 (Three) days / 15 days from the receipt of order, as per vitality of Medicine.
12. **Analysis test reports (Inhouse and NABL)**need to be submitted at the time of goods supply. **along with valid WHO -GMP certificate of Manufacturer.**, failing which goods will not be accepted.
13. The Dean, Sir J. J. Hospital, Mumbai, shall have the right to get samples of any medicines or materials supplied by the supplier tested for quality by a third-party laboratory. The cost incurred towards laboratory testing shall be borne by the supplier and may be recovered or deducted from the supplier's invoice.
14. For goods supplied under MJPJAY/ Other scheme, bills will be passed only after utilization certificate received from the user department.
15. Successful vendors if fails to supply the goods within stipulated delivery period he is liable for the further necessary penal action, which may deem fit.
16. Frequent defaulter bidder will be debarred from participating in the tenders / quotations called by this office.
17. Payment will be processed within 120 Days from the Date of Submission of bills after Delivery of goods along with all necessary documents
18. Sample needs to be submitted whenever asked
19. **Documents required along with quotation form (Documents must be self attested and duly stamp and sealed)**
· Bidders FDA license [Drug manufacturing license/ Medical Device License OR wholesale stocking & Selling Licence].
· Authorization Letter from manufacturer
· Valid No conviction certificate from FDA.
· GST registration copy.
· Bidder details as per Annexure A.
· Adata (अदाता) Registration Number at JJ Hospital Mumbai (If Adata Registration number is not taken then documents mentioned in Sr.No 9 of Annexure A to be submitted by bidder on his letter head along with the attested copies.).
· Valid WHO GMP/ISO 13485 certificate of manufacturer.
20. **NOTE : Last date of submission of quotation :-** 16 **/11/2026 before 5.00 pm**

Dean
Sir J J Group of Hospitals, Mumbai

ANNEXURE A

(To be submitted on Bidder's Letterhead, Incomplete Annexure is liable for Rejection)
1. Name and address of the firm: -
2. Registered Head Office Postal address: -
3. Telephone No.
4. E-Mail ID : -
5. Ownership status of the firm- (Maharashtra Govt. / Central Govt./Jt. Sector /co - operative /SSI /Private)
6. Whether bidding as a manufacturer / importer / Authorized Distributor
7. Name of the person & Phone no. who should be contacted by this office in case of emergency.
8. Payee (अदाता) Registration Number at Sir J J Hospital, Mumbai.
9. Bank Details: -
    1) Bank A/C No. _____
    2) IFSC Code: - _____
    3) Branch Name & Address: _____
    4) Cancelled Cheque:_____
10. PAN number_____
11. GST registration number_____

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particular found to be materially incorrect /misleading, My /Our quotation shall be rejected. I / we accept all terms & conditions, also I / we are lia for penal action as per terms specified in the " terms and conditions of quotation".

Date: -

Signature of the bidder with official seal and address

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