

शासकीय वैद्यकीय महाविद्यालय व अतिविशेषोपचार रुग्णालय नागपूर  
Govt. Medical College & SuperSpeciality Hospital, Nagpur  
Phone No.0712-2703743 [email-gmcsshnms@gmail.com](mailto:email-gmcsshnms@gmail.com) Fax No.0712-2746682  
GSTIN-27AAAGG1230M1ZL

Ref. No. GMC/SSH/Medical Store/Quot/23-24.....131..... / Date:18/4/23

**Quotation Enquiry**

To,

**Sub.:-** QUOTATION FOR "SUPPLY OF MEDICINES" (Medical Stores)

Dear Sir/Madam,

You are requested to send the quotation for the items in attached list, in properly sealed cover, by registered AD or by hand on Dak book, so as to reach the office of Administrative Officer Chamber, GMC Nagpur during working hours, on or before 25/4/2023 5 pm quoting our reference on the envelope. **For convenience, you may use copy of our list to fill the details of Manufacturer and rates in typewritten or printed way. No handwritten quotations will be accepted.**

**Our terms and conditions :**

01. You may quote rates for any number of the specified items in the accompanying table.
02. Do not change the given Strength & specifications of items.
03. Rates quoted should be valid for a period of one year from date of receipt in this office.
04. The rates quoted should be inclusive of all Taxes,(Inclusive GST) Packing and forwarding charges etc, door delivery to Medical Stores, Super Speciality Hospital of Government Medical College, Nagpur.
05. You should clearly specify in your quotation as to with whom the supply order is to be placed (i.e. name of supplier/stockiest/distributor – as the case may be) if your quotation is accepted.
06. The supply of goods will have to be made within 10 days from the date of our office order. The ordered quantity will have to be supplied in one single consignment.
07. Supplied goods must be of standard quality, as approved by the FDA.
08. Goods should have expiry date at least one year after the date of supply.
09. Your invoice and challan should have the certification that the drug supplied under this challan & invoice are of required pharmacopoeial standard and any defect found in future shall be sole responsibility of supplier.
10. Improperly sealed quotations will not be considered.
11. This office reserves the right to cancel the order at any time without giving any reason what to ever.
12. In a separate envelope along with the quotation submit attested photocopies of **GSTIN No., Shop establishment, Drug Licenses, Income Tax, PAN card etc.**

Enclosures:- Drug quotation List

  
Dean  
GMC & Super Speciality Hospital, Nagpur

Sr.No.	Name of Medicine	Specifition	Rate	Name Of Mfg
1	Inj.Anti Thymocyte Globulim	25mg		
2	Inj.Adalimumab	40mg		



**Dean,  
Government Medical College &  
Super Speciality Hospital, Nagpur**