

Govt. Medical College and Hospital Nagpur

शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, नागपूर
औषधीभांडार विभाग

Quotation Enquiry

Ref No. MCHN/Medical Stores/Quot/ 1296 /23.

Dt. 28 / 12/2023.

To,

**Subject: - Quotation Enquiry for "SUPPLY OF MEDICINE ITEMS"
for Medical Stores . (EMERGENCY QUOTATION OF Covid Drugs)**

This is to inform you that the rate enquiry, for the medicinal items list is attached herewith, you are requested to send the rate of each item in properly sealed cover envelope by registered A/D or by hand to medical store department, Government Medical College & Hospital Nagpur during working hour on or before Dt. 04/01/2024 at 5.00pm, quoting our reference in the envelope for your convenience. The copy of medical items list can be used to fill the rate in typewritten or printed form. No handwritten quotation will be accepted.

IMPORTANT

1) This quotation is valid for

- a) Medical Store, Government Medical college & Hospital, Nagpur.
- b) Medical Store, Super Speciality Hospital of Government Medical college, Nagpur.
- c) MJPJY, Government Medical College & Hospital, Nagpur.
- d) MJPJY, Super Speciality Hospital of Government Medical College & Hospital, Nagpur.

2) (Quote rate for Single Unit only)

3) This Rate Enquiry for Local Supplier (Location-Nagpur Only)

OUR TERMS AND CONDITIONS: -

1. You may quote rates for any number of the specified items in the accompanying table. Do not change the given specifications of items.
2. Rates quoted should be valid for a period of Six Months from date of receipt in this office.
3. The rates quoted should be inclusive of all Taxes, Packing and forwarding charges etc. door delivery to, Medical Stores, GMC OR GMC & Super Speciality Hospital of Government Medical College, Nagpur.
4. 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.
5. 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.
6. Supplied goods must be of standard quality as approved by the FDA.
7. Goods should have expiry date at least one year after the date of supply.
8. Your invoice and challan should have the certification that, the drug supplied under this challan & invoice are of required pharmacopieal standard and any defect found in future shall be sole responsibility of supplier.
9. Improperly sealed quotations will not be considered
10. This office reserves the right to cancel the order at any time without giving any reason what to ever.

Sr.No.	Drug Name	Unit Rate
1	Inj. Tocilizumab -200 mg	
2	Inj. Tocilizumab - 400 mg	
3	Inj. Tocilizumab - 80 mg	
4	Inj. Remdesivir - 100 mg	
5	Inj. Methyl Prednisolone - 40 mg	
6	Inj. Amphoterecin -B(Lyophilysed) 50mg	

Dean,

Govt. Medical College & Hospital,
Nagpur