महाराष्ट्र शासन
शासकीय वैद्यकीय महाविद्यालय व अतिविशेषोपचार रुग्णालय,
नागपूर-४४०००३
Government Medical College & Super Speciality Hospital, Nagpur-440003
Fax No.0712-2746682 Tel. 0712-2750122, 123, 142 Email -gmcssh95@gmail.com

Ref.NO/GMC&SSH/MJPJAY/MS/Qta/ 9664 /2026 Date 29/10/2026

To,

Subject: - Quotation Enquiry for "SUPPLY OF MEDICINE ITEMS" for MJPJAY, Medical Stores, GMC & SSH Nagpur

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 MJPJY medical store department, Government Medical College & Super Speciality Hospital Nagpur during working hour or dated 09 /11/2026 at 5 pm, 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 of

A) Medical Store, Government Medical College & Hospital, Nagpur.
B) Medical store, Super Speciality Hospital of Government Medical College, Nagpur.
C) MJPJAY, Government Medical College & Hospital, Nagpur.
D) MJPJAY, Super Speciality Hospital of Government Medical College & Hospital, Nagpur.

2) **No handwritten quotation will be accepted.**
3) In a separate envelope along with **the quotation submit attested photocopies of GSTIN No. Shop establishment, Drug Licenses, Income Tax, PAN Card etc.**
4) **Quote rate for Single Unit 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 one year 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. Good 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.
11. Quotation of all item mandatory.
12. A)Valid WHO GMP Certificate and WHO GMP Product List or COPP for quoted items.B) In House Test Report for Purchased Item. C) NABL Test Report Compulsory. D) No Conviction Certificate issued from Concern FDA for Manufacturer / Distributor. E) For Consumables:ISO 13485(International Organisation for Standardisation), ISO 17025, ISO45001,ISO14001,GMP (Good Manufacturing Practice)/ Schedule M, Quality Management System (QMS) for Medical Devices, Central Drugs Standard Control Organisation (CDSCO).

Sr No	Name Of Drug	Rate
1	Inj. Somatrogon 24 mg / 1.2 ml. Prefilled Pen	

Digitally signed by
RAJ NARENDRA GAJBHIYE
Date: 28-10-2026
14:53:01

Dean
Govt. Medical College &
Super Speciality Hospital,
Nagpur.