



Government Medical College & Hospital, Nagpur
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, नागपूर

Mahatma Jyotirao Phule Jan Arogya Yojana
महात्मा ज्योतिराव फुले जन आरोग्य योजना

कार्यालयाचा पत्ता : औषधलयाचे बाजुला, शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, नागपूर जे. क्र. ०७१२-२७०११००

No.GMCHN/MJPJAY/Quot/Onco_Medicine / 3610 /2025

Date:- 12/12/2025

Quotation Enquiry.

To,

Subject :- Quotation Enquiry for "Oncology Medicines and other medicines" under Two Envelope (Two Bid) system (Recall)

The undersigned invited sealed quotations for the items mentioned below/on/reverse or as per enclosed statement for the use of the MJPJAY, Govt. Medical College & Hospital, Nagpur under Two envelope (**Two Bid**) for **Oncology Medicines** only on the following terms & conditions.

- 1) The prices quoted should be free delivery to **MJPJAY Store**, Govt. Medical College & Hospital premises **purely on Patient to Patient basis** for local dealers and F.O.R. Destination for outsiders.
- 2) **The Price quoted should be inclusive of all taxes, duties if payable** like customs, excise, **GST**. The **GST number** should be quoted in your letter while quoting the rates. Exemption of taxes, if on A.F. Forms etc. be separately stated.
- 3) **The serial number of the items should not be changed while quoting rates**. You may drop the item if not interested & **List should be prepared in printed copy only** otherwise it may be rejected.
- 4) **Rates should be quoted strictly for the item specified in the list provided and for standard quality of goods**. For anticancer medicines, you may quote more than one brand for the same medicine with proper authorization letter from concerned manufacturer/company. In such case, the detailed specifications, name of manufacturer or make etc must be stated. Specifications other than specified in the schedule may be liable for rejection on even though lowest.
- 5) The quotation submitted will be valid for a period of one year only from the date of acceptance and if any case you are unable to supply the medicines/surgicals you will be black listed for year.
- 6) This quotation is for local supplier only i.e. Nagpur Only (Outside Nagpur District quotation will be rejected).
- 7) Loose packing of material will not be acceptable in any condition.
- 8) The quotation received after due date will not be accepted. **The quotation should be submitted to Office of MJPJAY, Government Medical College & Hospital, Nagpur in sealed cover**. Unsealed quotations, which are not properly sealed, will not be accepted. The last or receiving date of the quotation is 19.12.2025 up to 5.00 p.m.

- 9) Material should be supply in store (MJPJAY) & your invoice and challan should have the certification that the material supplied under this challan & invoice are of required Pharmacopeial standard and any defect found in future shall be sole responsibility of the supplier. Goods should have expiry date at least one year after the date of supply.
- 10) Quotations if asked with samples, if not accompanies with sample will be liable for rejection even they are lowest. Samples should be sent with a labels attached quoting our ref. no of enquiry and item no etc.
- 11) The Dean, Govt. Medical College & Hospital, Nagpur does not pledge himself to accept the lowest or any quotations and reserves to himself right of acceptance or rejection any of quotations which does not suit to his requirements.
- 12) If supplier (L1) didn't supply selected required item or above mentioned rules, the particular supplier will be **BLACK LISTED** for the tender.
- 13) Following documents are mandatory with the material supplied. (Material will not be accepted without these documents in any cases "
 - A) Valid WHO GMP certificate and WHO GMP Product list or COPP for quoted items.
 - B) In House test report for purchased item.
 - C) National Accreditation Board for Testing and Calibration Laboratories (NABL test report). Compulsory.
 - D) Non conviction certificate issued from concern FDA for Manufacturer/Distributor.

14) Very Important :- Please provide valid copy of FDA approval for Vendor as well Manufacturer.

- 15) Once in a year along with the quotation please provide attested photocopies of **renewed PAN No, GST/CGST/SGST, VAT, CST, Shop establishment, Drug license, Income tax clearance & etc.**

Imp : Submit sealed quotation under two envelope (Two Bid) system for supply of Medicine.

Envelope No 1: (Technical Bid: Specifications), Compliance Chart & Authorization letter, Other Certifications & Necessary Documents. Submit items in format mentioned below.

| Sr. No | Item Name | Manufacturer |
|--------|-----------|--------------|
| | | |
| | | |

Envelope No 2: (Price Bid). Submit items in format mentioned below.

| Sr. No | Item Name | Manufacturer | Rates per unit (Including GST) |
|--------|-----------|--------------|--------------------------------|
| | | | |
| | | | |

Enclosures : Drug list attached

| Sr. No. | Name Of Drug | Manufacturer | Rates Per Unit (including GST) |
|---------------------------|---|--------------|-----------------------------------|
| Oncology Medicines | | | |
| 1 | Inj. Carboplatin (450 mg) | | |
| 2 | Inj. Vincristine Sulphate (1 mg vial) | | |
| 3 | Inj. Vinblastine Sulphate 10 mg | | |
| 4 | Inj. 5- Fluorouracil (500mg) | | |
| 5 | Inj. Leucovorin Calcium (50 mg) | | |
| Other Medicines | | | |
| 6 | Inj. Caffeine Citrate 20mg/ml | | |
| 7 | Inj. Tobramycin 80mg/2 ml | | |
| 8 | Inj. Human Albumin 20%, 100ml | | |
| 9 | Inj. Methotrexate (50 mg) | | |
| 10 | Tab. Prednisolone 20 mg | | |
| 11 | Tab. Prednisolone 40 mg | | |
| 12 | Tab. Methotrexate 10 mg | | |
| 13 | Tab. Methotrexate 15 mg | | |
| 14 | Neosporin (Like) Skin Ointment 20 gm | | |
| 15 | Tisseel Lyo VHSD Fibrin Sealant (Two component Fibrin Sealant)2ml (Baxter, Like) | | |
| 16 | Chlorhexidine Gluconate and Cetrimide Solution 100ml (Savlon Like) | | |


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