

QUOTATION LETTER
(Notice Board/Office Copy)
Website

No. DHO/HLT/Store/ 3438 / 2024
Office of The District Health Officer,
ZillaParishad, Gadchiroli
Date :- 25/07/2024

To,

Sub : - Purchase of Medicine.

This office has to purchases following Medicine. You are therefore requested to send your quotation for the same before due date on the following terms and conditions.

Sr. No.	Item & Specification	Rate to be quoted following unit	Remark
1	Hydroxyurea Tab/Cap 250 mg	Per Unit (Per Tab/cap)	1) Mention Co. & Specification 2) Mention supply period 3) Rate inclusive all taxes

TERMS AND CONDITIONS:-

- 1) The quotation should be in sealed/closed cover and should reach this office on or before Date 05/08/2024, up to 17.00 Hrs
- 2) The rates should be inclusive of all taxes and on charges and free delivery to this office Store.
- 3) This samples of the Items (Where necessary) may be sent to this office along with quotation letter.
- 4) The quotation must be filled for the Items which are read for immediate supply.
- 5) Conditional quotation will not be accepted.
- 6) The undersigned reserve the right to accept or reject of any of all the quotations and call for fresh quotation if necessary without giving any reasons.
- 7) No correspondence on this account will be entertained on receipt of the quotations.
- 8) Goods rejected will have to be taken back at your cost.
- 9) The quotation received after the fixed date and will have not accepted.
- 10) The quotation will be opened on the same date if possible and the interested parties may remain present at the time of opening of quotations.
- 11) Document required - GST Registration, PAN Card and Drug License.


District Health Officer
ZillaParishad, Gadchiroli