## **QUOTATION LETTER**

No. DHO/HLT/Store/5 25 / 2025 Office of The District Health Officer, Zilla Parishad, Gadchiroli Date: -23 / 0 | /2025

To,	
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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.	Item & Specification	Rate to be quoted	Remark
No.	x = 1 ( ) ( )	following unit	
1	Tab IFA (Iron 60 mg+ Folic Acid 500 mcg)	Per Tablet	1) Mention Co. &
	(Blue Color Tablet)	2 × 8	Specification
2	Iron & Folic Acid Syrup with Autodispenser	Per Bottle	2) Mention supply
	(50 ml Bottle)		period
3	Tablet Iron 45 mg + Folic Acid 400 mcg shuger	Per Tablet	3) Rate inclusive all
	coated (Pink Colour Tablet)		taxes

## **TERMS AND CONDITIONS:**

- 1) The quotation should be in sealed/closed cover and should reach this office on or before Date.
- 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) Document Required Drug Licence, Adhar Card, Pan Card, Shop Establishment Act Certificate
- 11) 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.

District Health Ófficer ZillaParishad, Gadchiroli

Copy circulated to:- 1) Notice Board of Health Department, Z.P. Gadchiroli

2) Zilla Parishad, Gadchiroli website