

Notice for Expression of Interest

Health Department Zilla parishad Amravati invites proposals/quotation of rates (inclusive of all taxes) From reputed and experienced company's for purchase of following

Sickel cell programme medicines

SR No	Name of Items	Quantity
1	Tab.Hydroxyurea 500 mg	34600
2	Tab.Hydroxyurea 250 mg	30000
3	Tab.SodiumBicarbonate 1000 mg	30000

Please Submit your Quotations to office of District Health Officer, Zilla Parishad, Amravti Opposite to District Court ,Camp Amravati. Up to 15 -1-2026 urgently.

Interested firms should submit their PAN card , GST certificate,shop act licence, FDA licence Xerox along with Quotation unless quotation will be rejected.

Amravati
DISTRICT HEALTH OFFICER

ZILLA PARISHAD AMRAVATI

for