

QUOTATION NOTICE

The Department of Health & Family Welfare, DNH & DD invites quotation from the Authorized Distributers/ Dealers/ Suppliers for **Supply of required Covid-19 Medicine** for **Department of Health & Family Welfare**. The list of items is placed at **Annexure-1**. The sealed quotation has to reach to the office of the undersigned on before 19/07/2022 up to 13.00hr by Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned. The quotation will be open on 19/07/2022 15.30 hr.

TERMS AND CONDITIONS

1. The rate should be quoted for F .O. R. **Department of Health & Family Welfare, DNH & DD** and it should be valid for period of one year.
2. The rate should be quoted inclusive of material & labour cost and all taxes. No extra charges will be paid for any taxes/packing/forwarding and insurance etc.
3. The bidder should submit copy of PAN Card & GST No.
4. The bidder should submit copy of valid license in the field of supply.
5. The sealed quotation should be super scribed by words "**QUOTATION FOR PURCHASE OF COVID-19 MEDICINE FOR DEPARTMENT OF HEALTH & FAMILY WELFARE, DAMAN**".
6. The quotations to be sent to the office of the Central Procurement Branch, Room No. 106, 1st Floor, CHC, Moti Daman (DNH&DD)- 396220.
7. Payment will be made only after satisfactory assurance of quality of work done.
8. Quotation received after due date and time will not be taken into consideration.
9. Right to reject or accept any or all quotations is reserved by the undersigned.


In-charge,

Central Procurement Branch
E-mail Id: cpbdnhdd@gmail.com

Copy to:-

- 1) The Authorized Distributers/Dealers/Suppliers for information and necessary action.

Annexure - I

Purchase of Covid 19 Medicine for Department of Health & Family Welfare, Daman

Sr. No.	Items Name	Unit	Company Offered	Unit Rate in Rs.	Qty.	Total Amount
1	Tab.Acetyl Salicylic Acid 150mg	1 Tab.			20000	
2	Tab.Deflazacort 6mg	1 Tab.			5000	
3	Tab.Methyl Prednisolone 8mg	1 Tab.			4000	
4	Sol.Budecort Respules 0.5mg	1 nos.			2500	
5	Levosalbutamol (1.25mg) + Ipratropium (500mcg) respules	1 nos.			2000	
6	Sol.Salbutamol 15 ml	1 vial			2500	
Total						