

**QUOTATION LETTER**

Notice Board/Office Copy

No. DHO/HLT/Store/ 6109 / 2025

Office of The District Health Officer,

Zilla Parishad, Gadchiroli

Date :- 01 / 12 / 2025

To,

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**Sub : - Quotation for Purchase of Ayurvedic Medicine.**

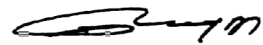
This office has to purchases following Ayurvedic Medicine. You are therefore requested to send your quotation for the same before due date on the following terms and conditions.

Sr. No.	Item & Specification	Rate to be quoted following unit	Remark
1	Abhayarishta	450 ml	1) Mention Co. & Specification 2) Mention supply period 3) Rate inclusive all taxes
2	Adulsa Cough Syrup	100 ml	
3	Amlaki Churna	100 gm	
4	Amrutarishta	450 ml	
5	Anu Taila	10 ml	
6	Arjunarishtha	450 ml	
7	Arogyavardhini	40 tab	
8	Arshkuthar ras	40 tab	
9	Avipittakar Churna	100 gm	
10	Bala Taila	100 ml	
11	Chandanaasav	450 ml	
12	Chandraprabhavati	60 tab	
13	Chavanprash	1200 gm	
14	Dashmularishtha	450 ml	
15	Draskshasav	450 ml	
16	Eladi	20 tab	
17	Eranda Taila	100 ml	
18	Gandhak Rasayan	40 tab	
19	Guduchi Ghanvati	60 tab	
20	Jamba Sav	500 ml	
21	Kamdudha ras	10 tab	
22	Kanakasav	450 ml	
23	Kanchanar Guggul	60 pc	
24	Krumikuthar Ras	60 tab	
25	Kummariasav	450 ml	
26	Laghusutshekhar ras	60 tab	
27	Lohasav	450 ml	
28	Maha Vishgarbh Taila	100 ml	

Sr. No.	Item & Specification	Rate to be quoted following unit	Remark
29	Mahanarayan Taila	450 ml	1) Mention Co. & Specification 2) Mention supply period 3) Rate inclusive all taxes
30	Mahasudarshan Kadha	450 ml	
31	Neeri	30 tab	
32	Punarnava Guggul	80 tab	
33	Pushyanug	60 gm	
34	Sahacharadi Taila	200 ml	
35	Sanjeevani Vati	40 tab	
36	Sarpagandha Vati	50 tab	
37	Shatawari Churna	100 gm	
38	Shirshuladi vajra ras	40 tab	
39	Simhadi Guggul	44 gm	
40	Shitophaladi	100 gm	
41	Sunthi Churna	100 gm	
42	Suvarna Prashan drop	15 ml	
43	Teel Taila	1 Lit	
44	Triphala Churna	100 gm	
45	Triphala Guggul	80 tab	
46	Vasavaleha	250 gm	
47	Vat vindhvasa ras	80 tab	
48	Vidangadi Churna	1 kg	
49	Yograj Guggul	120 tab	

#### TERMS AND CONDITIONS:

- 1) The quotation should be in sealed/closed cover and should reach this office on or before Date 08.12.2025
- 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 - Sale License, 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 Officer  
ZillaParishad, Gadchiroli

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