

**QUOTATION LETTER**

Notice Board/Office Copy

No. DHO/HLT/Store/ 302 /2026Office of The District Health Officer,  
Zilla Parishad, GadchiroliDate :- 16/01 /2026

To,

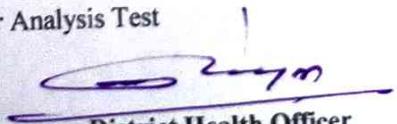
**Sub :- Quotation for Purchase of Hydroxyurea Tab/Cap 500 mg.**

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 & NABL Test report.

Sr. No.	Item & Specification	Rate to be quoted following unit	Remark
1	Hydroxyurea Tab/Cap 500 mg	Per Unit	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 28.01.2026.
- 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.
- 12) L1 Rate firm should have deposit 1.5 percent of order value for Analysis Test

  
 District Health Officer  
 Zilla Parishad, Gadchiroli

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