



IIM SIRMAUR
KNOWLEDGE . LEADERSHIP

INDIAN INSTITUTE OF MANAGEMENT SIRMAUR
भारतीय प्रबन्ध संस्थान सिरमौर

Rampur Ghat Road,
Paonta Sahib, Sirmaur,
Himachal Pradesh-173025, India.

रामपुर घाट रोड,
पांवटा साहिब, सिरमौर।
हिमाचल प्रदेश - 173025, भारत।

No. 1-20/2023-IIMS (PUR)/Misc. 38

Date: ... 05.01.2024

Notice Inviting Quotation

Subject: Call for e-quotations for supply of Medicines

We solicit your e-quotation for the supply of medicines at IIM Sirmaur, Paonta Sahib subject to institute requirement as hereunder:

Sr. No.	Description & Quantity of Items	Basic Rate	GST	Total Amount (inclusive of all)
1.	Supply of Medicines as per list attached at Annexure - I			
Grand Total Amount (Inclusive of GST & all other charges)				

The bidders have to send this NIQ after filing rates in password protected pdf format to IIM Sirmaur by email to the purchaseoffice@iimsirmaur.ac.in with subject line: - "Quotation for Supply of Medicines at IIM Sirmaur."

1. Kindly ensure that the quotation is signed & stamped in the .pdf format (password protected), and free from any virus or corrupted files.
2. Quotation received without password protected shall not be considered for further process.
3. Quotations should be submitted on or before **11:00 A.M.** by 12.01.2024 (Friday) and the password may be shared by email between **11:30 A.M.** to **12:00 P.M.** on 12.01.2024 (Friday)
4. The firm should ensure to send their GSTIN & PAN copy along with the quotation.
5. The Total Amount quoted at ~~X~~ for all the material in the attached Annexure – I by the L1 vendor will be considered for placing the order.
6. It is mandatory to quote for all the items mentioned in Annexure – I, otherwise the quote will be rejected.
7. Delivery should be made on FOR basis by the vendor.
8. The vendor should mention the complete terms & conditions in the quotation alongwith the delivery period.

9. Payment shall be made to the successful vendor within 15-20 days after satisfactory delivery & inspection of material at IIM Sirmaur and submission of invoice (s) in original duly signed and stamped.
10. The vendor is required to fill the following details and sign & stamp the NIQ along with the e-quotation:
- a) Name of Firm _____
 - b) Address of the Firm _____
 - c) GSTIN _____
 - d) PAN _____
 - e) Email Address _____
 - f) Contact No. _____
11. The firm should also ensure to submit a self-declaration that he is not black – Listed by any Central/State Govt. PSU/any other Institutions or not debarred by department of commerce or Ministry/ Department concerned.
12. In case of any clarification, vendor may feel free to contact on 01704-277312/277337.


Dr. K. Selvanathan
Senior Consultant (Admin)

Signature & Stamp of the Authorized Signatory



ANNEXURE - I

S.NO.	MEDICINE	QTY	TABLETS IN ONE STRIP	Basic Amount Per Strip	Total Amount	GST	Grand Total (inclusive of all)
1	TAB.CEFFIXIME 200MG	50 STRIPS	10				
2	TAB. AZITHROMYCIN 500MG	60 STRIPS	3				
3	TAB.FOLIC ACID 5MG	10 STRIPS	30				
4	TAB. DULCOLAX 5MG	10 STRIPS	10				
5	TAB.OLFOXACIN AND ORNIDAZOLE 200/500MG	20 STRIPS	10				
6	TAB.CYCLOPAM 20MG	10 STRIPS	10				
7	TAB LEVOCETRIZINE 5MG	60 STRIPS	10				
8	TAB.ACELO P 325 MG	60 STRIPS	10				
9	TAB .COMBILAM 400/325 MG	10 STRIPS	20				
10	TAB. PCM 500MG	60 STRIPS	10				
11	TAB. DOLO 650 MG	20 STRIPS	15				
12	TAB.SURBEX XT	20 STRIPS	15				
13	TAB. VIT.C 100MG	30 STRIPS	15				
14	TAB. MONTAIR.LC 10/5 MG	60 STRIPS	10				
15	CAPSULE B-COMPLEX FORTE	30 STRIPS	20				
16	TAB. RALCIDIN FORTE	50 STRIPS	10				
17	INJ. TETANUS	30 AMPULES	10				
18	CAPSULE AUTRIN 15MCG/300MG/1.5 MG	10 STRIPS	30				
19	VICKS LOZENGES	1000 NOS.					
20	SYRINGES 2CC	1 BOX					
21	FESTIVE EYE DROP	20 NOS.					
22	ZYTEE GEL FOR MOUTH ULCERS	20 NOS.					
23	BANDAGE (MEDIUM SIZE)	30 NOS.					
24	BANDAID	100 NOS.					
25	OINTMENT CLOTRIMAZOLE	10 NOS.					
26	TAB. CALCIUM 500 MG	10 STRIPS	15				
27	OINTMENT BETADINE	20 NOS.					
28	CREPE BANDAGES(MEDIUM SIZE)	10 NOS.					
29	MEDICINE ENVELOPE(MEDIUM SIZE)	100 NOS.					
30	DICLOFENAC PAIN RELIEF GEL	10 NOS.					
31	VOLINI SPRAY	10 NOS.					
32	CAPSULE KARVOL 25 MG	5 STRIPS	10				
33	GLUCOMETER STRIPS	1 BOX					
34	TAB AMLODIPINE 5 MG	10 STRIPS	10				
35	TAB. TELMA 40 MG	10 STRIPS	10				
TOTAL PRICE INCLUSIVE OF ALL				(X)			

