

JAWAHAR NAVODAYA VIDYALAYA, TUDIPAJU, PHULBANI, ODISHA

Ministry of HRD, Dept. of Education, Govt. of India

Quotation for **MEDICINE** required for financial year 2017-18 (Valid upto April-2018)

1. Name & address of the party/firm: _____
2. Registration No. of the Firm: _____ Valid up to _____
3. Earnest Money Deposited Rs. _____
Vide D.D No. / NEFT Counter Foil: _____, dt _____
4. Bank Account No of the Firm : A/C No _____
: IFSC Code _____
: Name of the Bank _____
: Mobile No _____

| SL. NO. | NAME OF THE ARTICLE, BRAND ETC | Maximum percentage of Discount |
|----------------|---|---------------------------------------|
| | Maximum percentage of Discount allowed on all type of medicines of reputed brand/manufacturer & as diagnosed by the Vidyalaya Medical Officer (A) No substitute medicine will be received other than the medicine prescribed by the Vidyalaya Medical Officer (B) Supply orders will be placed as per requirement of the Vidyalaya from time to time) |% |

Date: _____

Signature of the Supplier with Date & Seal

Address:-

At:-

Po:-

Via:-

Dist:-

Pin-

Mobile No.

Email-