

**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 \_\_\_\_\_

<b>SL. NO.</b>	<b>NAME OF THE ARTICLE, BRAND ETC</b>	<b>Maximum percentage of Discount</b>
	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-