

JAWAHAR NAVODAYA VIDYALAYA, GOSHALA, SAMBALPUR(ORISSA)

Ministry of HRD, Dept. of Education, Govt. of India
Quotation for Medicine required for financial year 2017-18

1. Name & address of the party/firm: _____
2. Registration No. of the Firm: _____ Valid up to _____
3. Earnest Money Deposited Rs. _____ Vide Bank Draft No: _____, dt _____
4. Money receipts No: _____, date _____ of tender purchase.

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

Date: _____

Signature of Party/ Firm:
Name
Seal & address of the firm