

JAWAHAR NAVODAYA VIDYALAYA, TUDIPAJU, PHULBANI, ODISHA

Quotation for MEDICINE

1. Name & address of the party/firm: _____
2. GST Registration No. of the Firm: _____ Valid up to _____
3. Drug Licence No _____
4. Earnest Money Deposited ` _____ Vide D.D No _____ Dated _____
5. Mobile No: _____
6. E-Mail id : _____
7. Account No. of the Firm: _____
8. IFSC Code : _____
9. Name of the Bank & Branch _____

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 other 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>	<p align="center">.....%</p>

Date: _____

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