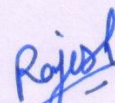


	GOVERNMENT OF INDIA, MINISTRY OF DEFENCE EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME STATION HQ (ECHS CELL), PUNE E-mail id : Shqpune@echhs.gov.in echsstncellpune@yahoo.com																	
<u>TENDER NOTICE FOR EMPANELMENT OF AUTHORISED LOCAL CHEMIST FOR SUPPLY OF NOT AVAILABLE MEDICINES TO ECHS POLYCLINIC PUNE, PUNE (NYATI) AND SOLAPUR FOR PERIOD OF ONE YEAR FROM 2026 TO 2027</u>																		
<u>OPEN TENDER NOTICE NO 01/2026 STATION CELL ECHS, PUNE</u>																		
1. For and on behalf of the President of Indian, Station Commander, Station Cell Pune invites Quotations from Pradhan Mantri Bharatiya Jan Aushadhi Kendras, / reputed Local Chemists for empanelment with ECHS Polyclinic Pune, ECHS Polyclinic Pune (Nyati) and ECHS Polyclinic Solapur under the jurisdiction of Station Cell Pune to supply "Not Available, Emergent, Life Saving & Essential Drugs/Medicines on required basis. The medical stores/Chemists should be located in close proximity to ECHS Polyclinic Solapur City. 2. All interested Jan Aushadhi Kendras/Local Chemists FROM PUNE & SOLAPUR CITY ONLY can submit their contract discount documents for Pradhan Mantri Bharatiya Jan Aushadhi Kendra, Generic Medicines & Generic Insulin and Branded/standard Medicines to the Board through registered Post/by hand. 3. Quotations will be submitted duly supported with copies of Identity documents, final approval and store code letter issued by Pharmaceuticals and Medical Devices Bureau of India (PMBI) for opening of "Pradhan Mantri Bharatiya Jan Aushadhi Kendra", valid Trade License, Aadhar Card, PAN Card, TIN/GST, Sale Tax Registration No, Copy of Income Tax Return for two years, and other relevant documents like Audit Reports of last two years audited by CA, valid Drug License, address proof, Shop Registration Certificate, No conviction certificate from drug controller. 4. Quotation will be submitted to Station Cell ECHS Pune, HQ Dakshin Maharashtra & Goa Sub Area, Pune-411001. The selection shall be carried out through a Board of Officers for the purpose. The Polyclinic with type and authorisation is as under :- <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>S/N</th> <th>Name of the Polyclinic</th> <th>Type of Polyclinic</th> <th>Maximum Amount Allotted</th> </tr> </thead> <tbody> <tr> <td>4.1</td> <td>ECHS Polyclinic Pune</td> <td>Type 'A'</td> <td>Rs 10,00,000/- per month</td> </tr> <tr> <td>4.2</td> <td>ECHS Polyclinic Pune (Nyati)</td> <td>Type 'D'</td> <td>Rs 4,00,000/- per month</td> </tr> <tr> <td>4.3</td> <td>ECHS Polyclinic Solapur</td> <td>Type 'C'</td> <td>Rs 6,00,000/- per month</td> </tr> </tbody> </table> 5. Last date of submission of Quotation is 30 July 2026 at Station Cell ECHS Pune HQ Dakshin Maharashtra & Goa Sub Area, Pune-411001. Contact detail – Mobile No : 8806048042			S/N	Name of the Polyclinic	Type of Polyclinic	Maximum Amount Allotted	4.1	ECHS Polyclinic Pune	Type 'A'	Rs 10,00,000/- per month	4.2	ECHS Polyclinic Pune (Nyati)	Type 'D'	Rs 4,00,000/- per month	4.3	ECHS Polyclinic Solapur	Type 'C'	Rs 6,00,000/- per month
S/N	Name of the Polyclinic	Type of Polyclinic	Maximum Amount Allotted															
4.1	ECHS Polyclinic Pune	Type 'A'	Rs 10,00,000/- per month															
4.2	ECHS Polyclinic Pune (Nyati)	Type 'D'	Rs 4,00,000/- per month															
4.3	ECHS Polyclinic Solapur	Type 'C'	Rs 6,00,000/- per month															




Lt Col / Col
OIC/ SO ECHS
Stn Cell ECHS, Pune