	PHARMACY TECHNICAL TENDER BID	
	PHARMACY STORE DETAILS	
1	**NAME OF PHARMACY**	
2	**PHARMACY OWNERSHIP TYPE**	
3	**ADDRESS**	
#4	**DRUG LICENCE NUMBER AND VALID UP TO**	
#5	**GUJARAT PHARMACY REGISTRATION CERTIFICATE**	
#6	**GST CERTIFICATE AND VALID UP TO**	
7	**STORAGE OF MEDICINES AS PER DRUG AND COSMETIC RULES (Y/N)**	
8	**NUMBER OF PHARMACIST PER BRANCH**	
#9	**QUALIFICATION OF PHARMACIST**	
10	**YEAR OF ESTABLISHMENT**	

11	NUMBER OF BRANCHES	
A	IN VADODARA	
B	OUTSIDE VADODARA (WITH IN GUJARAT)	
12	NUMBER OF YEARS OF SERVING PSUS/GOVERNMENT ORGANISATIONS/REPUTED CORPORATE INSTITUTES	
13	FACILITIES	
A	HOME DELIVERY(Y/N)	
B	24 X7 EMERGENCY MEDICINE DELIVERY	
14	TOTAL NUMBER OF PATIENTS GIVEN MEDICINE IN FINANCIAL YEAR 2024-25	
#	submit the hard copy of the documents	