

**TENDER DOCUMENT FOR SUPPLY OF DRUGS & MEDICAL CONSUMABLES FOR DISTRICT  
HEADQUARTER HOSPITAL, DHENKANAL**

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, DHENKANAL  
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)**

Bid Reference No. \_\_\_\_\_

Date \_\_\_\_\_

***IMPORTANT INFORMATION TO THE BIDDERS***

1	Availability of Tender	<a href="http://www.dhenkanal.nic.in">www.dhenkanal.nic.in</a>
2	Date & Time for submission of the tender document by Speed Post / Registered Post	Last Date -by 5.00 P.M.18/03/24
3	Tender Paper Cost (Non-refundable)	Rs. 5,000/- (Five thousand)
4	Earnest Money Deposit	Rs.100,000/- (ONE Lakh)
5	Address for communication & receipt of the bid document	O/o : CDM & PHO, Dist. HQ Hospital, Dakhinakali Road, Dhenkanal - 759001.
6	Opening of the Tender i) Technical Bid ii) Financial Bid iii) Venue	i) Date-19/03/24, Time 11.00 AM i) Financial bids of the bidders who would qualify in technical bid shall be opened. ii) In the Office of the CDM & PHO, Dhenkanal.

Sd/-

Chief District Medical & Public Health Officer  
Dhenkanal



## TENDER CALL NOTICE FOR SUPPLY OF DRUGS & MEDICAL CONSUMABLES

Sealed tenders are invited from different bidders having valid GST registration & Drug License for supply of Items as per the specification given by Chief District Medical & Public Health Officer, Dhenkanal. The detailed terms and conditions along with list of items are available on the website [www.dhenkanal.nic.in](http://www.dhenkanal.nic.in), which may be downloaded for reference. Interested parties may submit their offers in sealed covers super-scribing as "**Tender for supply of Drugs & Medical Consumables in reference to Advertisement No. \_\_\_\_\_ dt. \_\_\_\_\_**" to the undersigned through registered post/speed post only, which should reach on or before positively and will be opened on next day at 11.00 AM by District Purchase Committee at office of the CDM & PHO, Dhenkanal in presence of the participants, who wish to attend the Tender Opening Meeting. In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website. The CDM&PHO, Dhenkanal shall have no responsibility for any delay / omission on part of the bidder. The tender paper will be rejected if the bidder changes any clause or annexure of the bid document downloaded from the website. The undersigned reserves the right to reject any or all the tenders without assigning any reason thereof.

Sd/-

Chief District Medical & Public Health Officer  
Dhenkanal





## TERMS AND CONDITIONS FOR SUPPLY OF DRUGS & MEDICAL CONSUMABLES

- 1.1 The prospective bidders may download the complete set of the tender documents directly from the website [www.dhenkanal.nic.in](http://www.dhenkanal.nic.in) and submit the same to CDM & PHO, Dhenkanal along with the cost of the tender paper of Rs. 5,000/- (Rupees Five Thousand) only (non-refundable) in shape of Demand Draft from any Nationalized/ Scheduled Bank in favour of "ZSS Non -NRHM, Dhenkanal" payable at Dhenkanal. The cost of the tender paper and EMD amount should be submitted in separate Demand Draft. In case of any bid amendment and clarification, responsibility lies with the bidders to download from the above mentioned websites before last date & time for submitting the tender document.
- 1.2 The sealed tender should reach the office of CDM & PHO, Dhenkanal by dt. Up to 5.00PM and will be opened on next day at 11.00 AM. Any tender received after the due date & time will be rejected. **The tenders will be received through Regd. Post / Speed Post only.**
- 1.3 The tender shall be submitted in two bid system i.e. Technical Bid & Financial Bid. The Financial Bid (Annexure -VI)(Copy enclosed) shall contain only the Price Bid and the Technical Bid (Annexure -I)(Copy enclosed) shall contain all other documents as per the tender terms along with EMD & Tender paper cost. The Technical Bid & Financial Bid should be covered in two separate envelopes clearly writing on the top of the envelop as another outer envelope super scribed as "**Tender for supply of Drugs & Medical Consumables in reference to Advertisement No. \_\_\_\_\_ dt. \_\_\_\_\_**". The tender should be address to the "CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, DIST. HQ HOSPITAL, DAKHINAKALI ROAD, DHENKANAL-759001".
- 1.4 The tender is for all the items as mentioned in the Price Format of the Financial Bid. The list of items along with format is placed at Annexure -VI, which should be used.
- 1.5 Bidders may be present in person or through their authorized representative during the opening of tender.
- 1.6 The financial bids of those bidders shall be opened whose technical bids are found to be qualified.
- 1.7 The bidder shall furnish bid security/ EMD of Rs.100000 /-(one lakh) only in shape of Demand Draft in favour of "ZSS Non -NRHM, Dhenkanal" payable at Dhenkanal. Any Bid received without bid security/EMD will be rejected. The above bid security will be forfeited if a bidder withdraws its bid during the period of bid validity.
- 1.8 The bidder shall submit the self-attested documents with original tender document within the stipulated period as a token of acceptance of terms & conditions. Tender documents in any other form and not completed in all respect shall be summarily rejected.
- 1.9 Without the DD of Rs.5000/-(Tender paper cost) only the tender paper shall not be accepted and liable to be rejected.
- 1.10 The authority will not be responsible for the postal delay or missing of tender papers. The incomplete tender paper or received after the scheduled date and time shall not be accepted and liable to rejected.
- 1.11 Each bidder will submit only one bid.





- 1.12 The bidder will furnish self-attested photocopy of GST certificate.
- 1.13 Tenders should be typewritten or computerized and every correction in the tender should invariably be attested with signature and date by the bidder before submission, failing which the bid documents will be not considered for evaluation. Rates inclusive F.O.R. destination (*door delivery*). The GST and entry tax charges (if any) should be quoted in a separate column. The rates quoted should be in **Indian Rupees only**.
- 1.14 If there is difference between figures & words, words will be taken into consideration.
- 1.15 In the event of the date being declared as a holiday by Govt. of Orissa, the due date of submission of bids is the following working day and opening of bids will be the next working day of the bid submission at the appointed place & time.
- 1.16 To ensure sustained supply without any interruption the tender inviting authority reserves the right to split orders for supplying the requirements among more than one bidder if the lowest eligible bidder fails to supply in scheduled time and L<sub>2</sub> & L<sub>1</sub> firms agree to match the L<sub>1</sub> rate.
- 1.17 The rate quoted and accepted will be binding on the bidder for a period of **One year** from the date of award of contract. Increase in the price will not be entertained till the completion of this tender period.
- 1.18 No bidder shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error / typographical error, etc. committed by the bidder in the tender forms shall not be considered after opening of bid.
- 1.19 If at any time during the period of contract, the price of tendered item is reduced or brought down by any law or act of the Central or State Government, the bidder shall be morally and statutorily bound to inform the CDM&PHO, Dhenkanal, immediately about such reduction in the contracted price. The CDM &PHO, Dhenkanal is empowered to unilaterally effect such reduction in rate in case the bidder fails to notify or fails to agree for such reduction of rate.
- 1.20 If any information or documents furnished by the bidder with the tender papers are found to be misleading or incorrect at any stage the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm.
- 1.21 In the event of any dispute arising out of the tender, such disputes would be subject to the jurisdiction of the Civil Court Dist. Dhenkanal.
- 1.22 The selection will be made considering the quality & cost of the product as well as the decision of the Purchase committee.
- 1.23 The bidder is required to provide a self declaration in an affidavit that he has not been black listed by any Govt. organization and shall accept all terms and conditions of the document.
- 1.24 The bidder shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Selection Process. The concerned district authority / institution will neither be responsible nor in any way liable for such costs, regardless of the conduct or outcome of the Selection Process.
- 1.25 The Authority reserves the right to accept or reject any or all bids and to cancel the bidding process at any time prior to the issue of Purchase Order.





## ELIGIBILITY CRITERIA

The Bidders must fulfill the following eligibility criteria to participate in the tendering process: -

- 2.1 Manufacturing units/Authorized Distributer/Suppliers are eligible to participate in the tender provided, they have
- (i) Valid manufacturing license of the manufacturer or duly acknowledge renewal application with old license issued by the state licensing authority/central licensing approving authority. Must have Manufacturer's Authorisation Certificate in case the bidder is an Auth. Distributor/ supplier.
  - (ii) Valid GMP& ISO Certificate in case of manufacturer.
  - (iii) Proof of annual turnover of Two Crore or more in each for last three (3) financial years. i.e. 2020-21 ,2021-22 & 2022-23 duly certified by Chartered Accountant.
  - (iv) Valid GST Registration Certificate.
  - (v) Bidder shall not be blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. Organization.
  - (vi) End user certificate must be issued by Head of the institution or Head of the District of five different districts consequently supported by 2 work order copies of same district in serial wise for last three years i.e. 2020-21, 2021-22 and 2022-23.
  - (vii) GSTR -3B for Oct & Nov & Dec 2023
  - (viii) Valid PAN Card.
  - (ix) Valid Drug license.
  - (x) Income tax return for the FY.2020-21, 2021-22& 2022-23.
  - (xi) Copy of last three years Audit reports (Balance Sheet, P&L account) i.e. for F.Y. 2020-21, 2021-22& 2022-23
- 2.2 Required tender paper cost & EMD.

The following documents should be enclosed in Cover "A" (Technical Bid) by the bidder. All the photocopies are to be self-attested.

## TECHNICAL BID:

- 3.1 Checklist with detail of the documents enclosed in Cover "A" (as per Annexure- I) with page number. The document should be *serially arranged* and should be securely tied and bound.
- 3.2 Tender document fee of Rs. 5000/- in shape of Demand Draft.
- 3.3 Earnest Money Deposit of Rs.100 000/- in shape of Demand Draft.
- 3.4 Undertaking for not been blacklisted by any Govt. Organization in Annexure - II duly signed by the bidder before Notary Public / Executive Magistrate.
- (xii) 3.5 Annual Turnover Certificate duly filled by the Auditor / Chartered Accountant (as per Annexure -IV) that the annual turnover of the manufacturing firm/supplier/distributor is Two Crore or more in each three (3) financial years. i.e., F.Y. 2020-21, 2021-22& 2022-23





- 3.6 End user certificate of five different health institutions consequently supported by 2 work order copies of same district in serial for last three year-wise i.e. 2020-21, 2021-22 and 2022-23. (Certificate must be issued by Head of the institution or Head of the District)
- 3.7 Copy of ISO& GMP certificate.
- 3.8 Copy of Valid Manufacturing License of the manufacturer (As mention in Clause no 2.1 (i)) for each quoted product by the drug licensing authority.
- 3.9 Bidder must submit GST registration certificate.
- 3.10 Bidder must submit GSTR - 3B. Oct & Nov & Dec 2023
- 3.11 Bidder must submit copy of valid Drug License.
- 3.12 Bidder must submit copy of valid PAN card.
- 3.13 Copy of Income Tax Return for last three F.Y. ~~2019-20~~, 2020-21, 2021-22, 2022-23  
(xiii) Copy of last three years Audit reports (Balance Sheet, P&L account) i.e. . for F.Y. 2020-21, 2021-22& 2022-23
- 3.14 The Original Tender document signed by the bidder at the bottom of each page with his official seal duly affixed.

#### **COVER - B (PRICE BID)**

- 4.1 The price of the items should be quoted inclusive FOR destination. The GST and Entry Tax (if any) should be quoted in a separate column. The rate should be quoted for *each item* both in figures and words. In case of difference in words and figures, words will be taken into consideration for evaluation.
- 4.2 The price quoted by the bidder must not exceed the controlled price if any fixed by the Central Govt/State Govt/GEM and MRP.

#### **EARNEST MONEY DEPOSIT**

- 5.1 The Earnest Money Deposit referred will be submitted in the shape of Demand Draft only in favour of "ZSS Non -NRHM, Dhenkanal" payable at Dhenkanal from any Nationalized / Scheduled Bank.
- 5.2 The EMD of the unsuccessful bidders will be returned back without interest, and EMD of successful tendered will be returned after successfully supply of purchase orders.

#### **ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:**

- 6.1 The CDM&PHO, Dhenkanal , Orissa only reserves the right to reject or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- 6.2 The CDM&PHO, Dhenkanal , Orissa will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The bidders will not be entitled to any compensation whatsoever for such termination.
- 6.3 The supply should be completed within 30 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 30 days or 45 days with liquidated damage from the date of issue of the purchase orders from the CDM &PHO,



- Dhenkanal such orders will stand cancelled automatically without further notice. The approved firm shall also suffer forfeiture of the EMD.
- 6.4 If the approved supplier fails to execute the supply within the stipulated time, the CDM &PHO, Dhenkanal is empowered to purchase the same items from L<sub>2</sub> or L<sub>1</sub> bidder if they match the L<sub>1</sub> rate.

**LIQUIDATED DAMAGE:**

- 7.1 The C.D.M &PHO, Dhenkanal may allow extension for a maximum period of 1 (one) weeks (7 days), after the stipulated date of supply (i.e. 30 days) with a penalty of 80/20 proportion as "Liquidated Damage" from the purchase order value. (80% shall be released and 20% shall be withheld till successful completion of the supply at due consignee).
- 7.2 If the supplier fails to complete the supply within the extended period, i.e. 37 days after being allowed by the CDM&PHO, Dhenkanal, no further purchase order will be placed to the firm for the said item/s.

**TERMS OF PAYMENT:**

- 8.1 No advance payments towards items will be made to the bidder.
- 8.2 No claims shall be made against the CDM & PHO, Dhenkanal, Orissa in respect of interest on earnest money deposit or any delayed payment.
- 8.3 Payments will be made in shape of e-payment / on-line transfer.
- 8.4 TDS will be deducted as per tax laws.
- 8.4 The invoice should be submitted in triplicate to the undersigned along with the challans received from the concerned health institutions for release of payment

Sd/-

Chief District Medical & Pubic Health Officer,  
Dhenkanal





### Check List (Technical Bid)

Please check whether following documents have been enclosed in Technical Bid: (please arrange the documents serially in the following order & mention the page no of the tender in box. Without numbering of documents or not mentioning the page nos. in the check list, Tender shall be liable to be rejected.

Sl no.	Particulars	Submission status (Yes/No)	Page no.	
			From	To
1	Details of Tender Paper Cost (Rs.5000/-)			
2	Details of EMD (Rs.100,000/-)			
3	Affidavit of declaration in original (Rs.20/- Non-Judicial Stamp paper by Notary public / Executive Magistrate) that the organization does not have any legal suit/ criminal case pending against it and not black listed by any Govt. organisation.			
4	Manufacturer's Authorization Format			
5	Proof of annual turnover of Two Crore or more in each for last three (3) financial years. i.e. 2020-21 ,2021-22 & 2022-23			
6	Valid GMP,ISO, Certificate			
7	GST Registration Certificate			
8	Permanent Account No			
9	GSTR -3B for Oct & Nov & Dec 2023			
10	Drug license certificate			
11	Income tax return for the FY, 2020-21 ,2021-22 & 2022-23			
12	End user certificate of five different health institutions consequently supported by 2 work order copies of same district in serial wise for last three years i.e. 2020-21, 2021-22 and 2022-23. (Certificate must be issued by Head of the institution or Head of the District)			
13	Copy of original Tender document, duly Signed by the bidder			
14	Authorization letter of representative			

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature with seal of the Authorized Signatory  
Name :  
Designation :





**ANNEXURE -I**  
(Refer Clause No. 3.1)  
**(To be submitted in Technical Bid)**

**TECHNICAL BID**

1	Name of the Bidder with Address and Contact No.	
2	Authorized Contact Person with mobile no.	
3	Details of Tender Paper Cost (Rs.5000/-)	No. _____ Dt. _____ (DD to be submitted)
4	Details of EMD (Rs.100 000/-)	No. _____ Dt. _____ (DD to be submitted)
5	Affidavit of declaration in original (Rs.20/- Non-Judicial Stamp paper by Notary public / Executive Magistrate) that the organization does not have any legal suit/ criminal case pending against it and not black listed by any Govt. Organisation. (Annexure-II)	YES / NO (Photocopy to be attached)
6	Manufacturer's Authorization Format (Annexure -III)	YES / NO (Photocopy to be attached)
7	Proof of annual turnover of Two Crore or more in each for last three (3) financial years. i.e. 2020-21 ,2021-22 & 2022-23. (Annexure -IV)	YES / NO (Photocopy to be attached)
8	Valid GMP, ISO Certificate	YES / NO (Photocopy to be attached)
9	GST Registration Certificate	YES / NO (Photocopy to be attached)
10	Permanent Account No.	YES / NO (Photocopy to be attached)
11	GSTR -3B for Oct & Nov & Dec 2023	YES / NO (Photocopy to be attached)
12	Drug license certificate	YES / NO (Photocopy to be attached)
13	Income tax return for the FY 2020-21 2021-22 & 2022-23	YES / NO (Photocopy to be attached)
14	End user certificate of five different Health Institutions consequently supported by 2 work order copies of same district in serial wise for last three years i.e. 2020-21, 2021-22 and 2022-23. (Annexure-V) (Certificate must be issued by Head of the institution or Head of the District)	YES / NO (Photocopy to be attached)
15	Copy of original Tender document, duly Signed by the bidder	YES / NO (Photocopy to be attached)
16	Any other document	YES / NO (Photocopy to be attached)

**Signature with Seal of the bidder**



**ANNEXURE - II**  
(Refer Clause No. 3.4)  
(To be submitted in **Cover A - Technical Bid**)  
**DECLARATION FORM**

I/We..... having my/our  
.....office at.....do  
declare that I / We have carefully read all the terms & conditions of tender of the  
..... Orissa for the supply of **Drugs & Medical Consumables**. The approved  
rate will remain valid for a period of one year from the date of approval. I will abide with all the  
**terms & conditions** set forth in the **Tender Reference no.** .....

I/We do hereby declare I/We have not been de-recognized / black listed by any State Govt.  
/ Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply of Not  
of Standard Quality (NSQ) items / part-supply/ non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and  
blacklist me/us for a period of 3 years if, any information furnished by us proved to be false at the  
time of inspection / verification and not complying with the Tender terms & conditions.

The information/ documents furnished are true and authentic to the best of my knowledge  
and belief. I/We am/are well aware of the fact that furnishing of any false information/fabricated  
document would lead to rejection of my tender at any state besides liabilities procession under  
appropriate law.

This is also certified that neither I nor organization will indulge in any corrupt practice so  
far as this bidding is concerned

Signature of the bidder:

Seal

Date :

Name & Address of the Firm:





**ANNEXURE - III**  
(To be submitted in Cover A -Technical Bid)  
**MANUFACTURER'S AUTHORISATION FORMAT**

To  
The CDM&PHO, Dhenkanal  
Deptt. of Health & Family Welfare  
Govt. of Orissa.

Ref: Tender No. \_\_\_\_\_ Dated \_\_\_\_\_ for \_\_\_\_\_.

Dear Sir,

I/We \_\_\_\_\_ are the manufacturers of \_\_\_\_\_

\_\_\_\_\_ (name of lab consumables) having factories at \_\_\_\_\_

1. Messrs \_\_\_\_\_ (name and address of the supplier) is our authorized agent for sale and of \_\_\_\_\_ (name of Medicines/ Medical consumables).

2. We confirm that Messrs. ----- (name of the above agent) is authorized to submit a tender, and enter into a contract with for the above items manufactured by us.

3. We will provide test reports of supply items, if required by the purchaser.

Yours faithfully,

-----  
-----

(Signature with date, name and designation)

For and on behalf of Messrs -----

(Name & address of the manufacturers)

Seal

Note :

1. This should be on the **letterhead** of the **manufacturer** and should be signed by the authorised person of the manufacturer.
2. Original letter shall be attached to the technical bid.



**Annexure-IV**  
**(Refer Clause No. 3.5)**  
**(To be submitted in Cover A -Technical Bid)**

*(To be furnished in the letter head of the Auditor/ Chartered Accountant mentioning the Membership no.)*

**ANNUAL TURNOVER STATEMENT**

The Annual Turnover for the last three financial years of M/s \_\_\_\_\_  
who is a Manufacturer / Distributor/ Supplier *(Pl. tick whichever is applicable)* are given below and  
certified that the statement is true and correct.

Sl.No.	Year	Turnover in (Rs.)
1.	2020-2021	
2.	2021 - 2022	
3.	2022 - 2023	

**Annual Turnover** (Two Crores each for the above three years) in **(Rs.)** \_\_\_\_\_

Date:  
Place:

Signature of Auditor/  
Chartered Accountant

(Name in Capital)

Membership No. :

Registration No. of Firm:

UDIN :

**Note:**

- a) To be issued in the letter head of the Auditor/CA.
- b) **Separate certificates** should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers





**Annexure V**  
**(Refer Clause no. 3.6)**  
**(To be submitted in Cover A - Technical Bid)**  
**PROFORMA FOR PERFORMANCE STATEMENT**  
**(For the period of last three years)**

Tender Reference No. \_\_\_\_\_ :

Name of Manufacturer/supplier/distributor : \_\_\_\_\_

Sl.	Order placed by the organisation (Address of purchaser) (attach documentary proof)	Order no. & Date	Item Name	Manufacturer	Qty	Value of Contract (In Rs.)
1						
2						

**Signature and seal of the Bidder**



**PRICE BID ( Rates excluding Tax)**

Sl.No.	Name of the Items	Specification/ Strength	Remark
<b>TABLET</b>			
1	Tab Paracetamol	500 mg	
2	Tab Paracetamol	125 mg DT	
3	Tab Diclofenac	50 mg	
4	Tab Aceclofenac	100 mg	
5	Tab Ibuprofen	400 mg	
6	Tab Tramadol	50 mg	
7	Tab Cetrizine	10 mg	
8	Tab Chloropheniramine maleate	4 mg	
9	Tab Livocetizine	5 mg	
10	Tab Montelukast	10 mg	
11	Tab Dexamethasone	4 mg	
12	Tab Prednisolone	5 mg	
13	Tab Prednisolone	10 mg	
14	Tab Activated charcoal	250 mg	
15	Tab Albendazole	400 mg	
16	Tab Alprazolam	0.5 mg	
17	Tab Phenobarbitone	30 mg	
18	Tab Phenytoin sodium	50 mg	
19	Tab Phenytoin sodium	100 mg	
20	Tab Sodium valporate	200 mg	
21	Tab Sodium valporate	300 mg	
22	Tab Olanzapine	5 mg	
23	Tab Nitrazepam	5 mg	
24	Tab Nitrazepam	10 mg	
25	Tab Phenobarbitone	30 mg	
26	Tab Paroxetine	12.5 mg	
27	Tab Clonazepam	1 mg	
28	Tab Clonazepam	2 mg	
29	Tab Escitalopram	5 mg	
30	Tab Escitalopram	10 mg	
31	Tab Diazepam	10 mg	
32	Tab Donezil	5 mg	

*(Handwritten Signature)*



Sl. No.	Name of the Items	Specification/ Strength	Remark
33	Tab Donezil	10 mg	
34	Tab Dothirpin	25 mg	
35	Tab Fluxetine	20 mg	
36	Tab Haloperidol	5 mg	
37	Tab Haloperidol	10 mg	
38	Tab Lithium carbonate	300 mg	
39	Tab Lorazepam	2 mg	
40	Tab Paroxetin	20 mg	
41	Tab Promethazine	25 mg	
42	Tab Resperidone	3 mg	
43	Tab Sertaline	100 mg	
44	Tab Sertaline	50 mg	
45	Tab Procyclidine	2.5 mg	
46	Tab Procyclidine	5 mg	
47	Tab Thirodiazine	50 mg	
48	Tab Zolpidem	10 mg	
49	Tab Propanolol	40 mg	
50	Tab Propanolol	20 mg	
51	Tab Clozapine	100 mg	
52	Tab Quetiapine	100 mg	
53	Tab Quetiapine	200 mg	
54	Tab Aripripazole	10 mg	
55	Tab Lamotrigine	50 mg	
56	Tab Divalporex sodium	500 mg	
57	Tab Divalporex sodium	250 mg	
58	Tab Clobazam	5 mg	
59	Tab Clobazam	10 mg	
60	Tab Carbamazepine	200 mg	
61	Tab Amisulpride	100 mg	
62	Tab Trifluperazine with	5 mg with 2 mg	
63	Tab Escitalopram 10 mg with		
64	Nicotine gum	2 mg	
65	Nicotine gum	4 mg	
66	Nicotine Patch	7 mg	
67	Nicotine Patch	14 mg	
68	Tab Azithromycin	500 mg	

*Handwritten signature*

Slav	Name of the Items	Specification/ Strength	Remark
69	Tab Azithromycin	250 mg	
70	Tab Ciprofloxacin	250 mg	
71	Tab Ofloxacin	100 mg	
72	Tab Ofloxacin	200 mg	
73	Tab Cefadroxyl	250 mg	
74	Tab Livofloxacin	500 mg	
75	Tab Livofloxacin	750 mg	
76	Tab Cefixime	200 mg	
77	Tab Cefixime	100 mg	
78	Tab Cefuroxime	500 mg	
79	Tab Cefuroxime	250 mg	
80	Tab Norfloxacin	400 mg	
81	Cap Amoxycillin	500 mg	
82	Cap Amoxycillin	250 mg	
83	Cap Tetracycline	500 mg	
84	Tab INH	100 mg	
85	Tab INH	300 mg	
86	Capsule Rifampicin	450 mg	
87	Capsule Rifampicin	150 mg	
88	Tab Folic acid	5 mg	
89	Tab Fluconazole	50 mg	
90	Tab Fluconazole	150 mg	
91	Tab Terbinafine	250 mg	
92	Tab Frusemide	40 mg	
93	Tab Acetazolamide	250 mg	
94	Tab Metronidazole	400 mg	
95	Tab Hydrochlorothiazide	12.5 mg	
96	Tab Sprinolactone	25 mg	
97	Tab Isosorbide dinitrate	5 mg	
98	Tab Amlodipine	2.5 mg	
99	Tab Atenlol	25 mg	
100	Tab Telmisetron	40 mg	
101	Tab Telmisetron	20 mg	
102	Tab Olmesetron	20 mg	
103	Tab Hydralazine	50 mg	
104	Tab Labetalol	100 mg	

*Handwritten signature*



Sl.No	Name of the Items	Specification/ Strength	Remark
105	Tab Methyldopa	250 mg	
106	Cap Nifedipine	5 mg	
107	Cap Nifedipine	10 mg	
108	Cap Nifedipine	20 mg	
109	Tab Digoxin	0.25 mg	
110	Tab Aspirin	325 mg	
111	Tab Aspirin	150 mg	
112	Tab Aspirin	75 mg	
113	Tab Atorvastatin	10 mg	
114	Tab Atorvastatin	20 mg	
115	Tab Atorvastatin	40 mg	
116	Tab Montelukast	10 mg	
117	Tab Fenofibrate	160 mg	
118	Tab Domperidone	10 mg	
119	Cap omeprazole	20 mg	
120	Tab Antacid		
121	Tab Pantoprazole	40 mg	
122	Tab Dicyclomine	20 mg	
123	Tab Rabeprazole	20 mg	
124	Tab Ondansetron	4 mg	
125	Tab Ranitidine	150 mg	
126	Tab Glipizide	2 mg	
127	Tab Glimperide	1 mg	
128	Tab Glimperide	2 mg	
129	Tab Metformin	500 mg	
130	Tab Metformin	1000 mg	
131	Tab Vogilbose	0.2 mg	
132	Tab Vogilbose	0.3 mg	
133	Tab Methylergometrine	0.125 mg	
134	Cap Progesterone	200 mg	
135	Cap Progesterone	300 mg	
136	Tab Misoprostol	200 mg	
137	Tab Doxophylline	400 mg	
138	Tab Salbutamol sulphate	4 mg	
139	Tab Theophylline with etophylline	23 mg+77 mg	
140	Tab Calcium with D3	500 MG	

Sl. No	Name of the Items	Specification/ Strength	Remark
141	Tab Riboflavin	10 mg	
142	Tab Vitamin C	500 MG	
143	Tab Arkamine	100 mg	
144	Tab Thyroxine	50 mg	
145	Tab Thyroxine	100 mg	
146	Tab Thyroxine	25 mg	
147	Tab Rozuvastatin	10 mg	
148	Tab Amiodarone	100 mg	
149	Tab Verapamil	40 mg	
150	Tab Betahistine	16 mg	
151	Tab Cabagolin	0.50 mg	
152	Tab Noretheasterone	5 mg	
153	Tab Bisacodyl	5 mg	
154	Tab Baclofen	10 mg	
155	Tab Phenobarbitone	30 mg	
156	Tab Tamsulosin hcl 0.4 mg with		
157	Tab Loperamide hcl	2 mg	
158	Tab Clinidipine	10 mg	
159	Tab Clinidipine	5 mg	
160	Tab Fexofenadine	120 mg	
161	Tab Fexofenadine	180 mg	
162	Tab N-Acetylcystene	600 mg	
163	Tab Ornidazole	500 mg	
164	Tab Diethyl carbamazapine citrate	100 mg	
165	Tab Doxylamine succinate with		
166	Tab Drotaverine	40 mg	
167	Tab isuxpurine SR	40 mg	
168	Tab Diclofenac 50 mg with paracetamol		
169	Tab Ibuprofen 400 mg with		
170	Tab Montelukast 4 mg with		
171	Tab Dicyclomine 20 mg with		
172	Tab vildagliptine with metformin	50 mg with 1000 mg	
173	Tab Tenegliptine	20 mg	



Sl. No	Name of the Items	Specification/ Strength	Remark
174	Tab vildagliptine	50 mg	
175	Capsule vitamin b complex		
176	Tab Methylcobalamine	1500 mcg	
177	Tab Famciclovir	250 mg	
178	Tab Famciclovir	500 mg	
179	Tab Ketoconazole	200 mg	
180	Tab Dapsone	100 mg	
181	Capsule Clofazamine	50 mg	
182	Capsule Clofazamine	100 mg	
183	Tab Methylpredinsolone	4 mg	
184	Tab Methylpredinsolone	8 mg	
185	Tab Methylpredinsolone	16 mg	
186	Tab Methotrexate	2.5 mg	
187	Tab Methotrexate	5 mg	
188	Capsule Hydroxyurea	500 mg	
189	Tab Hydroxyzine	25 mg	
190	Tab Doxylamine succinate		
191	Tab Torsemide	5 mg	
192	Tab Torsemide	10 mg	
193	Tab Tranexamic acid	500 mg	
194	Tab Gabapentin 100 mg with		
195	Tab Prazosin	2.5 mg	
196	Tab Prazosin	5 mg	
197	Tab Metoprolol succinate	25 mg	
198	Tab Metoprolol succinate	50 mg	
199	Tab Telmisartan with	80 mg + 12.5 mg	
200	Tab Cholecalciferol	1000 IU	
201	Tab Cholecalciferol	60000 IU	
202	Capsule Mefenamic acid	250 mg	
203	Capsule Mefenamic acid	500 mg	
204	Tab Paracetamol	650 mg	
205	Tab Enalapril	2.5 mg	
206	Tab Enalapril	5 mg	
207	Tab Clopidogrel	75 mg	
208	Tab Hydrochlorothiazide	12.5 mg	
209	Tab Phenobarbitone	60 mg	

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Sl. No.	Name of the Items	Specification/ Strength	Remark
210	Tab Salbutamol sulphate	2 mg	
211	Tab Fluconazole	150 mg	
212	Tab Primaquine	2.5 mg	
213	Tab Primaquine	15 mg	
214	Tab Linezolid	600 mg	
215	Tab Cefpodoxime with clavaunic	325 mg	
216	Tab Pantoprazole with domperidone	40 mg+10 mg/Tab	
217	Tab Metformin 500 mg+ Glimperide 1	500 mg+1 mg/Tab	
218	Capsule	Adult	
219	Tab Paracetamol	650 mg	
220	Tab Cefuroxime	500 mg	
221	Capsule Itraconazole	200 mg	
222	Capsule Itraconazole	300 mg	
223	Capsule Itraconazole	100 mg	
224	Tab Methocabamol 350 mg +		
225	Tab Thiocochicoside 4 mg + Tab		
226	Tab Clarithromycin	500 mg	
227	Tab Methotrexate	15 mg	
228	Tab Methotrexate	7.5 mg	
229	Tab Predinsolone	20 Mg	
230	Tab Predinsolone	30 mg	
231	Tab Predinsolone	40 mg	
232	Tab Dapsone	50 mg	
233	Tab Glyceryltrinitrate sub lingual	0.5 mg	
234	Tab Hyoscine butylbromide	10 mg	
235	Cap Clofazamine	50 mg	
236	Cap Clofazamine	100 mg	
237	Tab Amlodipine	10 mg	
238	Tab Sprinolactone	50 mg	
239	Tab Furosemide	40 mg	
240	Tab Dicyclomine	20 mg	
241	Tab Livothyroxine	25 mg	
242	Tab Livothyroxine	50 mg	
243	Tab Thiocochicoside 8 mg + Tab Aceclofenac 100 mg		



**PRICE BID ( Rates excluding Tax)**

Sl.No.	Name of the Items	Specification/ Strength	Remark
<b>INJECTION</b>			
1	Inj Propofol 1 %	10 mg/ml	
2	Inj Ketamine	10 mg/vial	
3	Inj Glycopyrolate	0.2 mg/ml/amp	
4	Inj Midazolam	1 mg/ml 10 ml vial	
5	Inj Neostigmine	0.5 mg/ml/1 ml amp	
6	Inj Morphine sulphate	10 mg/ml 1 ml amp	
7	Inj Adrenaline		
8	Inj Non Adrenaline	1 ng/ml/1 ml amp	
9	Inj PAM	500 MG/20 ml vial	
10	Inj Betamethasone		
11	Inj Cefotaxime	125 mg	
12	Inj Amikacin	100 mg	
13	Inj Amikacin	500 mg	
14	Inj Atropine		
15	Inj Pentazocaine lactate		
16	Inj Lorazepam	1 mg/ml 2 ml amp	
17	Inj Phenobarbitone	200 mg/ml 2 ml amp	
18	Inj Kcl		
19	Inj Caffeine citrate	1 ml	
20	Inj Ampicillin	500 mg	
21	Inj Cefotaxime sodium with diluent	250 mg/vial	
22	Inj Cefotaxime sodium with diluent	500 mg/vial	
23	Inj Cefotaxime sodium with diluent	1 gm/vial	
24	Inj Ceftriaxone with diluent	125 mg/vial	
25	Inj Ceftriaxone with diluent	250 mg/vial	
26	Inj Ceftriaxone with diluent	500 mg/vial	
27	Inj Ceftriaxone with tazobactam with diluent	1000 mcg with 250 mg/vial	
28	Inj Piperacillin wih tazobactam	2 gm with 250 mg/vial	
29	Inj Piperacillin wih tazobactam	1 gm with 125 mg/vial	
30	Inj Gentamycin	10 mg/ml/2 ml vial	
31	Inj Gentamycin	40 mg/ml/2 ml vial	

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	Name of the Items	Specification/ Strength	Remark
32	Inj Meropenum	500 mg/vial	
33	Inj Meropenum	125 mg/vial	
34	Inj Vancomycin	500 mg/vial	
35	Inj Ciprofloxacin iv	200 mg/100 ml	
36	Inj Keterolac	30 mg/ml	
37	Inj Hydralazine	20 mg/ml	
38	Inj Dobutamine	40 mg/ml	
39	Inj Mannitol iv	20% w/v 100 ml bt	
40	Inj Streptomycin	750 mg	
41	Inj Succinylcholine		
42	Inj Ethamsylate		
43	Inj Metoclopropamide	10 mg/2 ml amp	
44	Inj Promethazine		
45	Inj Tetanux toxoid	0.5 ml amp	
46	Inj Calcium gluconate	10 ml amp	
47	Inj Sodium bicarbonate	7.5% w/v 10 ml amp	
48	Inj Vitamin k	1 mg/0.5 ml/amp	
49	Inj Haemaceal	500 ml	
50	Inj 25 % Dextrose		
51	Inj Normal saline	100 ml/0.9 %	
52	Inj Paediatric maintainance fluid		
53	Inj Carboprost		
54	I.V Sodium cl normal saline	500 ml	
55	Inj Ringer lactate		
56	Inj Dextrose normal saline		
57	Inj 5 % Dextrose		
58	Inj 10 % Dextrose		
59	Inj Normal saline	100 ml/0.3%	
60	Inj Methylcobalamine		
61	Inj Methylergometrine	0.2 mg/ml 1 ml amp	
62	Inj Hydroxy progesterone	250 mcg/ml 1 ml amp	
63	Inj Snake venom antiserum lypholised	10 ml vial	
64	Inj Diazepam		

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	Name of the Items	Specification/ Strength	Remark
65	Inj Iron sucrose		
66	Inj Avil		
67	Inj Bupivacaine 0.5 %	20 ml/vial	
68	Inj Iron sucrose	50 mg/5 ml/amp	
69	Inj Metronidazole 1 v	500 mg/100 ml/bt	
70	Inj Ofloxacin iv	200 mg/100 ml	
71	Inj xylocaine		0.04
72	Inj xylocaine		0.02
73	Inj Xylocaine with adrenaline		
74	Inj Frusemide	20 mg/1 ml	
75	Inj Dopamine	5 mg/amp	
76	Inj Isuxpurine	5 mg/ml	
77	Inj Oxytocin		
78	Inj Magnesium sulphate		
79	Inj Bupivacaine heavy	4 ml amp	
80	Inj Human premixed insulin 30/70	10 ml vial	
81	Inj Human premixed insulin 50/50	10 ml vial	
82	Inj Human soluble insulin regular	10 ml vial	
83	Inj Ranitidine		
84	Inj Dexamethasone		
85	Inj Drotaverine		
86	Inj Deryphylline		
87	Inj Amiodarone	1.5 mg/ml	
88	Inj Dicyclomine hcl	10 mg/ml/2 ml/amp	
89	Inj Phenytoin sodium	50 mg/ml/2 ml amp	
90	Inj Cefoperazone with diluent		
91	Inj Ceftriaxone with salbactam with diluent	1000 mg+500 mg/vial	
92	Inj Epidosin	8 mg/ml/1 ml/amp	
93	Inj Bucopan	20 mg/amp	
94	Inj Isoprenaline	2 mg/ml	
95	Inj Enoxaparin low molecular wght	40 mg/amp	
96	Inj Enoxaparin low molecular wght	60 mg/amp	
97	Inj Livosulpride 12.5 mg/ml	2 ml/amp	

Sl. No.	Name of the Items	Specification/ Strength	Remark
98	Inj Methylprednisolone	40 mg/vial	
99	Inj Methylprednisolone	80 mg/vial	
100	Inj Methotrexate	7.5 mg/vial	
101	Inj Amiodarone 1.5 mg	1.5 mg/ml	
102	Inj Thiopentone sodium		
103	Inj Hynidase		
104	Inj Carpinol		
105	Inj Antirabies vaccine for human use		
106	Inj Human rabies immunoglobulin	300IU/2 ML	
107	Inj Equine rabies immunoglobulin	1500 IU/5 ML-Rabies immunoserum	
108	Inj Artesunate		
109	Inj Hepatitis B Immunoglobulin	100 IU/1 ML/VIAL	
110	Inj Hepatitis B Immunoglobulin	200 IU/1 ML/VIAL	
111	Inj Cisplatin	50 mg	
112	Inj Cisplatin	10 mg	
113	Inj Doxorubicin	50 mg	
114	Inj Doxorubicin	10 mg	
115	Inj Paclitaxel	100 mg	
116	Inj Paclitaxel	250 mg	
117	Inj Epirubicin	10 mg	
118	Inj Epirubicin	50 mg	
119	Inj Carboplatin	150 mg	
120	Inj Carboplatin	450 mg	
121	Inj Etoposide	100 mg	
122	Inj Tramadol	50 mg/ml/2 ml amp	
123	Inj Erythropoietin	4000 IU/PFS	
124	Inj Atracurium besylate	25 mg	
125	Inj Vecuronium bromide	10 mg/amp	
126	Inj Linezolid IV	600 MG/300 ml	
127	Inj Rabeprazole with diluent		
128	Inj Moxifloxacin intracameral		
129	Inj Hyaluronidase		
130	Inj Hydroxy propyl methyl cellulose		





**PRICE BID ( Rates excluding Tax)**

Sl.No.	Name of the Items	Specification/ Strength	Remark
<b>MISCELLANEOUS</b>			
1	Rhex ID		
2	Inj Hepatitis B VACCINE	20mcg of purified Hepatitis B (10 ML)	
3	Inj Ceftriaxone 1 gm		
4	Syrup Paracetamol	125 mg/5 ml/60 ml bt	
5	Drop Paracetamol	100 mg/1 ml/15 ml bt	
6	Syrup cetirizine	5 mg/5 ml/30 ml bt	
7	Syrup Sodium valporate	200 ml bt	
8	Syrup Piracetam		
9	Phenobarbitone oral solution	20 mg/5 ml	
10	DS Amoxycillin	125 mg/5 ml	
11	Syrup Diethyl carbamazepine citrate	50 mg/5 ml/100 ml bt	
12	Gel Antacid		
13	Iron drop		
14	Dicyclomine drop		
15	Suspension sucralfate		
16	Syrup Vitamin b complex		
17	Drop Multivitamin	10 ml/vial	
18	Enema		
19	Syrup Multivitamin		
20	Suspension ofloxacin with ornidazole		
21	Drop Cefixime	25 mg/ml	
22	Drop Cefodoxime	25 mg/ml	
23	Syrup Polyethylene glycol	200 ml bt	
24	Suspension ibuprofen with paracetamol		
25	Syrup Ondansetron	2 mg/5 ml/30 ml bt	
26	Syrup Paracetamol	250 mg/5 ml/60 ml bt	
27	Syrup cefixime	100 mg/5 ml	
28	Syrup lactulose	10 gm/15 ml /100 ml bt	
29	Syrup Mefenamic acid 100 mg /5 ml with paracetamol 250 mg/5 ml		

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Sl No	Name of the Items	Specification/ Strength	Remark
30	Syrup Fexofenadine 60 mg/5 ml with montelukast 4 mg/5 ml		
31	Budesunide Inhaler 200 metered dose	100 mcg/puff/one	
32	Salbutamol Inhaler 200 metered dose	100 mcg/puff/one	
33	Respule Salbutamol 2.5 mg(asthalin)	2.5 mg/dose/one	
34	Respule Budesonide Nebulizer Suspension 0.5 mg	0.5 mg	
35	ORS( WHO Formulation )	21.5 Gm/Sachet	
36	ORS( WHO Formulation )	4.3 Gm/Sachet	
37	Soda Lime	Medical Grade Granular Form/4.5 kg/jar	
38	Potassium Permanganate	100 gm/Pack	
39	Lotion Clotrimazole	1% w/w / 10 ml/vial	
40	Clotrimazole Vaginal Pessaries	100 mg/Pessaries	
41	Cream Teerbinafine	1% w/w / 5 gm/tube	
42	Oint.Clobetasol+Miconazole+Gentamycin	Clobetasol 0.05% w/w+Miconazole 2% w/w+Gentamycin 0.1% w/w / 20 gm/Tube	
43	Ezivac Enema	30 ml	
44	Oint.Fusidic Acid	5 gm/tube	
45	Cream Silversulphadiazine	1% w/v / 15 gm/tube	
46	Gamma Benzene Hexa Chloride + Cetrimide	GBH 1% w/v + Cetrimide 0.1% w/v 100 ml/bot	
47	Povidone Iodine Solution	5% w/v 500 ml/bot	
48	Povidone Iodine Solution	5% w/v 100 ml/bot	
49	Povidone Iodine Solution	10% w/v 100 ml/bot	
50	Povidone Iodine Solution	7.5%/10% w/v 500 ml/bot	
51	Lysole (Cresol with soap)	50% / 500 ml/bot	
52	Solution Formaldehyde	34 % to 38% w/v ,500 ml/bot	
53	Sterilium(Hand Rub Disinfectant)	500 ml/bot	
54	Balance Salt Solution	500 ml/bot	
55	Amonia Solution	500 ml/bot	
56	Antiseptic Lotion (Detol)	500 ml/bot	
57	Acetone	500 ml/bot	
58	Glutaraldehyde Solution	5 Ltr/Jar	
59	Surgical Cotton Swab	100/pkt	

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S.N	Name of the Items	Specification/ Strength	Remark
60	Tear Strip(Schimmer)	Each	
61	Nonporous Plastic Sheet 4'x 3'	4'x 3'	
62	Surgical Spirit	450 ml/bot	
63	Sodium Hypochlorite Solution 10%	5 Ltr/Jar	
64	Soft Paraffin White IP	500 Gm/Bot	
65	Cream Clotrimazole	1% w/w / 5 gm/tube	
66	Oint.Mupirocin	2% w/w 5 gm/tube	
67	Oint.Povidone Iodine	5% w/v 15 gm/tube	
68	Xylocaine Jelly	5% W/W /15 gm/Tube	
69	Chlorohexidine Mouth Wash 2%	2%	
70	Lidocaine Topical Spray	1 Each%	
71	Oint. Nifedipine+Lidocaine	0.3% w/w and 1.5% w/w (30gm/tube)	
72	Calamine Lotion	60 ml/bot	
73	Oxymetazolin Nasal Drop	0.1% w/v 10 ml/vial	
74	Gentamycin Eye/Ear Drop	0.3% w/v / 5 ml/vial	
75	Ciprofloxacin Eye/Ear Drop	0.3% w/v / 5 or 10ml/vial	
76	Ofloxacin Eye/Ear Drop	0.3% w/v / 5 ml/vial	
77	Tobramycin Eye Drop	0.3% w/v 5 MI/Vial	
78	Cyclopentolate Eye Drop	1% w/v 5 MI/Vial	
79	Prednisolone Eye Drop	1% w/v 5 MI/Vial	
80	Timolol Maleate Eye Drop	0.5% w/v / 5 ml/vial	
81	Chloromycetin Eye Applicap	1% w/v /250 mg/Applical	
82	Tropicamide +Phenylnephrin eye drop	(0.8%+5%) w/v / 5 ml/vial	
83	Flurescein Sodium Eye Drop	1% w/v of Flurescein Sodium/ 5 ml/vial	
84	Xylocaine 4% eye drop	4% w/v /5ml/vial	
85	Xylometazolin Nasal Drop	0.1% w/v 10 ml/vial	
86	Ofloxacin+Dexamethasone Eye Drop	(0.3%+0.1%) W/V /5 ml/vial	

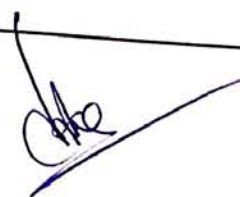
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Sr.No	Name of the Items	Specification/ Strength	Remark
87	Moxifloxacin Eye Drop	0.5% w/v / 5 ml/vial	
88	Tobramycin Eye Drop	0.3% w/v 5 ml/Vial	
89	Acyclovir Eye Ointment	0.3% w/w / 5 gm/tube	
90	Moxifloxacin Eye Ointment	0.5% w/v / 5 gm/tube	
91	Moxifloxacin Eye Drop (BAK FREE)	0.5% w/v / 5/10 ml/vial	
92	Moxifloxacin Eye Drop(Intra Cameral Use)	5 ml/vial	
93	Topiramide+Phenylephrine Eye Drop	5 ml/vial	
94	Traypan Blue	1 ml vial	
95	Hydroxymethyl Cellulose Eye Drop	5 ml/vial	
96	Pro Paracaine 0.5% Eye Drop	5 ml/3ml/vial	
97	Travaprost Eye Drop	3 ml/vial	
98	Phenylephrine +Naphazoline Eye Drop	5 ml/vial	
99	Timolmalate Eye Drop	5 ml/vial	
100	Olopatadine Eye Drop	5 ml/vial	
101	Natamycin Ophthalmic Suspension	5 ml/vial	
102	Pilocarpine Nitrate Ophthalmic Solution	5% 3 ml/vial	
103	Prednisolone Acetate Ophthalmic Solution	5 ml/vial	
104	Fluoromethonone Eye Drop	5 ml/vial	
105	Dorzolamide Eye Drop	5 ml/vial	
106	Azithromycin Eye Ointment	5 gm/tube	
107	Carboxy Methyl Cellulose Eye Drop	5 ml/vial	
108	Fluconazole Eye Drop	5 ml/vial	
109	Fluoromethonone Eye Drop	5 ml/vial	
110	Bromfenac Sodium Ophthalmic Solution	5 ml/vial	
111	Sodium Chloride Ophthalmic Solution(5%)	10 ml/vial	
112	Lidocaine HCL Gel 2%	30 gm/tube	
113	Clotrimazole & Lignocaine Ear Drop	(CLOTRIMAZOLE 1% W/V + LIGNOCAINE HCL 2% W/V) (20MG/ML) (FFS AUTOMATIC CONTINUOUS SINGLE UNIT)	
114	Fluticasone Propionate .05% w/w Nasal Spray	10 ml/Bot	
115	Lidocaine + Ofloxacin Ear Drop	( 1.73% + 0.3%) w/v / 5 ml/vial	

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Sl. No.	Name of the Items	Specification/ Strength	Remark
116	Mometasone Furoate Monohydrate 50 mcg x 1 Puff (140 m doses) Nasal Spray	10 MI/Bot	
117	Oxymetazoline Hcl 0.5 mg/ml nasal drop	10 MI/Bot	
118	Oxymetazoline Hcl 0.05% w/v & Sorbitol 2% w/v + Benzalkonium Chloride 0.02% w/v Nasal Solution	Oxymetazoline Hcl 0.05% w/v & Sorbitol 2% w/v + Benzalkonium Chloride 0.02% w/v Nasal Solution	
119	Calamine lotion		
120	Senna powder		
121	Diazepam oral liquid		
122	Nasal spray Midazolam		
123	Zinc oxide cream 10 %		
124	Saline Nasal Drop	0.65 % w/v / 10 ml/vial	
125	Wax Softner( Para dichloro benzene 2% + Benzocaine 2.7%+Turpentine oil 15%+ Chlorbutol 5%)	FFS Plastic container 10 ml/bot	
126	Xylometazoline Nasal Drop	0.1% w/v 10 ml/vial	
127	X-Ray film 8 X 10 50	50 Sheet/Pkt	
128	X-Ray film 12 X 10	50 Sheet/Pkt	
129	X-Ray film 12 X 12	50 Sheet/Pkt	
130	X-Ray film 12 X 15	50 Sheet/Pkt	
131	Digital X-Ray Film 8 X 10	150 Sheet/Pkt(Fuji Film)	
132	Digital X-Ray Film 12 X 10	150 Sheet/Pkt(Fuji Film)	
133	Digital X-Ray Film 14 X 17	100 Sheet/Pkt(Fuji Film)	
134	Digital X-RAY Casette with Screen 12 X 10	1 Each( Fuji)	
135	Digital X-RAY Casette with Screen 10 X 8	1 Each( Fuji)	
136	Digital X-RAY Casette with Screen 14 X 17	1 Each( Fuji)	
137	X-RAY Casette with Screen 15 X 12 800 Speed	800 Speed	
138	X-RAY Casette with Screen 12 X 12 800 Speed	800 Speed	
139	X-RAY Casette with Screen 12 X 10 800 Speed	800 Speed	
140	X-RAY Casette with Screen 8 X 10 800 Speed	800 Speed	
141	Dental X-Ray Film 150 sheet/Pkt	150 sheet/Pkt	
142	Lead Apron for X-Ray	Each	
143	X-Ray Film Hanger 12 X 15	Each	
144	X-Ray Film Hanger 12 X 10	Each	
145	X-Ray Film Hanger 8 X 10	Each	
146	X-Ray Film Hanger 12 X 12	Each	





Sl No	Name of the Items	Specfication/ Strength	Remark
147	X-Ray Hanging Clip	Each	
148	X-Ray View Box	Each	
149	Monofilament Polypropylene Mesh	6x11 & 15x10& 15x15	
150	Nylon(Non absorbable Surgical Suture) Single Needle 10-0	1 Pc	
151	Polypropylene Surgical Suture 1/2 CRB 1	12 PC/PKT	
152	Polypropylene Surgical Suture 1/2 CRB 1-0	12 PC/PKT	
153	Polypropylene Surgical Suture 1/2 CRB 2-0	12 PC/PKT	
154	Polypropylene Surgical Suture 1/2 CRB 3-0	12 PC/PKT	
155	Polypropylene Surgical Suture 1/2 CRB 4-0	12 PC/PKT	
156	Polypropylene Surgical Suture 1/2 CRB 10-0	12 PC/PKT	
157	Monofilament Polyamide Suture with cutting needle 26 mm 3/8 circle and 70 cm( Size-3-0)	Monofilament Polyamide Suture with cutting needle 26 mm 3/8 circle and 70 cm( Size-3-0)	
158	Monofilament Polyamide Suture with cutting needle 12 mm 3/8 circle and 70 cm( Size-2-0)	Monofilament Polyamide Suture with cutting needle 12 mm 3/8 circle and 70 cm( Size-2-0)	
159	Monofilament Polyamide Suture with cutting needle 12 mm 3/8 circle and 70 cm( Size-1-0)	Monofilament Polyamide Suture with cutting needle 12 mm 3/8 circle and 70 cm( Size-1-0)	
160	Disposable Syringes 2 cc	2 CC, With colour coded (as per BIS) needle Sterilised, Luer Mount, Non - toxic CGS 2CC as per Drugs & Cosmetics Act 1940, IS No. 12655 with CE certification	
161	Disposable Syringes 3 cc	3 CC, With colour coded (as per BIS) needle Sterilised, Luer Mount, Non - toxic CGS 3CC as per Drugs & Cosmetics Act 1940, IS No. 12655 with CE certification	
162	Disposable Syringes 5 cc	5 CC, with colour coded (as per BIS) needle Sterilised, Luer Mount, Non - toxic CGS 5CC as per Drugs & Cosmetics Act 1940, IS No. 12655 with CE certification	
163	Disposable Syringes 10 cc	10 CC, with colour coded (as per BIS) needle Sterilised, Luer Mount, Non - toxic CGS 10CC as per Drugs & Cosmetics Act 1940, IS No. 12655 with CE certification	





	Name of the Items	Specification/ Strength	Remark
164	Disposable Syringes 50 cc	50 CC, with colour coded (as per BIS) needle Sterilised, Luer Mount, Non - toxic CGS 50CC as per Drugs & Cosmetics Act 1940, IS No. 12655 with CE certification	
165	Disposable Insulin Syringes 1 ml	40 Unit, With Needle, Sterilised Non - Toxic, Unit 40 with CE certification	
166	Intra Cath	Adult,(two way)with closing Cover Type II Sterilised Size 18, 20,22 (Adult)with CE certification,Requirement Size 18(40%),20(40%),22(20%)	
167	Intra Cath	Child, (two way) with closing Cover Type II Sterilised Size 24,26 (Child) with CE certification	
168	Intravenous Set Adult	Adult, With built in Airway moulded chamber and Needle, Sterile, Disposable, Non - Toxic, Non Pyrogenic, sterilised by ETO, 2.7 to 3.00 mm tube with fluid filter, non-kinkable tube, Length not less than 150 cms / I.S No. 12655 (part-4 of 2	
169	Intravenous Set(Child)	Child	
170	Pedia Drip Set	Pedia Set	
171	Blood Administration Set	Disposable Sterilised by ETO as per Drugs and Cosmetics Act-1940, I.S. No. 9824 (part 3 of 1996) with CE certification	
172	Foleys Urinary Catheter	Size: 6,8,10,12,14,16,18, Silkolatex (Pre - sterile) 2 way sterile, Non - toxic with CE certification	
173	Urinary Drainage Bag	Sterilised with non return valve and Drainage outlet with a capacity of 2000ml , with marking non toxic pyrogen free, double seek , clinical grade PVC with CE certification will be preferred	
174	Ryle's Tube	Polythene ( P.V.C) Pre -sterile (Length 105ms) Sterile Non toxic , Pyrogen free , with Radio Opaque Line Assorted Sizes 6,8,10,12,14,16,18 with CE certification will be preferred	
175	Endo Tracheal Tube	size- 2,2.5,3,3.5,4,4.5,5,5.5,6,6.5,7,7.5 e.t.c	

Sl. No.	Name of the Items	Specification/ Strength	Remark
176	Infant mucous extractor	PVC, Non-Toxic, Sterilised, Pyrogen free, Disposable with CE certification will be preferred	
177	Operation Gloves (Sterilised)	BIS specifications gloves, surgical rubber made of Hypoallergic latex.- 100%electronically tested, sterilised by Gamma Radiation /ETO, IS No. 13422-92-with CEcertification-Requirement size 6 , 6.5, 7,7.5)	
178	Microscopic Glass Slide	3" x 1" x 1.1 + 0.1 / - 0.2mm thickness (75mm X 25mm) with ISI mark	
179	Umbilical cord clamp / Vascular clamp (sterilised)	Each	
180	Triple (three) layer face mask	(9cm x 17cm approx.), nose clip adaptable.(Tie on mask of no-woven, hypoallergenic 3 ply construction with filter in between offering >99% standard with 4 tie strings.)	
181	Disposable Head Cap	Each	
182	Disposable Shoe Cover	Pair	
183	N-95 Face Mask	Each Without Respirator	
184	PPE Kit	1 Kit	
185	Baby Feeding Tube 5,6,8	Each	
186	Disposable Needle	182426	
187	Naso gastric Tube (5,6,8,10)	Each	
188	Nel Cath	Each	
189	Nelaton Cathetor(Size:- 8,10,12,14)	Each	
190	Suction Cannula	Each	
191	Steam Autoclave Sterilization Indicator Tap	Each Roll	
192	Nasal Cannula (for Infant, Child and Adult)	Each	
193	Plaster of paris slab (15 x 100)	Each	
194	Plaster of paris slab (10 x 60)	Each	
195	Plastic Apron	Each	
196	Oxygen flow meter with humidifying bottle+ Mask & Key	Each	
197	Corrugated Plastic Drainage Sheet	Each	
198	Disposable Blood Lancet (Pricking Needle)	Each	
199	Phenyle (White) 5 Ltr /Jar	5 Ltrs/Jar	
200	Black Disinfectant Fluid(Phenyle) ISI 4 Ltr/Jar	4 Ltrs/Jar	



## PRICE BID ( Rates excluding Tax)

Sl. No.	Name of the Items	Specification/ Strength	Remark
<b>BEDDING &amp; CLOTHING ITEMS</b>			
1	Bed Sheet (Cotton) white bleached, both side stitching	Length- 230 cm, Breadth- 150cm(Cotton, white bleached both side stitching)	
2	Blanket Cotton for Adult	Length- 230 cm, Breadth- 150cm(Bottle green colour, all side zig zag stitching with 4 cm in each side velvete border))	
3	Blanket Cotton for Child	Length- 115 cm, Breadth- 80cm (Bottle green colour, all side zig zag stitching with 4 cm in each side velvete border))	
4	Long Cloth ( Green)	Breadth-89 cm ( Cotton for making OT Gown, Aprone, Towel e.t.c.)	
5	Operation Towel Green	Length- 100 cm, Breadth - 89 cm ( Cotton green both side stitch)	
6	Draw Sheet Cotton Green	Draw Sheet Cotton length=1.65mtr, breadth=89cm (cotton, Green Bleached Hammed at Border)	
7	OT Gown	Green Cloth	
8	Cap	Green Cloth	
9	Mask	Green Cloth	
10	Towel ( Big )	Length-150 cm, Breadth - 70 cm, weight minimum 500 gm(Cotton Turkish coloured double side stitched)	
11	Towel ( Small )	Length-60 cm, Breadth - 40 cm, weight minimum 150 gm(Cotton Turkish coloured double side stitched)	
12	Rubberised Coir Mattress Rexin bound(Adult)	size approx. 75 inches X 36 inches X 3 inches for used in standard hospital bed confirming to IS 8391:1987 (Rest As per DEPM specification), size approx. 75 inches X 36 inches X 3 inches for used in standard hospital bed confirming to IS 8391:1987 (Rest As per DEPM specification)	
13	Rubberised Coir mattress Rexin bound(Paediatric)	size approx. 60 inches X 32 inches X 3 inches for used in standard hospital bed confirming to IS 8391:1987 (Rest As per tender specification), size approx. 60 inches X 32 inches X 3 inches for used in standard hospital bed confirming to IS 8391:1987 (Rest As per tender specification)	
14	PILLOW (FOAM)	length=65cm, breadth=40cm, foam quality should confirm to IS7933:1975 (Reaffirmed 2003), length=65cm, breadth=40cm, foam quality should confirm to IS7933:1975 (Reaffirmed 2003)	

*(Signature)*