

Govt. Of Maharashtra  
Chhatrapati Pramila Rajee General Hospital, Kolhapur - 416002.  
Mahatma Jyotiba Phule Jan Aarogya Yojana.(Rajiv Gandhi Jeevandayee Aarogya Yojana.)

Tel: (0231) 2641583      cprmedstore@gmail.com      Medical store : (0231 ) 2641326

By Regd. A.D / U.P.C.

No. CPRGHK/MJPJAY/ 104 / 2019

Date : 05/03/2019

To,  
M/s. -----

Subject :- Quotation Call For CVTC MJPJAY – INJECTION-I

Reference :- 1)As per Sanctioned Notesheet Date :- 02 / 03 /2019.

2) No. CPRHGK/MJPJAY/638/2018 Dt. 07/12/2018

Please arrange to give your lowest possible rate for the items mentioned below.

Sr. No.	Name of Item / Drug / Medicine	Pack Size	MFG By	MRP	Quotaed Rate Per Unit
1	Inj. Amoxicillin 300mg+ Clavulanic Acid 75mg (375mg)	1X1 Vial			
2	Inj. Ampicillin 1000 mg + Sulbactam 500 mg	1x1 Vial			
3	Inj. Cefuroxime sodium 750 mg	1X1 vial			
4	Inj. Colistin methate 4MIU	1X1 vial			
5	Inj. Diltiazem HCL 10mg	1 x 10 ml vial			
6	Inj. Haloperidol 5mg	1X1 ampoule			
7	Inj. Metaprolol Tartrate 1gm	1 x 5ml vial			
8	Inj. Milrinone 1 mg/ml	1 x 50 ml ampoule			
9	Inj. Milrinone 10 ml	1X10ml ampoule			
10	Inj. Nicorandil 48mg	1 x1 vial			
11	Inj. Tramadol 50 mg	1X2ml ampoule			
12	Inj. Tissel	1 x 1ml			
13	Inj. Methyl Prednisdone 80mg/2ml (Depomedrol Type)	1 x1 vial			
14	Inj. Protamine Sulphate	1 x 5ml ampoule			
15	Inj. Xylocard 2% 50ml (Lignicain2%)	1X1ml ampoule			
16	Inj. Papaverine	1X1ml ampoule			
17	Inj. Haemostat	1 x 5ml ampoule			
18	Inj. Surfactant	1 x 4ml ampoule			
19	Inj. Surfactant	1 x 8ml ampoule			
20	Inj. Streptokinase 15lac IU	1X5ml ampoule			
21	Inj. Phenyton Sodium 50mg/2ml	1 ampoule			
22	Inj. Vitamin K (menedione) 10mg	1 ampoule			
23	Inj. Insulin Human Mixtard 30:70	1X10ml Vial			

24	Inj. Phemiramine Maleated 22.75 mg	1X2ml Vial			
25	Inj. Succinyl choline 50mg/ml	1x10ml Vial			
26	Inj. Dexmedetomidine	1x10ml vial			

**Terms & Condition as follows:-**

1. Rate should be inclusive of all taxes, Inclusive with GST.
2. Delivery period should be within 10 days from the date of confirm order otherwise the order
3. Material in good condition as per the specification required by the respective department.
4. Inspection – By HOD CVTC / Cathlab/ Respective User Department .
5. Attach Xerox copy of PAN, GST & FDA Drug Licence with attested .
6. All rights are preserve in favour of The Dean , C.P.R. Hospital,Kolhapur.
7. Don't Quorate Rates of other items except above mention .Dont miss serial of above list.
8. Submit printed quotation on own letter head with duly signed and stamped . Hand written
9. Packing or Before Date :- **14/03/2019** Upto 3.00 Pm positively forwarding freight should be
10. Sealed Quotations should reach this office i.e. **CENTRAL MEDICAL STORE, KASARI BUILDING , C.P.R. Hospital, Kolhapur on/before Dt. 14/03/2019 upto 3.00pm.**

Dean,

C. P. R. General Hospital,  
Kolhapur.