

Govt. Of Maharashtra

Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.

Mahatma Jyotiba Phule Jan Aarogya Yojana. (Rajiv Gandhi Jeevandayee Aarogya Yojana.)

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

No. CPRGHK/MJPJAY/

106

/ 2019

Date : 05/03/2019

To,

M/s. -----

Subject :- Quotation Call For CVTC MJPJAY – TABLET AND CAPSUL

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

2) No. CPRHGK/MJPJAY/640/2018 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	Quoted Rate Per Unit
1	Cap. Indomethacin 25mg	1Strip x10 Caps.			
2	Cap. Nifedipine 5 mg	1Strip x10 Caps.			
3	Cap. Omeprazole - 20 mg	1Strip x10 Caps.			
4	Tab. Acenocoumarol (Acitrom type) 1 mg	1Strip x10 Tabs.			
5	Tab. Acenocoumarol (Acitrom type) 2 mg	1Strip x10 Tabs.			
6	Tab. Acenocoumarol (Acitrom type) 3 mg	1Strip x10 Tabs.			
7	Tab. Acenocoumatrol (Acitrom type) 4 mg	1Strip x10 Tabs.			
8	Tab. Acetazolamide 250mg	1Strip x10 Tabs.			
9	Tab. Acetyl Cystine 600 mg (Mucomix Type)	1Strip x10 Tabs.			
10	Tab. Acyclovir - 200 mg	1Strip x10 Tabs.			
11	Tab. Aldactone 50 mg	1Strip x10 Tabs.			
12	Tab. Alprazolam - 0.25 mg	1Strip x10 Tabs.			
13	Tab. Ascorbic acid - 100 mg (Vit-C)	1Strip x10 Tabs.			
14	Tab. Ascorbic acid - 500 mg (Vit-C)	1Strip x10 Tabs.			
15	Tab. Hydroxyzine 25mg (Atarax type)	1Strip x10 Tabs.			
16	Tab. Calcium Lactate - 300 mg	1Strip x10 Tabs.			
17	Tab. Cilostazole 100 mg (Stiloz Type)	1Strip x10 Tabs.			
18	Tab. Cilostazole 50 mg (Stiloz Type)	1Strip x10 Tabs.			
19	Tab. Diazepam 2mg	1Strip x10 Tabs.			
20	Tab. Diazepam 5mg	1Strip x10 Tabs.			
21	Tab. Digoxin - 0.25 mg	1Strip x10 Tabs.			
22	Tab. Diltiazem 30 mg	1Strip x10 Tabs.			

23	Tab. Dispersible Acetyl Salicylic Acid 150mg (Disprin Type)	1Strip x10 Tabs.			
24	Tab. Doxofylline 200mg	1Strip x10 Tabs.			
25	Tab. Faropenem 200mg	1Strip x10 Tabs.			
26	Tab. Formalin	1Strip x10 Tabs.			
27	Tab. Ferrous Sulphate (F.S.)	1Strip x10 Tabs.			
28	Tab. Frusemide 20mg+ Spiranolactone50mg (Lasilactone Type)	1Strip x10 Tabs.			
29	Tab. Gasex	1x100 Tabs.			
30	Tab. Glipizide 5mg	1Strip x10 Tabs.			
31	Tab. Griseofulvin - 125 mg	1Strip x10 Tabs.			
32	Tab. Haloperidol - 10 mg	1Strip x10 Tabs.			
33	Tab. Haloperidol - 5 mg	1Strip x10 Tabs.			
34	Tab. Imipramine - 25 mg (IMI)	1Strip x10 Tabs.			
35	Tab. Isosorbide Dinitrate - 10 mg (Sorbitrate)	1Strip x 50 Tabs			
36	Tab. Isosorbide Dinitrate - 5 mg (Sorbitrate)	1Strip x 50 Tabs			
37	Tab. Ivabradine 5 mg	1Strip x10 Tabs.			
38	Tab. Lasilactone (frusemide)40mg	1Strip x10 Tabs.			
39	Tab. Levosalbutamol – 2 mg	1Strip x10 Tabs.			
40	Tab. Linezolid 600 mg	1Strip x10 Tabs.			
41	Tab. Losartan - 50 mg	1Strip x10 Tabs.			
42	Tab. Mebendazole	1Strip x10 Tabs.			
43	Tab. Metoclopramide (Reglan type)10mg	1Strip x10 Tabs.			
44	Tab. Nicorandil 5 mg	1Strip x10 Tabs.			
45	Tab. Nicoumalone 1 mg	1Strip x10 Tabs.			
46	Tab. Nifedipine SR - 10 mg	1Strip x10 Tabs.			
47	Tab. Nifedipine SR - 20 mg	1Strip x10 Tabs.			
48	Tab. Nitrofurantoin 50mg	1Strip x10 Tabs.			
49	Tab. Nitroglycerine – 2.6 mg	1Strip x10 Tabs.			
50	Tab. Olanzapine - 5 mg	1Strip x10 Tabs.			
51	Tab. Pancreatin 150mg (Creon type)	1Strip x10 Tabs.			
52	Tab. Phenobarbitone 30mg	1Strip x10 Tabs.			
53	Tab. Pheynoin Sodium - 100 mg (Eption type)	1Strip x10 Tabs.			
54	Tab. Cyclophosphamide 500mg	1Strip x10 Tabs.			
55	Tab. Prasugrel 10 mg	1Strip x10 Tabs.			
56	Tab. Prazosin - 2.5 mg (Minipress-XLtype)	1Strip x10 Tabs.			
57	Tab. Prazosin - 5 mg (Minipress-xL type)	1Strip x10 Tabs.			
58	Tab. Salbutamol 2mg	1Strip x10 Tabs.			
59	Tab. Sitagliptin 100mg	1Strip x10 Tabs.			
60	Tab. Spiranolactone 25mg	1Strip x10 Tabs.			

61	Tab. Trypsin Chymotrypsin (Cymolar forte type)	1Strip x10 Tabs.			
62	Tab. Torsamide 10+ Spironolactone 50	1Strip x10 Tabs.			
63	Tab. Tramadol 37.5mg + Paracetamol 325mg (Ultracet Type)	1Strip x10 Tabs.			
64	Tab. Ursodeoxycholic Acid 300mg	1Strip x10 Tabs.			
65	Tab. Pnacreofloat	1Strip x10 Tabs.			
66	Tab. Atarax 10mg	1Strip x10 Tabs.			

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 should be Treated as cancelled
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 Quotate 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 quotation will be rejected.
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 3.00 pm.

Dean,

C. P. R. General Hospital,
Kolhapur.