Govt. Of Maharashtra

Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.

Mahatma Jyotiba Phule Jan Aarogya Yojana.

Pean Office Tel:	otiba i male sam man egy	(0231) 2641583
	By Regd. A.D / U.P.C.	STATUK.
No. CPRGHK/MJPJAY/ 351	/ 20-21	Date: 22/09/2021
To, M/s		34
Subject :- Quotation Call For C	VTC MJPJAY - Med	
D 0 1) A Canation	and Notoshoot Date	/ /2021.

Reference: - 1)As per Sanctioned Notesheet Date: - 7 12021
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. RITUXIMAB 500 MG	1 VIAL			
2	INJ. RITUXIMAB 100MG	1 VIÁL			
3	INJ.CYCLOPHOSPHAMIDE 1 GM	1 VIAL			
4	INJ.DOXORUBICIN 50 MG	1 VIAL			
5	INJ.DAUNORUBICIN 20 MG	1 VIAL			
6	INJ.VINCRISTINE 1 MG	1 VIAL			
7	INJ.GEMCITABIME 1 MG	1 VIAL			3 5 5 18
8	INJ.CISPLATIN 50 MG	1 VIAL			
9	INJ.ROMY 250MG	1 VIAL			
10	INJ.CYTARABINE 1GM	1 VIAL			
11	INJ.CYTARABINE 100MG	1 VIAL			
12	INJ.METHOTREXATE 500 MG	1 VIAL			
13	INJ.BORTEZAMIB 2 MG	1 VIAL			A TENTAL
14	INJ.BENDAMUSTINE 100 MG	1 VIAL			
15	INJ.AZACYTIDINE 100 MG	1 VIAL			
16	INJ.L-ASPARGINASE 5000 UNIT	1 VIAL			
17	INJ.PLERIXAFOR 24 MG	1 VIAL			9 86 23
18	TAB.LENALIDAMIDE 10 GM	1 Strip			
19	TAB.IMATINIB 400 MG	1 Strip			E BA
20	TAB.NILOTINIB 300 MG	1 Strip			

Terms & Condition as follows:-

- 1. Rate should be inclusive of all taxes, Inclusive with GST.
- 2. Delivery should be strictly on consignment basis and should be dlivered at approproate place and time as instructed by authority.
- 3. Material in good condition as per the specification required by the respective
- 4. Inspection By HOD CVTC Department/ Respective User Department and if material found of inappropriate quality during surgery material will be rejected.
- 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 Quoate Rates of other items except above mention. Dont miss serial of above list.
- 8. Organisation/ Distibutor Require Authorization letter for submission of the quatation.
- 9. Submit printed quotation on own letter head with duly signed and stamped . Hand written quotation will be rejected.
- 10. Quotation submitted in any other format other than above will be rejected.
- 11. Packing or Before Date: 29/09/2021 Upto 400 Pm positively forwarding freight should be
- 12. Sealed Quotations should reach this office i.e. on/before Mahatma Jyotiba Phule Jan

Aarogya Yojana, C.P.R.HOSPITAL, KOLHAPUR Dt.;- ,Upto4:00 pm.,