Govt. Of Maharashtra

Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.

Mahatma Jyotirav Phule Jan Aarogya Yojana.

Dean Office Tel: (0231) 2641583

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

No. CPRGHK/MJPJAY/ 345 / 20-21 Date : 20 / 12 /2021

To,

M/s. ----------

Subject :- Local Purchase Quotation Call for Tab

Reference :- 1)As per Sanctioned Notesheet Date :- 16 / 12 /2021.

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	Tab. Acitrom 1mg	1x10			
2	Tab. Acitrom 2mg	1x10			
3	Tab. Acitrom 3mg	1x10			
4	Tab. Acitrom 4mg	1x10			
5	Tab. Aluminium hydroxide 200mg + Magnesium hydroxide 200mg + Simethicone 25mg (Gelucil Type)	1x10			
6	Tab. Acetylcysteine 600 mg (Mucomix Type)	1x10			
7	Tab.Acetazolamide 250mg	1x10			
8	Tab. Azithromycin 500 mg	1x10			
9	Tab. Amidarone 200mg	1x10			
10	Tab. Ascorbic Acid 500 mg	1x10			
11	Tab. Atenolol 25mg	1x14			
12	Tab.Atrovastatine 20 mg	1x10			
13	Tab.Atrovastatine 40 mg	1x10			
14	Tab.Augmentine 625 mg	1x10			
15	Tab. Calcium & Carbonate 500mg	1x10			
16	Tab. Cetrizine 10mg	1x10			
17	Tab. Chymoral forte	1x10			
18	Tab. Chlorthalidone 12.5mg	1x15			
19	Tab. Calcium & Vit D3	1x10			
20	Tab. Cilostazol 100 mg (Stiloz Type)	1x10			
21	Tab.Ciprofloxacin 500mg	1x10			
22	Tab. Cilostazol 50 mg (Stiloz Type)	1x10			
23	Tab. Clozapine 50 mg	1x10			
24	Tab. Clopigrel 75 mg				
25	Tab. Digoxin 0.25 mg	1x10			
26	Tab.Diclofenac (50mg) + Serratiopeptidase(10mg)	1x10			
27	Tab. Diltiazem 30 mg	1x10			
28	Tab.ecosprin 75 mg	1x10			

29	Tab.ecosprin 150 mg	1x10			
30	Tab.Escitalopram 10mg	1x10			
31	Tab. Ethamsylate 500mg	1x10			
32	Tab. Frusemide 20mg + Spironolactone 50 mg	1x10			
33	Tab. Frusemide 40mg	1x10			
34	Tab.Fluconazole 150mg	1x10			
35	Tab. Gasex	1x100			
36	Tab. Glimepride 2mg	1x10			
37	Tab. Haloperidol 5 mg	1x10			
38	Tab. Isosorbide dinitrate 20mg	1x10			
39	Cap. Indomethacin 25mg	1x10			
40	Cap. Itraconazole 200 mg	1x10			
41	Tab. Ivermectin 12mg	1x2			
42	Tab. Isosorbide mononitrate 10mg	1x10			
43	Tab. Levetiracetam 500mg	1x10			
44	Tab. Linezolid 300mg	1x10			
45	Tab. Metformin 500mg	1x10			
46	Tab. Metoprolol 25mg	1x10			
47	Tab. Methylprednisolone 4 mg	1x10			
48	Tab. Methylprednisolone 8 mg	1x10			
49	Tab.Misoprostol 200mcg	1x10			
50	Cap. Nifedipine 5 mg	1x10			
51	Tab.Neurobion Forte	1x10			
52	Cap. Omeprazole 20mg	1x10			
53	Cap. Isavuconazole 100mg	1x10			
54	Tab. Oseltamivir 75 mg	1x10			
55	Tab. Ondansetron 4mg	1x10			
56	Tab. Pantaprazole 40mg	1x10			
57	Tab.Paracetamol 500mg	1x10			
58	Tab.posaconazole	1x10			
59	Tab. Phenytoin Sodium 100 mg (Eptoin)	1x10			
60	Tab. Pirfenadone 200 mg (Farobact Type)	1x10			
61	Tab. Pirfenadone 801 mg (Farobact Type)	1x10			
62	Tab. Prasugrel 10mg(prax)	1x10			
63	Tab. Prolomet xl 12.5 mg	1x10			
64	Tab. Prolomet xl 25 mg	1x10			
65	Tab. Prolomet xl 50 mg	1x10			
66	Tab. Prednisolone 10 mg	1x10			
67	Tab. Phenobarbitone 30mg	1x10			
68	Tab. Posaconazole 100 mg	1x10			
69	Tab. Resperidone 2mg	1x10			
70	Tab. Rifaximin 550mg	1x10			
71	Tab.Sodium Valporate 200mg	1x10			
72	Tab. Sodamint	1x1000			
73	Tab. Sporlac DS	1x10			
74	Tab. Torsemide 10mg	1x10			

75	Tab. Ursodeoxycholic acid (Udiliv) 300mg	1x10			
76	Tab. Vitamin D 3	1x10			
77	Tab. Warfarin Sodium 5mg	1x10			
78	Tab.Zinc Sulphate	1x10			

Terms & Condition as follows:-

1. Rate should be inclusive of all taxes like GSTetc .
2. Material should be delivered at approproate place and time as instructed by authority.
3. Material should be in good condition as per the specification.
4. material will be inspected HOD CVTC Department/ Respective User Department and if material is found of inappropriate quality material will be rejected.
5. Attach Xerox copy of PAN, GST & FDA Drug Licence (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 as 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 :- 29/12/2021 **Upto** 5 **Pm** freight should be forwarded positively.
12. Sealed Quotations should reach this office i.e. on/before **Mahatma Jyotirav Phule Jan Aarogya Yojana, C.P.R.HOSPITAL , KOLHAPUR** Dt.:-29/12/2021 , **Upto** 5 **pm.**

Dean,
C. P. R. General Hospital,
Kolhapur.