

Govt. Of Maharashtra
Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.
Mahatma Jyotirav Phule Jan Aarogya Yojana.

Tel: (0231) 2641583

No. CPRGHK/ 3998

By Regd. A.D / U.P.C.
/ 2025

Date : / /2025 .
26 DEC 2025

To,
M/s. _____

Subject :- Two Bid Quotation Call For MJPJAY – Injection

Reference :- As per Sanctioned Notesheet Date :- / /2025.

Suppliers should be submitted two bids, 1st is Technical bid (technical envelope) and 2nd is Price Bid (financial envelope). Only the price bid (financial envelope) of the supplier who is found eligible in the technical bid (technical envelope) will be opened

1St Technical Bid Terms & Condition as follows :-

1. Material should be delivered at appropriate place and time as instructed by authority.
2. Material should be in good condition as per the specification.
3. Material will be inspected by HOD Of Respective User Department and if material is found of inappropriate quality, material will be rejected.
4. Attach Xerox copy of Aadhar Card, PAN, GST & FDA Drug Licence (attested).
5. All rights are preserve in favour of The Dean , C.P.R. Hospital,Kolhapur.
- 7.Organisation/ Distributor Require Authorization letter for submission of the quotation.
8. For Consumables: ISO 13485 (International Organisation for Standardisation), ISO 17025, ISO 45001, ISO 14001, GMP (Good Manufacturing Practices)/Schedule M, Quality Management System (QMS) for Medical Devices, Central Drug Standard Control Organisation (CDSCO) approved MD
9. Supplier Should be Submitted Three Years Tax returns file
10. Suppliers should provide any evidence of supplying materials to Govt/Semi Govt institution for minimum 3 years.
11. Supply of goods Should be done within 10 days of purchase order otherwise order will be cancelled.
- 12.Sealed Quotations should reach this office i.e. on/before Inword office Dt.: 01/01/2026
Upto pm.

0.50

2nd Price List Bid Terms & Condition as follows :-

1. Rate should be inclusive of all taxes like GSTetc .
2. Don't quote Rates of other items except as mention Dont miss serial of above list.
3. Submit printed quotation on own letter head with duly signed and stamped . Quotation should not be submitted without sample approval from HOD. Hand written quotation will be rejected as & when needed unit right reserved unit HOD of concerned Department.
4. Quotation submitted in any other format other than above will be rejected.

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

Sr. No.	Name of Item	Packing Size	MFG By	MRP Rs	Quotated Rate Per Unit with GST
1	inj. Amiodarone HCL 50mg/ml	1x 3ml Amp			
2	inj. Amphotericin B (Liposomal) 50mg	1x 1 vial			
3	inj. Amphotericin B (Lyophilised) 50mg	1x 1 vial			
4	Inj. Anti haemophilic Factor VIII	1x1vial			
5	Inj. Anti haemophilic Factor VIII	1x1vial			
6	Inj. Anti Thymocyte Immunoglobulin	1x1vial			
7	Inj. Bendamustine 25mg	1x1vial			
8	inj. Bupivacaine 0.25%	1x 50ml vial			
9	Inj. Bupivacaine HCL 0.5%	1x 20ml			
10	Inj. Cyclophosphamide 500mg	1x1vial			
11	inj. Diltiazem 5mg	1x 1vial			
12	Inj. Filgrastim 300mcg	1x1Unit.			
13	inj. Heparin Sodium 5000IU /ml	1x 5ml			
14	inj. Isoprenaline 2mg/ml	1x 1ml			
15	inj. Lignocain Hydrochloride 2%	1x 30ml			
16	Inj. Meropeneum 1gm	1x 1 vial			
17	Inj. Nicorandil 48mg	1x 1 vial			
18	inj. Nor adrenaline 2mg/ml	1x 2ml			
19	Inj. Papaverine HCL 30mg/ml	1x1vial/A			
20	inj. Pentaglobulin 10ml	1x 1 vial			
21	Inj. Pneumococcal Polysaccharide	1x1vial			
22	inj. Protamine Sulfate	1x 5ml			
23	Inj. Rituximab 100mg/10ml	1x1vial			
24	Inj. Rituximab 500mg/50ml	1x1vial			
25	Inj. Romiplastim 500mcg	1x1Unit.			
26	inj. Sod ^{nitro} prusside 25mg/ml	1x 2ml			
27	Inj. Sodium Nitroprusside 50mg/2ml	1x 1Amp			
28	inj. Teicoplanin 400mg	1x 1 vial			
29	inj. Vacuronium Bromide 4mg	1x 1Amp			

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