

QUOTATION

NO/PVPGHS/QUOTATION/ ²³¹⁶³ /2024
Medical Store Dept.
Padamabhushan Vasantdada Patil Govt.
Hospital, Sangli. 416416.
Date: 04 /11/2024
12

Sub: - QUOTATION FOR SUPPLY OF MEDICINES

The sealed quotation/rates are invited for the following items for the use of this hospital in envelope system on the official letter head of the firm and the quotation rates will be valid for period of 6 months.

The quotation should be sealed and addressed to The DEAN, Padmabhushan Vasantdada Patil Government Hospital, Sangli. (PVPGH, Sangli). And must be super scribing on the envelop as '**QUOTATION FOR SUPPLY OF MEDICINES**' **DUE ON -----**

The last date of receiving the quotation is ¹⁶⁻¹²⁻²⁰²⁴ ----- before 4.00 p.m.

Quotations will be opened on ¹⁷⁻¹²⁻²⁰²⁴ ----- at 04-00 P.M. At Dean's Chamber PVPGH, Sangli. Note that representatives of firms applying for Quotation should be present at the time of opening the quotation.

The Dean, PVPGH Sangli reserves the right to enhance or reduce the quantity or to decide not to purchase any quotation item or to accept any quotation in full or in part or to reject any or all items without assigning any reason whatsoever.

1. Quotation should be quoted on official letter head of the firm with signature and stamp of firm.
2. Photocopy of PAN card, Bank passbook (first page), AADHAR card of company holder, original cancelled cheque required for CMP and to be submitted.
3. Copy of valid FDA 20B & 21B drug license of the bidder (supplier). The supplier should have valid FDA Drug license as on the date of bid opening.
4. Authorization letter of original manufacturer stating that supplier is authorized dealer.
5. Rates should be quoted for Per Piece/Item/Tablet/Bottle/Vial/test.

6. WHO-GMP Certificate of the manufacturer should be provided by the bidder. Preference will be given to bidders providing manufacturer's WHO GMP certificate.
7. GST No. certificate of the supplier. Last 3 months returns copy.
8. It is Compulsory for The Supplier to attach Batch wise test analysis report for each drug as well as Manufacturers package insert /prescription information. An undertaking regarding the supply of test report should be given by the Supplier at the time of filing Quotation itself.
9. It is required to submit an undertaking clearly mentioning that the bidder has no conflict of interest with the concerned Purchasing authority & that only a single Quotation is being submitted.
10. The bidder should not blacklisted/deregistered by any government institution/ organization during the last 3 years for supplying substandard medicines/other items. They should give non conviction undertaking for the same.
11. The bidder should give the undertaking stating that all document furnished by them are true and only they are responsible for any discrepancy or untrue nature of the document submitted.

You are requested to furnish your "**NET RATES**" only for '**DOOR DELIVERY BASIS**' (i.e. their rates should be all inclusive of all taxes and duties and transportation).The Material will be accepted only as per specifications and in good condition. No advance payment will be made. The goods should reach at hospital on priority basis.

Technical evaluation: - Technical evaluation of the documents will be done by Technical evaluation team on the day of bid opening.

In case there is query/discrepancy regarding any of the documents provided by the bidder (Supplier/Manufacturer/Distributors), **a two day period** will be allowed to the concerned bidder to submit correction/documents (they will be informed by email), If the bidder fails to supply documents within this time frame, their quotation will be treated as invalid. The Quotation filling bidder should present all original documents of photo copies attached with quotation as and when demanded by the institution.

Supply:-

1. If chosen as L1 it is mandatory for supplier to accept purchase order from the institute and supply within 15 days from receipt of order by email. They should confirm the same by email.

2. All the order quantity should be supplied by the bidder at one time at the medical store PVPGH Sangli in their original manufacturing package as door step delivery in the quoted rate.

3. The material will be accepted only as per specification and in good condition. The goods should reach this Hospital urgently on working days between 10am to 4pm.

4. The bidder on successful supply of medical/ surgical consumable should present three invoice copies stamped original/ duplicate/ triplicate without any error addressed to the Dean, PVPGH Sangli.

Payment:-

No advance payment will be made. After successful supply of medicine and submission of bills in the complete format payment will be done as soon as possible subject to availability of government funds.

Quotation List

Sr. No.	Name	Terms & Condition
1.	Tab Acyclovir 400 mg.	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
2.	Tab Albendazole 400 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
3.	Tab Amitriptyline 25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
4.	Tab Amlodipine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
5.	Tab Amoxycillin 500 mg + Clavulanic acid 125mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
6.	Tab Aspirin 75 mg Enteric Coated	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
7.	Tab Atenolol 50 mg.	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
8.	Tab Atorvastatin 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
9.	Tab Bisacodyl 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
10.	Tab Carbamazepine 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
11.	Tab Clobazam 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
12.	Tab Clonazepam 0.5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted

13.	Tab Clopidrogel 75 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
14.	Tab Clozapine 50 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
15.	Tab Cotrimoxazole DS (Trimethoprim 160mg+ Sulphamethoxazole 800mg)	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
16.	Tab Diazepam 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
17.	Tab Digoxin 0.25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
18.	Tab Domperidone 10mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
19.	Cap Doxycycline 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
20.	Tab. Enalapril Maleate 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
21.	Tab Escitalopram Oxalate 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
22.	Tab Etophyllin 231mg + Theophylline 69mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
23.	Tab Fluconazole 150mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
24.	Tab Fluoxetine 20mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
25.	Tab Folic Acid 5mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
26.	Tab Frusemide 40mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
27.	Tab Hydroxychloroquine sulphate 200mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
28.	Tab Isosorbide Dinitrite 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
29.	Cap Itraconazole 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
30.	Tab Labetlol HCL 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
31.	Tab Levetiracetam 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
32.	Tab Linezolid 600 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
33.	Tab Lorazepam 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
34.	Tab Metronidazole 400mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
35.	Tab Nitrofurantoin 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
36.	Tab Olanzepine 5 mg	Rate for One Tab/Cap (Including all

		Taxes) Only Strip Packing Accepted
37.	Tab Ondansetron 4 mg Tab	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
38.	Tab Pantoprazole 40 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
39.	Tab Phenobarbitone 30 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
40.	Tab Phenytoin Sodium 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
41.	Tab Prazosin 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
42.	Tab Prednisolone 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
43.	Tab Resperidon 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
44.	Tab Salbutamol 4mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
45.	Tab Sertraline 50 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
46.	Tab Sodium Valproate 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
47.	Tab Trihexyphenidyl HCL 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
48.	Tab Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
49.	Tab Trihexyphenidyl 2 mg + Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
50.	Tab Trypsin + Chemotrypsin E C 1,00,000 I.U Aluminium Blister of 10 Tablets	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
51.	Tab Vitamin B Complex (Therapeutic) NFI	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
52.	Tab Deferasirox 250mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
53.	Tab Deferasirox 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
54.	Tab Oseltamivir 75 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
55.	Tab Nifedipine Retard 20 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
56.	Tab Telmisartan 40 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
57.	Tab Thyroxin Sodium 25 mcg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
58.	Inj. Antirabies vaccine1ml	Rate For 1 unit. (Including All Taxes) Net Rate

59.	Inj. Antirabies Serum 1500 IU/ 5 ml	Rate For 1 unit. (Including All Taxes) Net Rate
60.	Inj. Acetycysteine 400mg/2ml	Rate For 1 unit. (Including All Taxes) Net Rate
61.	Inj. Adenosine 3mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
62.	Inj. Amikacin 500 mg /2ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
63.	Inj. Atropine Sulphate 0.6mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
64.	Inj. Ceftriaxone Sodium 1 gm	Rate For 1 unit. (Including All Taxes) Net Rate
65.	Inj. Ceftazedime 1 gm vial	Rate For 1 unit. (Including All Taxes) Net Rate
66.	Inj. Cefoperazone + Salbactam 2gm	Rate For 1 unit. (Including All Taxes) Net Rate
67.	Inj. Dalteparin Sodium 5000IU	Rate For 1 unit. (Including All Taxes) Net Rate
68.	Inj. Diclofenac 75 mg./ ml 1ml	Rate For 1 unit. (Including All Taxes) Net Rate
69.	Inj. Heparin Sodium 5000IU/ml 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
70.	Inj. Pantaprazole 40 mg	Rate For 1 unit. (Including All Taxes) Net Rate
71.	Inj. Imipenem 500mg+ Cilastatin 500mg	Rate For 1 unit. (Including All Taxes) Net Rate
72.	Inj. Octreotide 100mcg/ml	Rate For 1 unit. (Including All Taxes) Net Rate
73.	Inj. Caffien Citrate 20mg/ml 3ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
74.	Inj. Dexamethasone Sodium Phosphat 4 mg/ ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate

75.	Inj.Hydrocortisone Sodium Succinate 100mg/ml	Rate For 1 unit. (Including All Taxes) Net Rate
76.	Inj. Ondansetron 2mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
77.	Inj. Pralidoxime Chloride 500mg	Rate For 1 unit. (Including All Taxes) Net Rate
78.	Inj. Pralidoxime Chloride 1gm	Rate For 1 unit. (Including All Taxes) Net Rate
79.	Inj. Tetanus Immunoglobulin (Human) 250 I.U. /1ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
80.	Inj. Tetanus Immunoglobulin (Human) 500 I.U. /1ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
81.	Inj. Phenobarbitone 200mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
82.	Inj. Pentazocin Lactate 30 mg/ ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
83.	Inj.Adrenaline Bi Tartarate1mg/1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
84.	Inj.Aminophylline250 mg/10 ml	Rate For 1 unit. (Including All Taxes) Net Rate
85.	Inj. Artesunate 60 mg/vial	Rate For 1 unit. (Including All Taxes) Net Rate
86.	Inj.Bupivacaine 0.5% 20ml	Rate For 1 unit. (Including All Taxes) Net Rate
87.	Inj.CalciumGluconate 10% w/v 10ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
88.	Inj. Digoxin 0.25mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
89.	Inj. Dopamine HCL 5ml 40mg/ml for I.V. B.P.	Rate For 1 unit. (Including All Taxes) Net Rate
90.	Inj. Drotaverine 40mg/2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate

(Page No 7/14)

91.	Inj. Etomidate Emulsion 2mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
92.	Inj. Etophylline 84.7mg+ Theophylline 25.3mg /ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
93.	Inj. Fentanyl 50 mg 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
94.	Inj. Ketamine Hydrochloride 50 mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
95.	Inj. Labetalol 20mg/4ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
96.	Inj. Lignocaine 2% 30 ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
97.	Inj. Lignocaine Adrenaline 30 ml	Rate For 1 unit. (Including All Taxes) Net Rate
98.	Inj. Lignocaine Heavy 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
99.	Inj. Magnesium Sulphate 50% w/v 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
100.	Inj. Menadion (Vitamin K3) Sodium 10mg/ml 1ml BP	Rate For 1 unit. (Including All Taxes) Net Rate
101.	Inj. Mephentermine 30mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
102.	Inj. Metoprolol Tartrate 1mg/ml 5ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
103.	Inj. Methyl Ergometrine Maleate 0.2mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
104.	Inj. Neostigmine 0.5 mg/ml 1ml	Rate For 1 unit. (Including All Taxes) Net Rate
105.	Inj. Nitroglycerin 25mg/5ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
106.	Inj. Noradrenaline 2mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate

107.	Inj. Pheniramine Maleate 22.75 mg/ml 2ml amp IP	Rate For 1 unit. (Including All Taxes) Net Rate
108.	Inj. Phytomenadione(Vit K1) 1mg/1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
109.	Inj. Potassium Chloride 150mg/ ml 10 ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
110.	Inj. Sodium bicarbonate 7.5% 10ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
111.	Inj. Sodium Valproate 100mg/ml 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
112.	Inj. SuccinylCholine Chloride 50 mg/ml10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
113.	Inj. Thiopentone Sodium 1 gm / vial IP	Rate For 1 unit. (Including All Taxes) Net Rate
114.	Inj. Tramadol 50mg/ml -2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
115.	Inj. Tranxemic Acid 500mg/5ml	Rate For 1 unit. (Including All Taxes) Net Rate
116.	Inj. Bupivacain Heavy 0.75%	Rate For 1 unit. (Including All Taxes) Net Rate
117.	Inj. Levobupivacain 0.5% (Isobaric)	Rate For 1 unit. (Including All Taxes) Net Rate
118.	Inj. Levobupivacain 0.5% (Heavry)	Rate For 1 unit. (Including All Taxes) Net Rate
119.	InjMilrinone 10mg/10ml	Rate For 1 unit. (Including All Taxes) Net Rate
120.	Hepatitis Immunoglobulin	Rate For 1 unit. (Including All Taxes) Net Rate
121.	Inj Caffeine 40mg/2ml	Rate For 1 unit. (Including All Taxes) Net Rate
122.	Inj.Colistin 1Million IU	Rate For 1 unit. (Including All Taxes) Net Rate
123.	I.V. Amino Acid-10%– 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
124.	I.V. Ciprofloxacin – 100 ml	Rate For 1 unit. (Including All Taxes) Net Rate

125.	I.V. Dextrose 5%- 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
126.	I.V.Dextrose -10%- 500 ml	Rate For 1 unit. (Including All Taxes) Net Rate
127.	I.V. Dextrose -25% - 100 ml	Rate For 1 unit. (Including All Taxes) Net Rate
128.	I.V. DNS 0.9%-500ml	Rate For 1 unit. (Including All Taxes) Net Rate
129.	I.V.Multiple Electrolyte For Paediatric Use Type 1 (Isolyte-P) 500 ml	Rate For 1 unit. (Including All Taxes) Net Rate
130.	I.V.Fluconazole 200mg/100ml	Rate For 1 unit. (Including All Taxes) Net Rate
131.	I. V. Levofloxacin 100 ml	Rate For 1 unit. (Including All Taxes) Net Rate
132.	I.V.Sodium Chloride0.9%500ml	Rate For 1 unit. (Including All Taxes) Net Rate
133.	I.V.Sodium Chloride0.9%100ml	Rate For 1 unit. (Including All Taxes) Net Rate
134.	I.V.Hydroxy Ethyl Starch 6% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
135.	I.V.Human Albumin 20%--100ml	Rate For 1 unit. (Including All Taxes) Net Rate
136.	I.V.Linezolid 600mg/300ml	Rate For 1 unit. (Including All Taxes) Net Rate
137.	I.V.I.G. (Human Normal immunoglobulin 5gm)100ml	Rate For 1 unit. (Including All Taxes) Net Rate
138.	IV Ofloxacin 100ml	Rate For 1 unit. (Including All Taxes) Net Rate
139.	IV 0.3% Sodium Chloride 100ml	Rate For 1 unit. (Including All Taxes) Net Rate
140.	IV.Metronidazole 100ml	Rate For 1 unit. (Including All Taxes) Net Rate
141.	Benzalkonium Chloride 20% -500 ml (Saniquad P)	Rate For 1 unit. (Including All Taxes) Net Rate
142.	ChlorhexidineGluconate 20% (Hand Wash) 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
143.	Potassium peroxomonosulphate 50% Surface Disinfectant(Sanirmax500gm)	Rate For 1 unit. (Including All Taxes) Net Rate
144.	Hydrogen Peroxide 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
145.	Povidone Iodine Solution 10% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
146.	Povidone Iodine Scrub7.5% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
147.	Chlorinated Lime With Boric Acid (Eusol) 400 ml	Rate For 1 unit. (Including All Taxes) Net Rate

148.	Isoflurane 100ml	Rate For 1 unit. (Including All Taxes) Net Rate
149.	Sevoflourane 250 ml	Rate For 1 unit. (Including All Taxes) Net Rate
150.	Desflurane 240ml	Rate For 1 unit. (Including All Taxes) Net Rate
151.	Glycerin Liquid - 500 gm	Rate For 1 unit. (Including All Taxes) Net Rate
152.	Lactulose Solution -100 ml	Rate For 1 unit. (Including All Taxes) Net Rate
153.	Liquid Paraffin 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
154.	Lignocaine Jelly – 2% 30gm	Rate For 1 unit. (Including All Taxes) Net Rate
155.	Clotrimazole Cream 1% 15gm.	Rate For 1 unit. (Including All Taxes) Net Rate
156.	Povidone Iodine Ointment 5% 15gm	Rate For 1 unit. (Including All Taxes) Net Rate
157.	Fluocinolone Acetonide 0.025% 15gm	Rate For 1 unit. (Including All Taxes) Net Rate
158.	Silver Sulphadiazine 1% 250gm	Rate For 1 unit. (Including All Taxes) Net Rate
159.	Ciprofloxacin Eye/Ear Drop 5ml	Rate For 1 unit. (Including All Taxes) Net Rate
160.	Carboxymethyl Cellulose Eye Drop 10ml	Rate For 1 unit. (Including All Taxes) Net Rate
161.	Lung Surfactant Survanta 4ml	Rate For 1 unit. (Including All Taxes) Net Rate
162.	Wax Dissolve Ear Drops 5ml	Rate For 1 unit. (Including All Taxes) Net Rate
163.	Multivitamin Drops 15ml	Rate For 1 unit. (Including All Taxes) Net Rate
164.	Syr. Calcium & Vitamin D3 200ml	Rate For 1 unit. (Including All Taxes) Net Rate
165.	Syrup Cefixime 100mg/5ml 30ml	Rate For 1 unit. (Including All Taxes) Net Rate
166.	Syrup Cefpodoxime 100mg 30ml	Rate For 1 unit. (Including All Taxes) Net Rate
167.	Syrup Metronidazole 100ml	Rate For 1 unit. (Including All Taxes) Net Rate
168.	Syrup Azithromycin 200mg	Rate For 1 unit. (Including All Taxes) Net Rate
169.	Syrup Ofloxacin 100mg 60ml	Rate For 1 unit. (Including All Taxes) Net Rate
170.	Syrup Ibugesic 60ml	Rate For 1 unit. (Including All Taxes) Net Rate
171.	Syrup ferrous Sulphate 200ml	Rate For 1 unit. (Including All Taxes) Net Rate

172.	Syrup Zinc 60ml	Rate For 1 unit. (Including All Taxes) Net Rate
173.	Syrup Pre-Probiotics	Rate For 1 unit. (Including All Taxes) Net Rate
174.	Syrup Ondesetron 30ml	Rate For 1 unit. (Including All Taxes) Net Rate
175.	Ab. Cotton .- 500 gm	Rate For 1 unit. (Including All Taxes) Net Rate
176.	Ab. Bandage Cloth 100 cmX20mtrs	Rate For 1 unit. (Including All Taxes) Net Rate
177.	Ab.Guaze 90cmx 18 mtrs	Rate For 1 unit. (Including All Taxes) Net Rate
178.	Rolled Bandage(10cm x4mtrs)	Rate For 1 unit. (Including All Taxes) Net Rate
179.	Disposable Syringe without needle – 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
180.	Disposable Syringe without needle – 5ml	Rate For 1 unit. (Including All Taxes) Net Rate
181.	Disposable Syringe without needle – 10ml	Rate For 1 unit. (Including All Taxes) Net Rate
182.	Disposable Syringe – 20 ml	Rate For 1 unit. (Including All Taxes) Net Rate
183.	Disposable Insulin Syring– 1 ml	Rate For 1 unit. (Including All Taxes) Net Rate
184.	Bivalve Connection (Polyway) 3 Way	Rate For 1 unit. (Including All Taxes) Net Rate
185.	I.V. Canula No-20G	Rate For 1 unit. (Including All Taxes) Net Rate
186.	I.V. Canula No-22G	Rate For 1 unit. (Including All Taxes) Net Rate
187.	I.V. Canula No-24G	Rate For 1 unit. (Including All Taxes) Net Rate
188.	Disposable Needle No. – 18	Rate For 1 unit. (Including All Taxes) Net Rate
189.	Disposable Needle No - 20	Rate For 1 unit. (Including All Taxes) Net Rate
190.	Disposable Needle No -21	Rate For 1 unit. (Including All Taxes) Net Rate
191.	Disposable Needle No -23	Rate For 1 unit. (Including All Taxes) Net Rate
192.	Disposable Needle No -26	Rate For 1 unit. (Including All Taxes) Net Rate
193.	I.V. Micro Set (Paed. Use)	Rate For 1 unit. (Including All Taxes) Net Rate
194.	BLOOD TRANSFUSION SET	Rate For 1 unit. (Including All Taxes) Net Rate
195.	Anti Sera –A-10 ml. Vial	Rate For 10ml. (Including All Taxes)

		Net Rate
196.	Anti Sera –B-10 ml. Vial	Rate For 10ml. (Including All Taxes) Net Rate
197.	Anti Sera –D (IgM +IgG)-10 ml. Vial	Rate For 10ml. (Including All Taxes) Net Rate
198.	Coomb's Sera -5ml	Rate For 5ml. (Including All Taxes) Net Rate
199.	ASO TEST	Rate For 1 Test. (Including All Taxes) Net Rate
200.	CRP TEST	Rate For 1 Test. (Including All Taxes) Net Rate
201.	RA / RF TEST	Rate For 1 Test. (Including All Taxes) Net Rate
202.	WIDAL (SLIDE TEST) 4 x 5ml	Rate For 4 x 5ml. (Including All Taxes) Net Rate
203.	VDRL Test Kit (RPP)	Rate For 1 Test. (Including All Taxes) Net Rate
204.	Serum Creatinine	Rate For 1 Test. (Including All Taxes) Net Rate
205.	Serum Bilirubin	Rate For 1 Test. (Including All Taxes) Net Rate
206.	Malaria Antigen Test Card PV/PF	Rate For 1 Test. (Including All Taxes) Net Rate
207.	HbsAG Test Kit Elisa(96Tests)	Rate For 96 Test. (Including All Taxes) Net Rate
208.	HbsAG Test Kit Rapid	Rate For 1 Test. (Including All Taxes) Net Rate
209.	UREA (DAM)	Rate For 1 Test. (Including All Taxes) Net Rate
210.	HIV Elisa 3rd gene 96Test	Rate For 96 Test. (Including All Taxes) Net Rate
211.	Dengue Rapid Test for NS- 1,Antigen,IgG-IgM Antibody detection Test	Rate For 1 Test. (Including All Taxes) Net Rate
212.	HAV Rapid Test	Rate For 1 Test. (Including All Taxes) Net Rate
213.	HEV Rapid Test	Rate For 1 Test. (Including All Taxes) Net Rate
214.	Leptospira Rapid Test for IgG&IgM Antibody detection Test	Rate For 1 Test. (Including All Taxes) Net Rate
215.	Chikungunya Rapid Test for IgM Antibody detection Test	Rate For 1 Test. (Including All Taxes) Net Rate
216.	Weil-Felix Rapid kiy	Rate For 1 Test. (Including All Taxes) Net Rate
217.	OX-2 Ag 5ml	Rate For 1 Test. (Including All Taxes) Net Rate

218.	OX-K Ag5ml	Rate For 1 Test. (Including All Taxes) Net Rate
219.	OX-19Ag 5ml	Rate For 1 Test. (Including All Taxes) Net Rate
220.	HCV-Rapid Test	Rate For 1 Test. (Including All Taxes) Net Rate
221.	Brucella Test 5ml	Rate For 1 Test. (Including All Taxes) Net Rate
222.	HCV- Test Kit Elisa(96Tests)	Rate For 96 Test. (Including All Taxes) Net Rate


DEAN

Padmabhushan Vasantdada Patil Government Hospital, Sangli

Checklist for documents to be submitted:

1. Quotations on Official Letter Head of the Firm with Rates.
2. Pan Card, Bank Passbook, Cancelled Cheque, Aadhar Card of Company Holder.
3. Drug License, Valid FDA Drug License of Supplier.
4. GST Certificate of Supplier with 3 months returns.
5. Test Report Compulsory with Supply of Drug & Undertaking for the Same.
6. WHO-GMP Certificate of the Manufacture.
7. Authorization Letter of Original Manufacture.
8. All Documents Should Be Self Attested.
9. Original Document Verification Is Must When Asked.

(page No 14/14)

SELF-DECLARATION (NON CONVICTION UNDERTAKING)

To,

Dean

Govt. Padambhushan Vasantdada Patil Hospital, Sangli.

In response to the Quotation No.Dated..... as an owner/partner / Director of
..... I / We hereby declare that our Agency Is having unblemished
past record and was not declared ineligible for corrupt and fraudulent practices either indefinitely or for a particular
period of time. We are not blacklisted by any Department of Government of Maharashtra or Convicted by Court of
Law.

Name of the Bidder: -

Signature: -

Seal of the Organization:

Date:

Proforma for undertaking of conflict of interest
(On Bidders Letterhead)

Quotation No.

Date:-

To,
Dean,
Govt. **PadambhushanVasantdada Patil Hospital, Sangli.**

Ref:-Quotation Document No _____ Date _____

Respected Sir,

I /We _____ hereby certify that there is no conflict of interest with the concerned Purchasing authority & that only a single Quotation is being submitted.

Sign and Office Seal of the Quotation

**Proforma for undertaking of providing test analysis Report
(On Bidders Letterhead)**

Quotation No.

Date:-

To,
Dean,
Govt. **PadambhushanVasantdada Patil Hospital, Sangli.**

Ref: -Quotation Document No _____ Date _____

Respected Sir,

I /We _____ hereby certify that we will provide Batch wise test analysis report obtained from manufacturer for each drug as well as Manufacturers package insert /prescription information.

Sign and Office Seal of the Quotation

DETAILS OF BIDDER

(Please ensure that your response clearly answers all the questions. If you use additional schedules or documentation to support your response, make sure that they are clearly cross-referenced to the relevant question.)

1. General Profile of the Company/Firm:-

(1) Name and Address of the Company / Firm With Telephone Nos., Fax, E-mail and Website.	
(2) Undertaking for test analysis report submission.	
(3) Non Conviction Undertaking.	
(4) Conflict of Interest Undertaking.	
(5) FDA 20B, 21B Valid License.	
(6) Aadhar Card Copy.	
(7) PAN Card Copy.	
(8) GST No. Copy.	
(9) Undertaking that all Documents Furnished are True.	

2. Name, address and Telephone Number [Office, Residence, Mobile] of the Contact Person to whom all References shall be made regarding this tender:

Name:

Telephone: Office -

Mobile -

Fax No.: E-mail:

Place:

Signature:

Date:

Company Seal

Note:

- [1] All items should be supported by proper documents.
- [2] Inadequate Information could lead to Disqualification of the Bid.