

QUOTATION

NO/PVPGHS/QUOTATION/ 867 /2026

Medical Store Dept.

Padamabhushan Vasantdada Patil Govt.

Hospital, Sangli. 416416.

Date: 24/02/2026

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 09-03-2026 before 4.00 p.m.

Quotations will be opened on 10-03-2026 at 11:30 AM. 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. Valid WHO GMP certificate and WHO GMP Product list or COPP for quoted Items.
5. WHO-GMP Certificate of the manufacturer should be provided by the bidder. Preference will be given to bidders providing manufacturer's WHO GMP certificate.
6. GST No. certificate of the supplier. Last 3 months returns copy.
7. The bidder should not be blacklisted/deregistered by any government institution/ organization during the last 3 years for supplying substandard medicines/other items.
8. Non conviction Certificate issued from concern FDA for Manufacture/Distributor Valid for this Year should be provided.
9. For Consumables : ISO 13485 (International Organization for Standardization), ISO 17025, ISO 45001, ISO 14001, GMP (Good Manufacturing Practices) / Schedule M, Quality Management System (QMS) for Medical Devices, Central Drugs Standard Control Organization (CDSCO) approved MD License.
10. 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.
11. Authorization letter of original manufacturer stating that supplier is authorized dealer.
12. National Accreditation Board for Testing and Calibration Laboratories (NABL test report) Compulsory.
13. 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.

14. 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.
15. Rates should be quoted for Per Piece/Item/Tablet/Bottle/Vial/Test.

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 Amidarone 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
4.	Tab Amitryptiline 25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
5.	Tab Amlodipine 5 mg	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 20 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted

9.	Tab Azithromycin 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
10.	Tab Bisacodyl 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
11.	Tab Carbamazepine 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
12.	Tab Cefixime Tab 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
13.	Tab Clobazam 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
14.	Tab Clonazepam 0.5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
15.	Tab Digoxin 0.25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
16.	Tab Diltiazem 30 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
17.	Tab Enalapril 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
18.	Tab Escitalopram Oxalate 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
19.	Tab Etophyllin 231mg + Theophylline 69mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
20.	Tab Fexofenadine 120 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
21.	Tab Fluoxetine 20mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
22.	Tab Folic Acid 5mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
23.	Tab Glimepiride 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
24.	Tab Haloperidol 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
25.	Tab Hydroxychloroquine sulphate 200mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
26.	Tab Imipramine HCL 25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
27.	Tab Iron + folic acid Tab {Ferrous sulphate I P equivalent to 30 mg of elemental iron + Folic Acid 250 mcg}	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 Levofloxacin 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
33.	Tab Linezolid 600 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
34.	Tab Lorazepam 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
35.	Tab Metformin 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
36.	Tab Misoprostol 200mcg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
37.	Tab Moxifloxacin 400 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
38.	Tab Nifedipine 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
39.	Tab Nitrofurantoin 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted

		Packing Accepted
40.	Tab Olanzepine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
41.	Tab Pentoxyfylline 400 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
42.	Tab Phenobarbitone 30 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
43.	Tab Phenytoin Sodium 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
44.	Tab Polyvitamin (Therapeutic)NFI	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
45.	Tab Prazocin 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
46.	Tab Prednisolone 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
47.	Tab Risperidon 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
48.	Tab Sertraline 50 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
49.	Tab Sitagliptin 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
50.	Tab Sodium Valproate 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
51.	Tab Trihexyphenidyl 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
52.	Tab Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
53.	Tab Trihexiphenidyl 2 mg + Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
54.	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
55.	Tab Vitamin B Complex (Therapeutic) NFI	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
56.	Tab Warfarin Sodium 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
57.	Tab Oseltamivir 75 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
58.	Tab Nifedipine Retard 20 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
59.	Tab Sodium bicarbonate	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
60.	Tab Sildenafil 50mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
61.	Tab Tamsulosin 0.4 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
62.	Tab Telmisartan 40 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
63.	Dydrogesterone 10 mg Tab	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
64.	Ursodeoxycholic Acid 300mg Tab. (Udeliv)	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
65.	Trypsin 96 mg+Bromelain 180mg &Rutoside Trihydrate 200 mg Tab.(Turboheal/Rehal DS))	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
66.	Inj. Antirabies Serum 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
67.	Inj. Antirabies vaccine 1ml	Rate For 1 unit. (Including All Taxes) Net Rate
68.	Inj. Ampicillin 500 mg	Rate For 1 unit. (Including All Taxes) Net Rate
69.	Inj. Acyclovir 500 mg	Rate For 1 unit. (Including All Taxes) Net Rate

70.	Inj. ASVS 10 ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
71.	Inj. Amphotericin B 50mg (Lyophilized)	Rate For 1 unit. (Including All Taxes) Net Rate
72.	Inj. Atropine Sulphate 0.6mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
73.	Inj. Ceftriaxone Sodium 1 gm	Rate For 1 unit. (Including All Taxes) Net Rate
74.	Inj. Cefotaxime 1 gm	Rate For 1 unit. (Including All Taxes) Net Rate
75.	Inj. Ceftazidime 1 gm vial	Rate For 1 unit. (Including All Taxes) Net Rate
76.	Inj. Gentamicin 40mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
77.	Inj. Cefoperazone + Salbactam 2gm	Rate For 1 unit. (Including All Taxes) Net Rate
78.	Inj. Diclofenac 75 mg./ ml 1ml	Rate For 1 unit. (Including All Taxes) Net Rate
79.	Inj. Heparin Sodium 5000IU/ml 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
80.	Inj. Enoxaparin Sodium 60 mg/0.6ml	Rate For 1 unit. (Including All Taxes) Net Rate
81.	Inj. Piperacilline + Tazobactam 4.5 gm vial	Rate For 1 unit. (Including All Taxes) Net Rate
82.	Inj. Imipenem 500mg+ Cilastatin 500mg	Rate For 1 unit. (Including All Taxes) Net Rate
83.	Inj. Meropenem 1 gm	Rate For 1 unit. (Including All Taxes) Net Rate
84.	Inj. Vancomycin 1000 mg	Rate For 1 unit. (Including All Taxes) Net Rate
85.	Inj. Octreotide 100mcg/ml	Rate For 1 unit. (Including All Taxes) Net Rate
86.	Inj. Carboprost Tromethamine 250 mcg	Rate For 1 unit. (Including All Taxes) Net Rate
87.	Inj. Caffien Citrate 20mg/ml 3ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
88.	Inj. Paracetamol 150 mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
89.	Inj. Dexamethasone Sodium Phosphat 4 mg/ ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
90.	Inj. Hydrocortisone Sodium Succinate 100mg/ml	Rate For 1 unit. (Including All Taxes) Net Rate
91.	Inj. Highly Purified Human Neutral Insulin 40 I.U/ml 10ml vial PFS (Rapid) Plain	Rate For 1 unit. (Including All Taxes) Net Rate
92.	Inj. Milrinone Lactate 10mg/ml	Rate For 1 unit. (Including All Taxes) Net Rate
93.	Inj. Ondansetron 2mg/ml 4ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
94.	Inj. Phenytoin Sodium 50mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
95.	Inj. Streptokinase 15 lac units	Rate For 1 unit. (Including All Taxes) Net Rate
96.	Inj. A.D.S. 10 ml	Rate For 1 unit. (Including All Taxes) Net Rate
97.	Inj. Diazepam 5mg/ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
98.	Inj. Pentazocin Lactate 30 mg/ ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
99.	Inj. Atracurium 10mg/ml 2.5ml	Rate For 1 unit. (Including All Taxes) Net Rate
100.	Inj. Adrenaline Bi Tartarate 1mg/1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
101.	Inj. Amiodarone 150mg/3ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
102.	Inj. Aminophylline 250 mg/10 ml	Rate For 1 unit. (Including All Taxes) Net Rate
103.	Inj. Bupivacaine 0.5% 20ml	Rate For 1 unit. (Including All Taxes) Net Rate
104.	Inj. Bupivacaine with Dextrose 20mg/4ml	Rate For 1 unit. (Including All Taxes) Net Rate

		Rate For 1 unit. (Including All Taxes) Net Rate
105.	Inj. Calcium Gluconate 10% w/v 10ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
106.	Inj. Dexmedetomidine 200 mcg/2ml	Rate For 1 unit. (Including All Taxes) Net Rate
107.	Inj. Dobutamine 250 mg/5ml	Rate For 1 unit. (Including All Taxes) Net Rate
108.	Inj. Dopamine HCL 5ml 40mg/ml for I.V: B.P.	Rate For 1 unit. (Including All Taxes) Net Rate
109.	Inj. Drotaverine 40mg/2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
110.	Inj. Etophylline 84.7mg+ Theophylline 25.3mg /ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
111.	Inj. Fentanyl 50 mg 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
112.	Inj. Frusemide 10 mg/ml 2 ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
113.	Purified Freeze-Dired Human Coagulation Factor VIII, Virus Inactivated 250 IU Vial	Rate For 1 unit. (Including All Taxes) Net Rate
114.	Antihemophilic FACTor(Recobinabat Glycopegylated-ExEi)-rDNA Derived Coagulation Factor VIII 500 I.U.	Rate For 1 unit. (Including All Taxes) Net Rate
115.	Human Coagulation Factor IX Freeze Dried 600 IU	Rate For 1 unit. (Including All Taxes) Net Rate
116.	Inj. Glycopyrrolate 0.2 mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
117.	Inj. Iron Sucrose 20 mg/ml 5ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
118.	Inj. Lignocaine 2% 30 ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
119.	Inj. Lignocaine Adrenaline 30 ml	Rate For 1 unit. (Including All Taxes) Net Rate
120.	Inj. Levetiracetam 100mg/5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
121.	Inj. Magnesium Sulphate 50% w/v 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
122.	Inj. Menadion (Vitamin K3) Sodium 10mg/ml 1ml BP	Rate For 1 unit. (Including All Taxes) Net Rate
123.	Inj. Metoclopramide HCL 5mg/ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
124.	Inj. Mephentermine 30mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
125.	Inj. Methyl Ergometrine Maleate 0.2mg/ml 1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
126.	Inj. Methyl Predni. Sod. Succinate 40mg	Rate For 1 unit. (Including All Taxes) Net Rate
127.	Inj. Methyl Predni. Sod. Succinate 1000mg	Rate For 1 unit. (Including All Taxes) Net Rate
128.	Inj. Pheniramine Maleate 22.75 mg/ml 2ml amp IP	Rate For 1 unit. (Including All Taxes) Net Rate
129.	Inj. Phytomenadione(Vit K1) 1mg/1ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
130.	Inj. Potassium Chloride 150mg/ ml 10 ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
131.	Inj. Propofol 1% 20ml.	Rate For 1 unit. (Including All Taxes) Net Rate
132.	Inj. Rocuronium Bromide 50mg/5ml	Rate For 1 unit. (Including All Taxes) Net Rate
133.	Inj. Sodium Valproate 100mg/ml 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
134.	Inj. Sugammadex 100mg/ml 2ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
135.	Inj. Tetanus Toxide 0.5ml	Rate For 1 unit. (Including All Taxes) Net Rate
136.	Inj. Thiopentone Sodium 0.5 gm/ vial IP	Rate For 1 unit. (Including All Taxes) Net Rate
137.	I.V. Mannitol 20%-100ml	Rate For 1 bottle. (Including All Taxes) Net Rate
138.	I.V. 3.5 % colloidal Infusion Solution of Polygeline with electrolytes for Intravenous administration (Haemaccel - 500nl)	Rate For 1 bottle. (Including All Taxes) Net Rate

139.	I.V. Hydroxy Ethyl Starch 6% w/v 500ml	Rate For 1 bottle. (Including All Taxes) Net Rate
140.	Benzalkonium Chloride 40% W/V Saniquad P 500 ml	Rate For 1 bottle. (Including All Taxes) Net Rate
141.	Pot. Permanganate Powder 500 gm	Rate For 1 bottle. (Including All Taxes) Net Rate
142.	Eusol 500 ml	Rate For 1 bottle. (Including All Taxes) Net Rate
143.	Mag Sulphate Powder 500 gm.	Rate For 1 bottle. (Including All Taxes) Net Rate
144.	Clotrimazole 1% 15gm.	Rate For 1 bottle. (Including All Taxes) Net Rate
145.	Oseltamivir oral suspension IP 12 mg/ml	Rate For 1 bottle. (Including All Taxes) Net Rate
146.	Ciprofloxacin 0.3 E/E D- 5ml	Rate For 1 bottle. (Including All Taxes) Net Rate
147.	Formaldehyde Solntion-40% w/v.500ml.	Rate For 1 bottle. (Including All Taxes) Net Rate
148.	Sodium Chloride 3% W/V. Injection USP	Rate For 1 bottle. (Including All Taxes) Net Rate
149.	Ab.Cotton 500 gm Net	1 Unit
150.	Ab.Bandage Cloth. 100cm x 20mtrs.	1 Unit
151.	Ab.Gauze 90cm x 18 mtr	1 Unit
152.	P.O.P.Bandage(15cmx2.7mtrs)	1 Unit
153.	Adhesive Plaster (7.5cmx5mtr)	1 Unit
154.	Dynaplast (10cm x 4mtrs)	1 Unit
155.	Cotton CrepeBandage 10cmx 2.75Mtrs.	1 Unit
156.	AdhesiveTape Paper Based 3inch x 5mtrs	1 Unit
157.	Disposable Syringe - 2ml	1 Unit
158.	Disposable Syringe - 5ml	1 Unit
159.	Disposable Syringe - 10 ml	1 Unit
160.	Disposable Syringe - 20 ml	1 Unit
161.	Disposable Syringe - 50 ml	1 Unit
162.	Disposable Insulin - 1 ml	1 Unit
163.	Bivalve Connection (Polyway)	1 Unit
164.	I V Set- (Sterile Disposable) I.P. (Pead Size)	1 Unit
165.	Folys Catheter No. 16	1 Unit
166.	Folys Catheter No. 20	1 Unit
167.	Disposable Needle No 18	1 Unit
168.	Disposable Needle No 20	1 Unit
169.	Disposable Needle No 21	1 Unit
170.	Disposable Needle No 22	1 Unit
171.	Disposable Needle No 23	1 Unit

172.	Disposable Needle No 24	1 Unit
173.	Disposable Needle No 26	1 Unit
174.	I.V. Canula 20	1 Unit
175.	I.V.Canula 22	1 Unit
176.	I.V.Canula 24 (Peaditric)	1 Unit
177.	Urine Bag 2000 ml	1 Unit
178.	Anti A (Monoclonal)Titer 1:256 or more 5 ml	per 10ml
179.	Anti B (Monoclonal)Titer 1:256 or more 5 ml	per 10ml
180.	Anti "D" IgG+IgM BLEND Titer 1:256 or more 10 ml X 10ml	per 10ml
181.	Anti H LectinTiter 1:256 or more 5 ml	per 5ml
182.	Coomb's Anti Human globulin Titer 1:256 or more10ml	per 10ml
183.	ASO Test Latex agglutination 50 test	per one test
184.	C-Reactive Protin Test Latex agglutination 50test	per one test
185.	RF/RATest Latex agglutination 50 test	per one test
186.	Widal (Slide Test) Kit of 4 X 5 ml	per 4x 5ml
187.	Chikungunya test kit IgM ELISA 96 Test/Kit	per 96 test
188.	Chikungunya IgM Rapid Immunochromatography10test	per one test
189.	Dengue NS1 Antigen, IgM & IgG Antibody detection RapidImmunochromatography Test ,10 Test /Kit	per one test
190.	Leptospira Elisa test Kit 96 Test/Kit	per 96 test
191.	Leptospira IgM & IgG Rapid Immunochromatography test Kit 10Test/Kit	per one kit
192.	Hepatitis A IgM Rapid Test 10Test/Kit	per one kit
193.	Hepatitis E IgM Rapid Test 10Test/Kit	per one kit
194.	VDRL Test Kit/R.P.R. Carbon/Latex 1X100Test	per one test
195.	TPHA Kit RPHA 24 Test	per one test
196.	Malaria rapid Chromatography strip test 1Pkt,X10 Test	per one test
197.	HBsAg Elisa Kits(FDA Approved)	per 96 test
198.	HBsAg Rapid kit For Immunochromatography10test/kit(126)73	per one test
199.	HCV Antibody detection kit (Rapid) For Immunochromatography 10 test/kit	per one test
200.	AST(SGOT)End Point DNPH Method 1X100 ml	per 100 ml
201.	ALT (SGPT) End Point DNPH Method 1X100 ml	per 100 ml
202.	Alkaline Phosphatase (ALP) End Point Method Powder Form 1X100 ml	per 100 ml
203.	Glucose GOD-POD, Lyophilised , Linearity More Than 480 mg% 1X 500ml	per 500 ml
204.	Urea DAM method, Enzyme Powder, Linearity More Than 200 mg% 1X100ml	per 100 ml

205.	Uric acid End point method, Liquid, Linearity More Than 25mg% 1X100 ml	per 100 ml
206.	Creatinine kinetic method, Single Reagent, Linearity More Than 28 mg% 1X500ml	per 500 ml
207.	Triglyceride end point method, LIQUID,LINEARITY MORE THAN 1000 MG% 1X100ml	per 100 ml
208.	Cholesterol end point method, LIQUID,LINEARITY MORE THAN 900 MG% 1X100ml	per 100 ml
209.	Calcium end point method, Liquid, Linearity More Than 14mg% 1X100 ml	per 100 ml
210.	Bilirubin DMSO/Diazo Method,End point with serum blank reagent and rtificial standard.Linearity upto20mg/dL 1X100ml	per 100 ml
211.	Total Protein Biuret Method , End point Method, Linearity more than 18 gm% 1X100ml	per 100 ml
212.	Albumin BCG Method, End point Method, Linearity more than 6 gm% 1X100ml	per 100 ml
213.	Pregnancy Test Card Test 1X25 Test	per one test
214.	Hepatitis C IgM (HCV) ELISA Kit 96Test/Kit (127)	per 96 test
215.	Elisa Test Kit HIV 1&2 96 Micro well 96Test/Kit	per 96 test


DEAN

Padmabhushan Vasantdada Patil Government Hospital, Sangli