

QUOTATION

NO/PVPGHS/QUOTATION/1370 /2025
Medical Store Dept.
Padamabhushan Vasantdada Patil Govt.
Hospital, Sangli. 416416.
Date: 17 /03/2025

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 27/03/2025 before 4.00 p.m.

Quotations will be opened on 28/03/2025 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 Amitryptiline 25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
3.	Tab Amoxycillin 500 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
4.	Tab Bisacodyl 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
5.	Tab Carbamazepine 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
6.	Tab Cotrimoxazole DS (Trimethoprim 160mg+ Sulphamethoxazole 800mg)	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
7.	Tab Diazepam 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
8.	Tab Digoxin 0.25 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
9.	Tab Domperidone 10mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
10.	Cap Doxycycline 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
11.	Tab. Enapril Maleate 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
12.	Tab Escitalopram Oxalate 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
13.	Tab Etophyllin 231mg + Theophylline 69mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
14.	Tab Fluconazole 150mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
15.	Tab Fluoxetine 20mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
16.	Tab Folic Acid 5mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
17.	Tab Frusemide 40mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
18.	Tab Hydroxychloroquine sulphate 200mg	Rate for One Tab/Cap (Including all Taxes)

		Only Strip Packing Accepted
19.	Tab Isosorbide Dinitrite 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
20.	Cap Itraconazole 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
21.	Tab Labetlol HCL 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
22.	Tab Levetiracetam 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
23.	Tab Linezolid 600 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
24.	Tab Lorazepam 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
25.	Tab Metronidazole 400mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
26.	Tab Nitrofurantoin 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
27.	Tab Olanzepine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
28.	Tab Ondansetron 4 mg Tab	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
29.	Tab Pantoprazole 40 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
30.	Tab Phenobarbitone 30 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
31.	Tab Phenytoin Sodium 100 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
32.	Tab Polyvitamin (Therapeutic)NFI	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
33.	Tab Prazosin 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
34.	Tab Prednisolone 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
35.	Tab Resperidon 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
36.	Tab Sertraline 50 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
37.	Tab Sodium Valproate 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted

38.	Tab Trihexyphenidyl HCL 2 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
39.	Tab Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
40.	Tab Trihexiphenidyl 2 mg + Trifluoperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
41.	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
42.	Tab Vitamin B Complex (Therapeutic) NFI	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
43.	Tab Deferasirox 250mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
44.	Tab Deferasirox 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
45.	Tab Oseltamivir 75 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
46.	Tab Nifedipine Retard 20 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
47.	Tab Telmisartan 40 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
48.	Tab Thyroxin Sodium 25 mcg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
49.	Tab Iron 60mg + Folic Acid 0.5mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
50.	Tab Atorvastatin 10 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
51.	Tab Azithromycin 500mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
52.	Surfactant for Intrathecal use 4ml	Rate For 1 unit. (Including All Taxes) Net Rate
53.	Iv Isolyte p 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
54.	IV Hydroxyethyl Strach 6% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
55.	Benzalkonium Chloride 10% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
56.	Chlorinated Lime With Boric Acid (Eusol) 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
57.	Disposable Needle No 18	Rate For 1 unit. (Including All Taxes) Net

		Rate
58.	Disposable needle no. 26	Rate For 1 unit. (Including All Taxes) Net Rate
59.	Povidone Iodine Solution 10% 500ml	Rate For 1 unit. (Including All Taxes) Net Rate
60.	Inj. Dexamethasone Sodium 4 Mg/MI 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
61.	Inj Cefoperazone + Sulbactum 2gm	Rate For 1 unit. (Including All Taxes) Net Rate
62.	Inj. Diclofenac 75mg/ml 1ml Amp	Rate For 1 unit. (Including All Taxes) Net Rate
63.	Inj. Tramadol 50mg/ml 2ml Amp	Rate For 1 unit. (Including All Taxes) Net Rate
64.	Inj Magnesium Sulphate 2ml Amp 50% w/v	Rate For 1 unit. (Including All Taxes) Net Rate
65.	Inj. Amphotericin B 50mg (Lyophilized)	Rate For 1 unit. (Including All Taxes) Net Rate
66.	Inj. Amoxyclav 0.6 gm	Rate For 1 unit. (Including All Taxes) Net Rate
67.	Inj. Amoxicillin + Clavulanic acid 1.2gm	Rate For 1 unit. (Including All Taxes) Net Rate
68.	Inj. Gentamicin 40mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
69.	Inj. Cefoperazone + Salbactum 1gm	Rate For 1 unit. (Including All Taxes) Net Rate
70.	Inj. Deltaparin Sodium 5000IU	Rate For 1 unit. (Including All Taxes) Net Rate
71.	Inj. Meropenem 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. Paracetamol 150 mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
75.	Inj. Ondansetron 2mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
76.	Inj. Netilmicin Sulphate 50mg/ml 1ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate

77.	Inj. A.T.S. 250 I.U.	Rate For 1 unit. (Including All Taxes) Net Rate
78.	Inj. A.T.S. 500 I.U.	Rate For 1 unit. (Including All Taxes) Net Rate
79.	Inj. Diazepam 5mg/ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
80.	Inj. Atracurionium 10mg/ml 2.5ml	Rate For 1 unit. (Including All Taxes) Net Rate
81.	Inj. Amiodarone 150mg/3ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
82.	Inj. Artesunate 60 mg/vial	Rate For 1 unit. (Including All Taxes) Net Rate
83.	Inj. Bupivacaine with Dextrose 20mg/4ml	Rate For 1 unit. (Including All Taxes) Net Rate
84.	Inj. Digoxin 0.25mg/ml 2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
85.	Inj. Diltiazem 25mg	Rate For 1 unit. (Including All Taxes) Net Rate
86.	Inj. Dobutamine 250 mg/5ml	Rate For 1 unit. (Including All Taxes) Net Rate
87.	Inj. Drotaverine 40mg/2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
88.	Inj. Fentanyl 50 mg 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
89.	Inj. Frusemide 10 mg/ml 2 ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
90.	Inj. Human Insulin NPH	Rate For 1 unit. (Including All Taxes) Net Rate
91.	Inj. Ketamine Hydrochloride 50 mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
92.	Inj. Labetalol 5mg/2ml amp	Rate For 1 unit. (Including All Taxes) Net Rate
93.	Inj. Lignocaine Heavy 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
94.	Inj. Lorazepam 2mg/ml 2ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate
95.	Inj. L-Ornithine Aspartate infusion concentrate	Rate For 1 unit. (Including All Taxes) Net Rate
96.	Inj. Metoprolol Tartrate 1mg/ml 5ml ampule	Rate For 1 unit. (Including All Taxes) Net Rate

		Rate
97.	Inj. Midazolam 5mg/5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
98.	Inj. Promethazine Hydrochloride 25mg/ml 2ml	Rate For 1 unit. (Including All Taxes) Net Rate
99.	Inj. Propofol 1% 10ml.	Rate For 1 unit. (Including All Taxes) Net Rate
100.	Inj. Propofol 1% 20ml.	Rate For 1 unit. (Including All Taxes) Net Rate
101.	Inj. Sodium Valproate 100mg/ml 5ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
102.	Inj. SuccinylCholine Chloride 50 mg/ml 10ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
103.	Inj. Sugammadex 100mg/ml 2ml vial	Rate For 1 unit. (Including All Taxes) Net Rate
104.	Inj. Thiopentone Sodium 0.5 gm/ vial IP	Rate For 1 unit. (Including All Taxes) Net Rate
105.	Inj. Thiopentone Sodium 1 gm / vial IP	Rate For 1 unit. (Including All Taxes) Net Rate
106.	Ab. Bandage Cloth. 100cm x 20 mtrs.	Rate For 1 unit. (Including All Taxes) Net Rate
107.	Ab. Gauze 90cm x 18 mtr	Rate For 1 unit. (Including All Taxes) Net Rate
108.	Disposable Insulin – 1ml	Rate For 1 unit. (Including All Taxes) Net Rate
109.	Folys Catheter No. 8	Rate For 1 unit. (Including All Taxes) Net Rate
110.	Folys Catheter No. 10	Rate For 1 unit. (Including All Taxes) Net Rate
111.	Folys Catheter No. 12	Rate For 1 unit. (Including All Taxes) Net Rate
112.	Folys Catheter No. 18	Rate For 1 unit. (Including All Taxes) Net Rate
113.	Folys Catheter No. 20	Rate For 1 unit. (Including All Taxes) Net Rate
114.	I.V. Canula 26 G	Rate For 1 unit. (Including All Taxes) Net Rate
115.	I.V. Canula 24 (Peaditric)	Rate For 1 unit. (Including All Taxes) Net Rate

116.	Chromic Catgut 0.No 3/8 CRB (30 X 76cm)	Rate For 1 Test. (Including All Taxes) Net Rate
117.	Widal (Slide Test) Kit of 4 X 5 ml	Rate For 1 Test. (Including All Taxes) Net Rate
118.	Chikungunya 1gM Rapid Immunochromatography 10 test	Rate For 1 Test. (Including All Taxes) Net Rate
119.	Laptospira 1gM & 1gG Rapid Immunochromatography test Kit 10Test/Kit	Rate For 1 Test. (Including All Taxes) Net Rate
120.	Hepatitis A 1gM & RapidTest 10 Test/Kit	Rate For 1 Test. (Including All Taxes) Net Rate
121.	Hepatitis E 1gM & RapidTest 10 Test/Kit	Rate For 1 Test. (Including All Taxes) Net Rate
122.	HbsAg Rapid Test	Rate For 1 Test. (Including All Taxes) Net Rate
123.	HCV Rapid Test	Rate For 1 Test. (Including All Taxes) Net Rate
124.	Malaria rapid Chromatography strip test 1Pkt,X 10 Test	Rate For 1 Test. (Including All Taxes) Net Rate



DEAN

Padmabhushan Vasantdada Patil Government Hospital, Sangli