

QUOTATION

NO/PVPGHS/QUOTATION/ 980 /2026
Medical Store Dept.
Padamabhushan Vasantdada Patil Govt.
Hospital, Sangli. 416416.
Date: 20/04/2026

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 28-04-2026 before 4.00 p.m.

Quotations will be opened on 29-04-2026 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 Linezold 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 Resperidon 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 Trifluperazine 5 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
53.	Tab Trihexiphenidyl 2 mg + Trifluperazine 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.	Tab. Prednisolone 10mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
65.	Cap. Itraconazole 200 mg	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
66.	Ursodeoxycholic Acid 300mg Tab. (Udeliv)	Rate for One Tab/Cap (Including all Taxes) Only Strip Packing Accepted
67.	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
68.	Permethrin 5% w/w Cream (30g)	Rate For Per unit Cream. (Including All Taxes) Net Rate
69.	Clotrimazole 1% w/w Cream	Rate For Per unit Cream. (Including All Taxes) Net

		Rate
70.	Salicylic Acid 3% w/w Ointment	Rate For Per unit Cream. (Including All Taxes) Net Rate
71.	Benzoyl Peroxide 2.5 % w/w Gel	Rate For Per unit Gel. (Including All Taxes) Net Rate
72.	Clindarnycin 1% w/w Gel	Rate For Per unit Gel. (Including All Taxes) Net Rate
73.	White Soft Paraffin (1Kg)	Rate For Per unit (Including All Taxes) Net Rate
74.	Miconazole 2% w/w Cream	Rate For Per unit Cream. (Including All Taxes) Net Rate
75.	Flucinolone acetamide 0.025% w/w Cream	Rate For Per unit Cream. (Including All Taxes) Net Rate
76.	Clobetasole Propionate 0.05% w/w Cream	Rate For Per unit Cream. (Including All Taxes) Net Rate
77.	Liquid Paraffin 100ml	Rate For 1 bottle. (Including All Taxes) Net Rate


DEAN

Padmabhushan Vasantdada Patil Government Hospital, Sangli