

Govt. Of Maharashtra
Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.

Dean Office: (0231) 2641583

cprmedstore@gmail.com

Medical Store : (0231) 2641326

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

No. CPRGHK/MS/No.

Date: /12/2019

To,

Subject :- Quotation Call for Tablets & Capsules.

Reference: - As per Sanctioned Note sheet Date :-

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


| Sr. No. | Name of Drug | Pack Size | Mfg by | MRP | Rate |
|---------|-------------------------------|-----------|--------|-----|------|
| 1 | Tab Acenocoumaron 1mg | 1x10 | | | |
| 2 | Tab Acenocoumaron 2mg | 1x10 | | | |
| 3 | Tab Acenocoumaron 3mg | 1x10 | | | |
| 4 | Tab Acenocoumaron 4mg | 1x10 | | | |
| 5 | Tab Amlodepin 5mg | 1x10 | | | |
| 6 | Tab Atrovastation 20mg | 1x10 | | | |
| 7 | Tab Atrovastation 10mg | 1x10 | | | |
| 8 | Tab B Complex | 1x10 | | | |
| 9 | Tab Cetrizine 10mg | 1x10 | | | |
| 10 | Tab Clopidogrel 75mg | 1x10 | | | |
| 11 | Tab Isosorbide dinitrate 20mg | 1x10 | | | |
| 12 | Tab Enalepril 5mg | 1x10 | | | |
| 13 | Tab Etio + Theiopylline 300mg | 1x10 | | | |
| 15 | Tab Ferrous Sulphate | 1x10 | | | |
| 16 | Tab Frusemide 40mg | 1x10 | | | |

| | | | | | |
|----|--|------|--|--|--|
| 17 | Tab Linezolid 300mg | 1x10 | | | |
| 18 | Tab Frusemide + Iasilactone | 1x10 | | | |
| 19 | Tab Metformin 500mg | 1x10 | | | |
| 20 | Tab Metoprolol 25mg | 1x10 | | | |
| 21 | Tab Nicoradyl 10mg | 1x10 | | | |
| 22 | Tab Isosorbide mononitrate 10mg | 1x10 | | | |
| 23 | Tab Pantaprazol 40mg | 1x10 | | | |
| 24 | Tab Tramadol 100mg | 1x10 | | | |
| 25 | Tab Alprax 0.25mg | 1x10 | | | |
| 26 | Tab Aluminium hydroxide 200mg + magnesium hydroxide 200mg + Simethicone 25mg (Gelucil) | 1x10 | | | |
| 27 | Tab Acetylcysteine 600mg | 1x10 | | | |
| 28 | Tab Tarosemide 10mg | 1x10 | | | |
| 29 | Tab Chaymoral forte | 1x10 | | | |
| 30 | Cap. Amoxycillin 500mg | 1x10 | | | |
| 31 | Cap. Indomethacin 25mg | 1x10 | | | |
| 32 | Cap. Itraconazole 200 mg | 1x10 | | | |
| 33 | Cap. Nifedipine 5 mg | 1x10 | | | |
| 34 | Tab. Acetazolamide 250mg | 1x10 | | | |
| 35 | Tab. Acetyl Salicylic Acid-150 mg (Asprin /Ecosprin) | 1x10 | | | |
| 36 | Tab. Acetyl Salicylic Acid-75 mg (Asprin /Ecosprin) | 1x10 | | | |
| 37 | Tab. Alprazolam - 0.5 mg | 1x10 | | | |
| 38 | Tab. Cilostazole 100 mg (Stiloz Type) | 1x10 | | | |
| 39 | Tab. Cilostazole 50 mg (Stiloz Type) | 1x10 | | | |
| 40 | Tab. Clopidogrel - 75 mg | 1x10 | | | |
| 41 | Tab. Diclofenac Sodium - 50 mg. | 1x10 | | | |
| 42 | Tab. Diltiazem 30 mg | 1x10 | | | |
| 43 | Tab. Doxifylline 200mg | 1x10 | | | |

| | | | | | |
|----|--|-------|--|--|--|
| 44 | Tab Ramipril 5mg | 1x10 | | | |
| 45 | Tab Amilorone 200mg | 1x10 | | | |
| 46 | Tab Diltiazem 30mg | 1x10 | | | |
| 47 | Tab Etio+Theophylline 300mg | 1x10 | | | |
| 48 | Tab Torsemide 10mg | 1x10 | | | |
| 49 | Tab. Prasugrel 10mg(prax) | 1x10 | | | |
| 50 | Tab Warfarine 5mg | 1x10 | | | |
| 51 | Tab Levetiracetam 500mg | 1x10 | | | |
| 52 | Tab Rifaximin 550mg | 1x10 | | | |
| 53 | Tab urisodeoxycholic acid (Udiliv) 300mg | 1x10 | | | |
| 54 | Tab Ondansetron 4mg | 1x10 | | | |
| 55 | Tab Resperidone 2mg | 1x10 | | | |
| 56 | Tab Gasex | 1x100 | | | |
| 57 | Tab Bisacodyl (Dulcolax type) | 1x100 | | | |
| 58 | Tab Ethamsylate 500mg | 1x10 | | | |

Terms & Condition as follows:-

1. Rate should be inclusive of all taxes, Inclusive with GST.
2. Delivery period should be within 10 days from the date of confirm order otherwise the order should be Treated as cancelled .
3. Material in good condition as per the specification required by the respective department.
4. Inspection – By HOD Respective User Department .
5. Attach Xerox copy of PAN, GST & FDA Drug Licence with attested
6. All rights are preserve in favour of The Dean , C.P.R. Hospital, Kolhapur
7. Don't Quotate Rates of other items except above mention .Dont miss serial of above list.
8. Submit printed quotation on own letter head with duly signed and stamped . Hand written quotation will be rejected.
9. Organisation / distributor require Authorisation letter foe submission of the quotation.
10. Packing or Before Date :- 30/12/2019 Upto 3.00 Pm positively forwarding freight should be
11. Sealed Quotations should reach this office i.e. CENTRAL MEDICAL STORE, KASARI BUILDING, C.P.R.HOSPITAL, KOLHAPUR on/before Dt.:- 30/12/2019 , Upto 3.00 pm.


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