

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

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Medical Store : (0231) 2641326

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

No. CPRGHK/MS/No.

Date: /12/2019

To,

Subject :- Quotation Call for Injections

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	Inj.Acetyl Systeine 1gm	1x5ml			
2	Inj.Adinosine	1x2ml			
3	Inj.Adrenaline amp	1x1ml			
4	Inj.ADS 10000 IU	1x1 ml			
5	Inj.Amikacin 500mg	1x1 vial			
6	Inj.Aminophylline	1x1 amp			
7	Inj.Amiodarone 150mg	1x3ml			
8	Inj.Amoxycillin 1000 + Clavulanic acid 200mg 1.2gm)	1x1 vial			
9	Inj.Ampicillin 1gm	1x1 vial			
10	Inj.Anawin heavy (sensorcain type) 0.25% 5ml	1x4ml			
11	Inj.Anawin Heavy (sensorcain type)0.5%	1x1 vial			
12	Inj.Anti Rabies Serum 5ml 1500 IU	1x5 ml			
13	Inj.Anti Rabies vaccine ID	1x 0.5ml			
14	Inj.Anti Rabies vaccine ID	1x1ml			
15	Inj.Anti Rabies vaccine IM	1x1ml			

16	Inj.Artisunate 60mg	1x1 vial			
17	Inj.Atracurum Besylate	1X5ml amp			
18	Inj.Atripine 10ml	1x1 vial			
19	Inj.Atropin sulphate 10ml	1x10ml vial			
20	Inj.Azithromycin 500mg	1x1 vial			
21	Inj.Benzathine Pencillin 12lac	1x1 vial			
22	Inj.Benzathine Pencillin 6lac	1x1 vial			
23	Inj.Benzyl Penicillin 10 lac	1x1 vial			
24	Inj.Benzyl Penicillin 5 lac	1x1 vial			
25	Inj.Cafein Citrate (capnea type)	1x1ml			
26	Inj.Calcium Gluconate	1x10ml amp			
27	Inj.Ceftazidine 1 gm	1x1 vial			
28	Inj.Ceftriaxone 1 gm	1x1 vial			
29	Inj.Cefpoperazone 750	1x1 vial			
30	Inj.Cephotaxim 1 gm	1x1 vial			
31	Inj.Colistine 1miu	1x1 vial			
32	Inj. Etophylline (84.7mg) + Theophylline (25.3mg) (deriphyllin)	2mlx1 Ampule			
33	Inj.Dexmetomadine 100mcg	1x2ml			
34	Inj.Diazepam 10mg	1x2ml			
35	Inj.Diclofenac sodium	1x3ml			
36	Inj.Dicyclomine HCL	1x2ml			
37	Inj.Digoxin 0.25	1x1 ml amp			
38	Inj.Diltiazem 5mg	1x 5ml			
39	Inj.Dobutamine 250mg	1x 5ml			
40	Inj.Dopamine 200mg	1x5ml			
41	Inj.Ethamsylate 250mg	1x2ml			

42	Inj.Etiophyllin + Theophylline	1x2ml			
43	Inj.Fentanyl 50mg	1x2ml			
44	Inj.Frusemide 40mg	1x2ml			
45	Inj.Gentamycin 40mg	1x2ml			
46	Inj.Glycopyrrolate	1x1ml			
47	Inj.Haloperidol 5mg	1x1 amp			
48	Inj.Heparin 25000IU	1x5ml			
49	Inj.Heparin 500IU	1x5ml			
50	Inj.Hepatitis B	1x10 ml			
51	Inj.Hydrocortisone 100 mg	1x1 Vial			
53	Inj.Iron sucrose	1x2.5ml			
54	Inj. Iohexol 350mg iodine /ml	1x100ml			
55	Inj.Ismolol 10 mg/ml	1x1 vial			
56	Inj.Lignocain 2% 30ml	1x1 vial			
57	Inj.Lignocain 2% 50ml (xylocard type)	1x1 vial			
58	Inj.Lignocain 4%	1x1 vial			
59	Inj.Lorazepam 2mg	1x1 amp			
60	Inj.L-ornithine L Asparatate	1x 1amp			
61	Inj.Low molecular weight 0.4ml	1x 1amp			
62	Inj.Low molecular weight 0.6ml	1x 1amp			
63	Inj.Levetiracetam 100mg	1x5ml			
64	Inj.Magnesium Sulphate 500 mg/1mL,	1x2ml			
65	Inj.Meningococcal Vaccine 4mcg	1x1 vial			
66	Inj.Mephentermine 10ml	1x10 ml			
67	Inj.Meropenam 1gm	1x1 vial			
68	Inj.Methyl prednisolone 125mg	1x1vial			
69	Inj.Methyl prednisolone 1gm	1x1 vial			
70	Inj.Methyl prednisolone 500mg	1x1 vial			

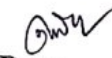
71	Inj.Methyl Prednisolone Epidural 80mg	1x1 vial			
72	Inj.Metoprolol (betaloc) 5mg ,5ml	1 x 5ml vial			
73	Inj.Midazolam 10ml	1x10 ml			
74	Inj.Midazolam 5ml	1x5 ml			
75	Inj.Millirinone 10mg	1X10ml vial			
76	Inj.Millirinone 1mg	1X10ml vial			
77	Inj.Multivitamin10ml	1x1 amp			
78	Inj.Neostigmin	1x5ml			
79	Inj.Nikorandil 48mg	1x1 vial			
80	Inj.Nitroglycerine (NTG)	1x5ml			
81	Inj.Nor adrenaline	1x2ml			
82	Inj.Octriotide 100mcg	1x1 amp			
83	Inj.Octriotide 50mcg	1x1 amp			
84	Inj.Ondancetron	1x2ml			
85	Inj.Oxytocin 1ml	1x1ml			
86	Inj.Pancuronium bromide 2mg (Pavulon)	1x2ml			
87	Inj.Pantoprazole 40mg	1X1Vial			
88	Inj.Papaverin	1x 10ml ampoule			
89	Inj.Paracetamol (febrinil type)	1x1 vial			
90	Inj.Pentazocine Lactate amp	1x1 amp			
91	Inj.Phenobarbitone 200mcg	1 x 1 ml			
92	Inj.Phenyramine Maleate (avil)	1x2ml amp			
93	Inj.Phenytoin 50mg	1X2ml amp			
94	Inj.Pipracillin Tazobactum 2.25mg	1X1Vial			
95	Inj.Pipracillin Tazobactum 4.5mg	1X1Vial			
96	Inj.Pneumovax 0.5ml	1x1 vial			

97	Inj.Potasium Chloride 10ml	1X10ml ampoule			
98	Inj.Pralidoxime HCL 500mg	1x500mg			
99	Inj.Pralidoxime HCL 1gm	1x1gm			
100	Inj.Propofol 1% 10ml	1x10 ml			
101	Inj.Propofol 1% 20ml	1x20 ml			
102	Inj.Protamine 10mg	1x5ml vial			
103	Inj.Ranitidine 2ml	1x2ml			
104	Inj.Rocuronium Bromide 25mg	1x2.5ml vial			
105	Inj.Scoline 50 mg/ml	1X10ml vial			
106	Inj. Bupivacaine, 0.25% (Sensorcaine) Heavy 0.5%	1x 1ml amp			
107	Inj.Serenace 5mg	1x1 amp			
108	Inj.Sodium bicarbonate	1x25ml amp			
109	Inj.Sodium bicarbonate 7.5%	1x10ml amp			
110	Inj.Sodium Valporate 180mg	1x1 vial			
111	Inj.Streptokinase 1500000IU	1x1vial			
112	Inj.Teicoplanin 200mg	1x1 vial			
113	Inj.Teicoplanin 400mg	1x1 vial			
114	Inj.Tetglobn 500mg	1x1			
115	Inj.Tetglobn250mg	1x1			
116	Inj.Thiamine 100mg	1x1amp			
117	Inj.Tirofiban 5mg	1x100ml			
118	Inj.Tissel (fibrinogen and thrombin)	1 x 1ml			
119	Inj.Titanus Toxoid (T.T.)	1x5ml			
120	Inj.Tramadol 2ml	1x2 ml			
121	Inj.Tranexamic acid 500mg	1x5ml ampoule			
122	Inj.Urokinase 7lac	1x1 vial			

123	Inj.Urokinase 5lac	1x1 vial			
124	Inj.Vacuronium Bromide 10mg	1x10ml vial			
125	Inj.Vacuronium Bromide 4mg	1x2ml ampoule			
126	Inj.Vancomycin 500mg	1x1 vial			
127	Inj.Vasopressin 20IU	1x1ml			
128	Inj.Vecoronium Bromide 20mg	1x amp			
129	Inj.Vit K 10mg	1x1 amp			

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.