

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. 1402/2020

Date: 14/12/2020

To,

M/s _____

Subject :- Quotation Call for I. V. Fluids & Others .

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	I.V. Albumin 20%	1 x 100ml			
2	I.V. N.S. (Sodium Chloride 0.9 %)	1 x 100ml			
3	I.V. N.S. (Sodium Chloride 0.45 %)	1 x 100ml			
4	I.V. N.S. (Sodium Chloride 3 %)	1 x 100ml			
5	I.V.D. N.S. (Half)	1 x 500ml			
6	I.V. Levofloxacin	1 x 100ml			
7	I.V. Fluconazole 2mg/ml	1 x 100ml			
8	I.V. Ofloxacin	1 x 100ml			
9	I.V. human Immunoglobulin 5 % (IVIG)	1 x 100 ml			
10	Salbutamol Respiratory Soln. 15 ml (Asthalin Type)	1 x 15 ml			
11	Budesonide 0.5 mg/ml (Budecort) Respules	1 dose			
12	Levosambutol + Ipratropium (Deuolin) Respules	1 dose			
13	Syp multivitamine (paediatric)	1x100ml			
14	Syp Azithromycin 200mg	1 x 15 ml			
15	Syrup zinc	1 x 100ml			
16	H.M.F. Sachet	1 x 1			
17	Denatured Spirit	1 x 1 lit			
18	Alcohol Based Sanitizer	1 x 5 lit			
19	Bacillocid Solution	1 x 500ml			
20	KMNO4 Crystals	1x400gm			
21	Eusol Solution	1 x 400 ml			
22	Hydrogen peroxide 6%	1 x 400ml			
23	Povidine Iodine Solution 10 %	1 x 500 ml			
24	Povidine Iodine Scrub 7.5 %	1 x 500ml			
25	Phenyl (Black coal tar disinfectant solution)	1 x 5 lit			


Quotation I.V & Othres

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26	Sodium Hypochlorite Soln. Jar (Medichlor)	1 x 5 lit			
27	Glutaldehyde OPA (Cidex) Jar - 28 days	1 x 5 lit			
28	Formalin Solution	1 x 500ml			

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 :- 17/12/2020 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.:- 17/12/2020 , Upto 3.00 pm.


 17/12/2020
 Dean,
 C.P.R.General Hospital,
 Kolhapur.

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