

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. 1401/2020

Date 14/12/2020

To,

M/s-----

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.L-ornithine L Asparatate	1x 1amp			
2	Inj.Dalteparin Sodium 500C IU	1x 1amp			
3	Inj.Levetiracetam 100mg	1x5ml			
4	Inj.Maningococal Vaccine 4mcg	1x1 vial			
5	Inj.Mephentermine 10ml	1x10 ml			
6	Inj.Meropenam 1gm	1x1 vial			
7	Inj.Methyl prednisolone 1gm	1x1vial			
8	Inj.Methyl Prednisolone Epidural 80mg	1x1vial			
9	Inj.Metoprolol (betaloc) 5mg ,5ml	1 x 5ml vial			
10	Inj.Milrinone 10mg	1X10ml vial			
11	Inj.Multivitamin10ml	1x1 amp			
12	Inj.Nicorandil 48mg	1x1 vial			
13	Inj.Nitroglycerine (NTG)	1x5ml			
14	Inj.Pancuronium bromide 2mg (Pavulon)	1x2ml			
15	Inj.Papaverine	1x 10ml Amp			
16	Inj.Paracetamol (febrinil type)	1x1 vial			
17	Inj.Pentazocine Lactate amp	1x1 amp			
18	Inj.Phenobarbitone 200mcg	1 x 1 ml			
19	Inj.Phenytoin 50mg	1X2ml amp			
20	Inj.Pneumovax 0.5ml	1x1 vial			
21	Inj.Protamine sulphate10mg	1x5ml vial			
22	Inj.Scoline 50 mg/ml	1X10ml vial			
23	Inj. Bupivacaine(Sensorcaine) Heavy 0.5%	1x 1ml amp			
24	Inj.Sodium bicarbonate	1x25ml amp			
25	Inj.Teicoplanin 400mg	1x1 vial			
26	Inj.Tetaneus Immunoglobulin (Tetglob) 500mg	1x1			

27	Inj.Thiamine 100mg	1x1amp			
28	Inj.Tirofiban 5mg	1x100ml			
29	Inj.Tissel (fibrinogen and thrombin)	1 x 1ml			
30	Inj.Tranexamic acid 500mg	1x5ml Amp			
31	Inj.Vasopressin 20IU	1x1ml			

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 :- 17/12/2020²⁰ 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.