

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. <sup>417</sup> /2021

Date <sup>27/04</sup> 2021

To,  
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**Subject :- Quotation Call for Injection for Corona Virus Infection Control Programme.**

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

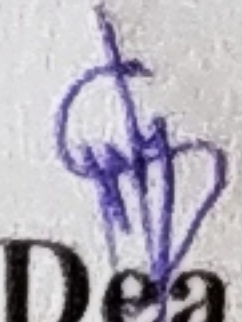
Sr.No	Name of Drug	Pack Size	MRP	RATE
1	Tab Amlodepine 5mg	1x10 Tab		
2	Tab Amoxyclave 625mg	1x10 Tab		
3	Tab Aspirin 75mg	1x10 Tab		
4	Tab Favipiravir 200mg	1x10 Tab		
5	Tab Atorvastatin 20mg	1x10 Tab		
6	Tab Atorvastatin 40mg	1x10 Tab		
7	Tab Cefixime 200mg	1x10 Tab		
8	Tab Fluconazole 150mg	1x10 Tab		
9	Tab Liv 52	1x100 Tab		
10	Tab Acetylcysteine 200mg (Mucomix Like)	1x10 Tab		
11	Tab Prednisolone 5mg	1x10 Tab		
12	Tab Pirfenadone 200mg (Farobact Like)	1x10 Tab		
13	Tab Telmisartan 40mg	1x10 Tab		
14	Inj. Remdesivir 100mg/Vial	1X1 Vial		
15	Inj Acetylcysteine 200mg (Mucomix Like)	1X1 Vial		
16	Inj. Methylprednisolone 40mg	1X1 Vial		
17	Inj. Ondansetron 4mg	1X1 Amp		
18	Inj Azithromycine 500mg	1X1 Vial		
19	Inj Azithromycine 100mg	1X1 Vial		
20	Inj. Piperacilline 4gm+ Tazobactam 500mg	1X1 Vial		
21	Inj Heparine 5000 IU	1X1 Vial		
22	Inj. Low Molecular Weight Heparine 60mg/0.6ml, prefilled syringe	1x1 prefilled syringe		
23	Inj. Low Molecular Weight Heparine 40mg/0.4ml, prefilled syringe	1x1 prefilled syringe		
24	Inj Pantaprazole 40mg	1X1 Vial		
25	Inj Meropenem 1gm	1X1 Vial		
26	I.V .Sodium chloride 0.9%, 500ml bottle	1x1 bottle		
27	Alcohol Based Hand Sanitizer, 500ml bottle	1x1 bottle		
28	I.V.Paracetamol, 100ml, bottle	1x1 bottle		
29	I.V. Albumin 20% 100ml, bottle	1x1 bottle		
30	Syp Azithromycine 100mg, bottle	1x1 bottle		



31	Syp Azithromycine 200mg, bottle	1x1 bottle		
32	Lung Surfactant 4ml (Survanta Like)	1X1 Vial		
33	Ordinary Denatured Spirit	1 Ltr		

**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 CVTC / Cathlab/ Respective User Department .
5. Attach Xerox copy of PAN, GST & FDA Drug Liscence with attested
6. All rights are preserve in favour of The Dean , C.P.R. Hospital,Kolhapur
7. Don't Quorate Rates of other items except above mention .Don't 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. Packing or Before Date :- 03/05/2021 Upto 3.00 pm positively forwarding freight should be
10. Sealed Quotations should reach this office i.e. CENTRAL MEDICAL STORE, KASARI BUILDING , C.P.R.HOSPITAL , KOLHAPUR on/before Dt.: 03/05/2021, Upto 3.00 pm.

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