

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

No. CPRGHK/MS/No. 386 /2020

Date: 23 / 03 /2020

To,

.....**Subject :- Re-Quotation Call for Tablet & Capsule for Corona Virus Infection Control Programme.**

Reference :- As per Corona Virus Infection Control Programme DPC Meeting Date :-17/03/2020

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

Sr. No.	Name of Drug	Pack Size	MRP	Rate
1	Tab Oseltamivir 150mg	1x10 Tab		
2	Tab Darunavir 800mg	1x10 Tab		
3	Tab Cobicistat 150mg	1x10 Tab		
4	Tab Atazanavir (Reytaz) 400mg	1x10 Tab		
5	Tab Clarithromycin 500mg	1x10 Tab		
6	Tab Moxifloxacin 400mg	1x10 Tab		
7	Tab Methylprednisolone 4mg	1x10 Tab		
8	Tab Hydroxychloroquine 400mg	1x10 Tab		
9	Tab Hydroxychloroquine 200mg	1x10 Tab		

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 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. Packing or Before Date :- 26 /03/2020 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.:- 26 /03/2020, Upto 3.00 pm.


 Dean

 C.P.R.General Hospital,
 Kolhapur.