



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

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No. CPRGHK/MS/No.

02

/2024

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

Date: 02/01/2024

To,

M/s-----

Subject :- Quotation Call for Injections.

Reference: - As per Sanctioned Note sheet Date :- 01/01/2024

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

Sr. No.	Name of Drug	Pack Size/ Per IU	Mfg by	MRP	Rate
1	Inj.Anti Diptheria Serum, 10ml vial	1x1 Vial			
2	Inj.Amikacin Sulphate, 500mg vial	1x1 Vial			
3	Inj.Aminophylline. 10ml Amp	1x1 Amp			
4	Inj.Amoxycillin 1000 mg + Clavulanic acid 200 mg vial	1x1 Vial			
5	Inj. Amphotericin B, 50 mg vial (Liposomal)	1x1 Vial			
6	Inj. Amphotericin B, 50 mg vial (Lyophilised)	1x1 Vial			
7	Inj. Amphotericin B, 50mg vial (Emulsion)	1x1 Vial			
8	Inj.Anti Rabies vaccine ID, 0.5ml vial	1x1 Vial			
9	Inj.Anti Rabies vaccine ID, 1ml vial	1x1 Vial			
10	Inj.Anti Rabies vaccine IM, 1ml vial	1x1 Vial			
11	Inj. Anti Rabies Serum, 1500IU, 5ml vial (ARS)	1x1 Vial			
12	Inj.Artisunate, 60 mg vial	1x1 Vial			
13	Inj.Atracurium Besylate, 2.5ml Amp	1x1 Amp			
14	Inj. Atropine Sulphate, 1ml Amp	1x1 Amp			
15	Inj. Ampicillin, 500 mg Vial	1x1 Vial			
16	Inj.Anti-D, 300 mcg 1ml vial	1x1 Vial			
17	Inj.Acyclovir, 500 mg vial	1x1 Vial			
18	Inj.Bupivacaine Hydrochloride + Dextrose 4ml Amp (Heavy Sensorcaine type)	1x1 Amp			
19	Inj.Caffein Citrate, 1ml vial (Capnea type)	1x1 Vial			
20	Inj.Ceftazidime, 1gm vial	1x1 Vial			
21	Inj. Cefoperazone 500mg + Sulbactam 500mg vial	1x1 Vial			
22	Inj.Cefotaxim Sodium, 1gm vial	1x1 Vial			
23	Inj.Cefotaxim Sodium, 500 mg vial	1x1 Vial			
24	Inj.Colistimethate, 1MIU vial (Colistine type)	1x1 Vial			
25	Inj.Carboprost , 1ml vial	1x1 Vial			
26	Inj.Dexmedetomidine Hydrochloride, 1ml Amp(Dexum type)	1x1 Amp			

27	Inj.Dicyclomine Hydrochloride, 2ml amp	1x1Amp			
28	Inj.Diclofenac Sodium ,75mg/ml 1 ml Amp (Dynapar type)	1x1Amp			
29	Inj.Diclofenac Sodium ,3ml Amp	1x1Amp			
30	Inj.Drotaverine Hydrochloride, 2ml Amp (Drotin Type)	1x1Amp			
31	Inj.Erythropoetin, 2000 IU PFS	1x1PFS			
32	Inj.Fentanyl Citrate, 2ml Amp	1x1Amp			
33	Inj.Gentamycin Sulphate, 2ml Amp	1x1Amp			
34	Inj.Haloperidol, 1ml Amp	1x1Amp			
35	Inj. Hepatitis B Immunoglobulin, 100IU 0.5ml Vial	1x1 Vial			
36	Inj.Hyoscine Butylbromide, 1ml Amp (Buscopan Type)	1x1Amp			
37	Inj.Iron Sucrose, 2.5 ml Amp	1x1Amp			
38	Inj.Iron Sucrose, 5 ml Amp	1x1Amp			
39	Inj. Insulin Soluble IP 40 IU (Neutral) 10ml Vial	1x1 Vial			
40	Inj.Insulin Degludec, 3ml Pen	1x1 Pen			
41	Inj.Insulin Actrapid, 10ml vial	1x1 Vial			
42	Inj.Insulin Aspart, 10ml vial (Novorapid Type)	1x1 Vial			
43	Inj.Ketamine Hydrochloride , 10ml vial	1x1 Vial			
44	Inj.Lorazepam, 2ml Amp	1x1Amp			
45	Inj.L-ornithine L Asparatate, 10ml Amp	1x1Amp			
46	Inj.Lignocaine2%+Adrenaline1 in 200000, 30ml vial	1x1 Vial			
47	Inj.Low Molecular Weight Heparin, 0.4 ml (Enoxaparin)	1x1PPS			
48	Inj.Low Molecular Weight Heparin, 0.6 ml (Enoxaparin)	1x1PPS			
49	Inj.Meningococcal Vaccine, 0.5 ml	1x1 Vial			
50	Inj.Methyl prednisolone, 1gm vial	1x1 Vial			
51	Inj.Methyl prednisolone, 500mg vial	1x1 Vial			
52	Inj.Midazolam, 5ml vial	1x1 Vial			
53	Inj.Milrinone Lactate, 10 ml Vial	1x1 Vial			
54	Inj.Multivitamin, 10 ml Amp	1x1Amp			
55	Inj.Methyl Ergometrine, 1ml Amp (Methergine type)	1x1Amp			
56	Inj.Octriotide, 100 mcg 1ml Amp	1x1Amp			
57	Inj.Octriotide, 50 mcg 1ml Amp	1x1Amp			
58	Inj.Oxytocin, 1ml Amp	1x1Amp			
59	Inj.Pancuronium bromide, 2ml Amp (Pavulon type)	1x1Amp			
60	Inj.Papaverine, 60mg Amp	1x1Amp			
61	Inj.Paracetamol, 2ml Amp (febrinil type)	1x1Amp			
62	Inj.Phenobarbitone ,1ml Amp	1x1Amp			
63	Inj.Pheneramine Malate, 2ml Amp	1x1Amp			
64	Inj.Pneumococcal vaccine,0.5ml vial	1x1 Vial			
65	Inj.Pralidoxime Chloride, 500mg vial	1x1 Vial			
66	Inj.Pralidoxime Chloride ,1gm vial	1x1 Vial			
67	Inj.Propofol 1% 10 ml vial	1x1 Vial			
68	Inj.Protamine sulphate,5ml vial	1x1 Vial			
69	Inj.Ranitidine Hydrochloride, 2ml Amp	1x1Amp			

70	Inj Remdesivir, 100 mg	1x1 Vial			
71	Inj.Sodium bicarbonate, 7.5% 10ml Amp	1x1 Amp			
72	Inj.Snake Anti Venin, 10ml vial(ASVS)(Lyophilised)	1x1 Vial			
73	Inj.Tetaneus Immunoglulin, 500mg vial (Tetglob type)	1x1 Vial			
74	Inj. Tetaneus Immunoglulin, 250mg vial (Tetglob type)	1x1 Vial			
75	Inj.Tetanus Toxide, 5ml vial (T.T.)	1x1 Vial			
76	Inj.Tetanus Toxide, 0.5ml Amp (T.T.)	1x1 Amp			
77	Inj.Thiamine, 2ml vial	1x1 Vial			
78	Inj. Tocilizumab, 400 mg / 20 ml vial	1x1 Vial			
79	Inj. Tocilizumab, 80 mg / 4 ml vial	1x1 Vial			
80	Inj.Vecuronium Bromide, 20mg vial	1x1 Vial			
81	Inj.Vancomycine Hydrochloride, 1gm vial	1x1 Vial			
82	Inj.Valethamate Bromide, 1ml Amp (Epidosin Type)	1x1 Amp			
83	Water For Injection, 10ml Amp	1x1 Amp			
84	Water For Injection, 5ml Amp	1x1 Amp			
85	Inj. Antihaemophilic recombinant Factor VII, 1 mg Vial	1x1 Vial			
86	Inj. Glycopegylated recombinant extended half life Factor VIII	1 IU			
87	Inj. Nanocog Betapegol, Glycopegelyated Recombinant factor IX	1 IU			
88	Inj. Recombinant factor IX	1 IU			
89	Inj. Recombinant factor VIII	1 IU			

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 of Respective User Department.
5. Attach Xerox copy of PAN, GST & FDA Drug License with attested
6. All rights are preserve in favor of The Dean, C.P.R. Hospital, Kolhapur
7. Do not quote rates of other items except above mention. Do not 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. Organization / distributor require Authorization letter for submission of the quotation.
10. Sealed Quotations should reach this office i.e. **CENTRAL MEDICAL STORE, KASARI BUILDING, C.P.R.HOSPITAL, KOLHAPUR** on/before date:- **11 / 01 /2024, Upto 3.00 pm.**


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