

Govt. Of Maharashtra
Chhatrapati Pramila Rajee 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/ **664** /2022

Date: **27 / 05** /2022

To,
M/s -----

Subject :- Quotation Call for Tablets & Capsules (Regular).

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	Tab. Acyclovir 200mg	1 Strip x10 Tabs			
2	Tab. Albendazole - 400 mg	1 Strip x10 Tabs			
3	Tab. Amox 500 + Clav.125 - 625 mg	1 Strip x10 Tabs			
4	Tab. Antacid (Aluminium hydroxide 200mg + Magnesium hydroxide 200mg + Simethicone 25mg)	1 Strip x10 Tabs			
5	Tab. Antacid (Aluminium hydroxide 200mg + Magnesium hydroxide 200mg + Simethicone 25mg)	1 Tin x1000 Tabs			
6	Tab. Ascorbic acid - 500 mg (Vit- C)	1 Strip x10 Tabs			
7	Tab. Acetazolamide 250mg	1 Strip x10 Tabs			
8	Tab. Atarax 25 mg	1 Strip x10 Tabs			
9	Tab. Azithromycin - 250 mg.	1 Strip x10 Tabs			
10	Tab. Azithromycin - 500 mg.	1 Strip x10 Tabs			
11	Tab. Bisacodyl - 10mg (Dulcolax)	1 Strip x10 Tabs			
12	Tab. C.P.M. - 4 mg	1 Strip x10 Tabs			
13	Tab. Calcium & Vit D3	1 Strip x10 Tabs			
14	Tab. Cefixime 200 mg	1 Strip x10 Tabs			
15	Tab. Cetrizine Hydrochloride - 10 mg	1 Strip x10 Tabs			
16	Tab. Cefpodoxime Proxetil 100mg	1 Strip x10 Tabs			
17	Tab. Cefadroxil 500mg	1 Strip x10 Tabs			
18	Tab. Cymoral Forte	1 Strip x15 Tabs			
19	Tab. Ciprofloxacin - 250 mg	1 Strip x10 Tabs			
20	Tab. Ciprofloxacin - 500 mg	1 Strip x10 Tabs			
21	Tab. Deriphylline-300 mg(Eto 31 mg +Theo 69mg)	1 Strip x10 Tabs			
22	Tab. Deferasirox 100 mg(Desirox)	1 Strip x10 Tabs			
23	Tab. Deferasirox 250 mg(Desirox)	1 Strip x10 Tabs			
24	Tab. Deferasirox 500 mg(Desirox)	1 Strip x10 Tabs			
25	Tab. Descriprone 500mg (Kelfer)	1 Tin x50 Tabs			
26	Tab. Dexamethasone 4 mg	1 Strip x 10 Tabs			
27	Tab. Diclofenac Sodium - 50 mg.	1 Strip x 10 Tabs			
28	Tab. Diclofenac Sodium S.R. - 100 mg	1 Strip x10 Tabs			
29	Tab. Diethyl Carbamazine Citrate 100mg	1 Strip x10 Tabs			
30	Tab. Dicyclomine HCL - 10 mg	1 Strip x10 Tabs			
31	Cap. Doxycycline - 100mg	1 Strip x10 Tabs			
32	Tab. Domperidone 10mg	1 Strip x10 Tabs			
33	Tab. Faropenem 200mg	1 Strip x10 Tabs			
34	Tab. Ferrous Sulphate (FS) 200 mg	1 Strip x10 Tabs			
35	Tab. Fexofenadine HCL 120mg	1 Strip x10 Tabs			
36	Tab. Fluconazole - 150 mg	1 Strip x 10 Tabs			

37	Tab. Folic Acid - 5 mg	1 Strip x15 Tabs			
38	Tab. Gasex	1 Strip x10 Tabs			
39	Tab. Grisofulvin - 250 mg	1 Strip x10 Tabs			
40	Tab. Ibuprofen - 200 mg (Brufen)	1 Strip x10 Tabs			
41	Tab. Ibuprofen - 400 mg (Brufen)	1 Strip x10 Tabs			
42	Tab. Iron & Folic Acid (Iron Ferrous Sulhate 60mg+Folic Acid 0.5mg)	1 Strip x10 Tabs			
43	Tab. Itraconazole 100 mg	1 Strip x10 Tabs			
44	Tab. Itraconazole 200 mg	1 Strip x10 Tabs			
45	Tab. Levofloxacin 250mg	1 Strip x10 Tabs			
46	Tab. Levofloxacin 500mg	1 Strip x10 Tabs			
47	Tab. Liv 52	1 Tin x 100 Tabs			
48	Tab. Linezolid 600mg	1 Strip x10 Tabs			
49	Tab. Levetiracetam 250mg	1 Strip x10 Tabs			
50	Tab. Mebendazole - 100 mg (Mebex)	1 Strip x10 Tabs			
51	Tab. Metformin - 500 mg	1 Strip x10 Tabs			
52	Tab. Metoclopramide (Reglan)	1 Strip x10 Tabs			
53	Tab. Metronidazole - 200 mg	1 Strip x10 Tabs			
54	Tab. Metronidazole - 400 mg	1 Strip x10 Tabs			
55	Tab. Methotrexate 5mg	1 Strip x10 Tabs			
56	Tab. Mucomix 600 mg (N - Acetylcysteine 600 mg)	1 Strip x10 Tabs			
57	Tab. Moxifloxacin 400mg	1 Strip x10 Tabs			
58	Tab. Montelukast + Levocetirizine (Montek LC)	1 Strip x10 Tabs			
59	Tab. Misoprostol 200 mcg	1 Strip x10 Tabs			
60	Tab. Nitrofurantoin 100 mg	1 Strip x10 Tabs			
61	Tab. Norfloxacin - 400 mg	1 Strip x10 Tabs			
62	Tab. Norfloxacin - 800 mg	1 Strip x10 Tabs			
63	Tab. Ofloxacin - 200 mg (Oflox)	1 Strip x10 Tabs			
64	Cap. Omeprazole - 20 mg (Omez)	1 Strip x10 Tabs			
65	Tab. Ondansetron 4mg	1 Strip x10 Tabs			
66	Tab. Pantaprozole - 40 mg (Pantop)	1 Strip x10 Tabs			
67	Tab. Paracetamol - 500 mg	1 Strip x10 Tabs			
68	Tab. Pirfenidone 200mg (Pefinex)	1 Strip x10 Tabs			
69	Tab. Polyvitamin NF1	1 Strip x10 Tabs			
70	Tab. Posaconazole 100 mg	1 Strip x10 Tabs			
71	Tab. Prednisolone - 5 mg	1 Strip x10 Tabs			
72	Tab. Prednisolone - 10 mg	1 Strip x10 Tabs			
73	Tab. Ranitidine - 150 mg (Rantac)	1 Strip x10 Tabs			
74	Tab. Ranitidine - 300 mg (Rantac)	1 Strip x10 Tabs			
75	Tab. Salbutamol - 2 mg	1 Strip x10 Tabs			
76	Tab. Salbutamol - 4 mg	1 Strip x10 Tabs			
77	Tab. Sodamint	1 Strip x10 Tabs			
78	Cap. Tetracycline - 250 mg	1 Strip x10 Tabs			
79	Tab. Trimethoprim + Sulphamethazole S.S. (Septran S.S.)	1 Strip x10 Tabs			
80	Tab. Trimethoprim + Sulphamethazole D.S.(Septran D.S.)	1 Strip x10 Tabs			
81	Tab. Tinidazole 300 mg	1 Strip x10 Tabs			
82	Tab. Tramadol - 50mg	1 Strip x10 Tabs			
83	Tab. Thyroxin Sodium 25mcg (Eltroxin)	1 Strip x10 Tabs			
84	Tab. Thyroxin Sodium 100mcg (Eltroxin)	1 Strip x10 Tabs			
85	Tab. Vitamin B-complex NF1	1 Strip x10 Tabs			

86	Tab. Sporlac DS	1 Strip x 20 Tabs			
87	Tab. Methyl prednisolone 4 mg	1 Strip x 10 Tabs			
88	Tab. Indomethacin 25 mg	1 Strip x 10 Tabs			
89	Tab. Indomethacin 75 mg	1 Strip x 10 Tabs			
90	Tab. Serratiopetidase 10mg + Diclofenac Sodium 50mg	1 Strip x 10 Tabs			
91	Tab. Rifaximin 400mg (Rifagut Type)	1 Strip x 10 Tabs			
92	Tab. Ursodeoxycholic Acid 300 mg (Udiliv Type)	1 Strip x 10 Tabs			

Terms & Condition as follows:-

1. Rate should be inclusive of all taxes, Inclusive with GST.
2. Delivery period should be within 21 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 For CMP (Treasury Purpose) Submit One Cancelled Cheque, Bank Details, PAN & Aadhar Card.
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 & Mailed quotation will be rejected.
9. Organisation / distributor require Authorisation letter for submission of the quotation.
10. Packing or Before Date :- **08 / 06 /2022** 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.:- **08 / 06 /2022 , Upto 3.00 pm.**



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