



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

Dean Office: (0231) 2641583

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No. CPRGHK/MS/No. 2081 /2022
By Regd. A.D / U.P.C

Date: 06/12/2022

To,

M/s-----

Subject :- Quotation Call for I.V & Others

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	I.V. Amino Acid 10 %	1 X 500ml			
2	I.V. Ciprofloxacin	1 X 100ml			
3	I.V. D.N.S.	1 X 500ml			
4	I.V. D.N.S (0.45%) Half	1 X 500ml			
5	I.V. Dextrose 10%	1 X 500ml			
6	I.V. Dextrose 25%	1 X 100ml			
7	I.V. Dextrose 5%	1 X 500ml			
8	I.V. Fluconazole, 2mg/ml	1 X 100ml			
9	I.V. Hydroxyethyl Starch, 6%	1 X 500ml			
10	I.V. Human Immunoglobulin, 5%	1 X 100ml			
11	I.V. Multiple Electrolytes & Dextrose Type I I.P (I.V.Kidrolyte Paediatric type)	1 X 500ml			
12	I.V. Levofloxacin	1 X 100ml			
13	I.V. Linezolid	1 X 300ml			
14	I.V. Linezolid	1 X 100ml			
15	I.V. Mannitol, 20%	1 X 100ml			
16	I.V. Metronidazole	1 X 100ml			
17	I.V. Moxifloxacin	1 X 100ml			
18	I.V. Sodium Chloride ,0.9 % (N.S.)	1 X 500ml			
19	I.V. Sodium Chloride, 0.9 % (N.S.)	1 X 100ml			
20	I.V. Sodium Chloride ,0.45 % (N.S. Half)	1 X 500ml			
21	I.V. Ofloxacin	1 X 100ml			
22	I.V. Paracetamol	1 X 100ml			
23	I.V. Ringer lactate	1 X 500ml			
24	I.V. Human Albumin, 20%	1 X 100ml			
25	Jelly Lignocaine ,30g	1 X 1Unit			
26	Oint. Clotrimazole,5g	1 X 1Unit			

27	Povidone Iodine ointment ,15g	1 X 1Unit		
28	Soframycin cream ,100g	1 X 1Unit		
29	Oint Miconazole 2% ,15g	1 X 1Unit		
30	Diclofenac Gel ,20g	1 X 1Unit		
31	Dinoprostone Gel ,3g	1 X 1Unit		
32	Liquid Glycerine	1 X 500ml		
33	Liquid Paraffin	1 X 500ml		
34	Povidone Iodine solution ,5 %	1 X 500ml		
35	Povidone Iodine solution , 10%	1 X 500ml		
36	Povidone Iodine Scrub ,7.5%	1 X 500ml		
37	Formalin Liquid	1 X 450ml		
38	Chlorinated lime with boric acid solution (Eusol type)	1 X 450ml		
39	Isoflurane	1 X 100ml		
40	Sevoflurane	1 X 250ml		
41	Lung Surfactant	1 X 2 ml		
42	Lung Surfactant	1 X 5 ml		
43	Potassium permagnate powder	1 X 450gm		
44	Magnesium sulphate Powder	1 X 500gm		
45	O.R.S powder	1 X gm		
46	Sodalime	1 X 5kg		
47	Silver Sulphadiazine	1 X 500gm		
48	Nutritional Supplement To Be Added To Mother's Milk(Lactodex HMF type)	1 X 1gm		
49	Hydrogen Peroxide	1 X 450ml		
50	Ciprofloxacin Eye Drops	1 X 5ml		
51	Ketorolac Tromethamine Eye Drops	1 X 5ml		
52	Budesonide Respules (Budecort type)	1 X 5ml		
53	Levosabutamol + Ipratrotium Respules(Deolin type)	1 X 5ml		
54	Syp. Phenobarbitone ,20mg	1 X 60ml		
55	Syp. Metronidazole ,200mg	1 X 60ml		
56	Syp.. Nascapine 7,5mg,Sodium citrate 50mg, Chlorpheniramine maleate 2mg and Ammonium chloride 100mg (Syp. Hiscopine -X type)	1 X 100ml		
57	Syp. Cotrimaxazole (Syp. Septran type)	1 X 50ml		
58	Syp. Amoxicillin dry powder,125mg	1 X 60ml		
59	Syp. Paracetamol	1 X 60ml		
60	Syp. Sodium Valporate ,200mg	1 X 100ml		
61	Syp Lactulose (Syp. Duphalac type)	1 X 250ml		
62	Syp. Aluminium hydroxide 250mg,Magnesium hydroxide 250mg and Dimethicone 50mg,(Syp. Antacid type)	1 X 200ml		
63	Syp Azithromycin 200mg	1 X 15ml		
64	Syp Amoxycillin 200mg + Clavulanic acid 28.5mg (Syp. Augmentin type)	1 X 30ml		

65	Syp. Salbutamol	1 X 100ml		
66	Syp. Albendazole	1 X 10ml		
67	Syp. Zinc Sulphate	1 X 30ml		
68	Syp. Posaconazole	1 X 100ml		
69	Syp. Multivitamin	1 X 100ml		
70	Multivitamin drops	1X 15ml		
71	Syp. Nascapine 7mg,Sodium citrate 3.25mg,Chlorpheniramine maleate 2mg and Ammonium chloride 20mg (Syp. Hiscopine type)	1 X 50ml		
72	Syp. Calcium & vit D3	1 X 200ml		
73	Syp. Ibuprofen (Syp. Brufen type)	1 X 60ml		
74	Syp. Calcium Phosphate 774mg + Magnesium Hydroxide 75mg (Syp. Calcimax P Type)	1 X 200ml		
75	Drop. Vitamin D3, 400 mg	1 X 1ml		
76	Syp. Oseltamivir	1 X 75ml		
77	Glutaraldehyde (Cidex type)	1 X 5Lit		
78	Ortho-Phthalaldehyde ,0.55% Solution (Cidex OPA type)	1 X 5Lit		
79	Black Coal Disinfectant Solution (Phenyl type)	1 X 5Lit		
80	Sodium Hypochlorite (Medichlor type)	1 X 5Lit		

Terms & Condition as follows:-

1. Rate should be inclusive of all taxes, inclusive GST.
2. Delivery period should be within 15 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. For CMP (Treasury Purpose), Submit One Cancelled Cheque, Bank Details, PAN & Aadhar Card.
6. All rights are preserved in favor of The Dean, C.P.R. Hospital, Kolhapur
7. Do not quote 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 & Mailed 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**, before date :- 19/02/2022 Upto 3.00 pm.



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