

**Government Of Maharashtra**  
**Chhatrapati Pramila Raje General Hospital, Kolhapur.**  
**Central Medical Store**

Dean Office: (0231) 2641583

cprmedstore@gmail.com

Medical Store : (0231 ) 2641326

No. CPRGHK/CMS/ 177 /2023

Date: 07/02/2023

To,  
M/s -----

**Subject :- Quotation Call for Tablets and Capsules and Injection.**

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

| Sr.No. | Name of Drug   | Mfg by | MRP | Rate |
|--------|--|--------|-----|------|
| 1      | Inj. Factor VIII 500 IU                                  |        |     |      |
| 2      | Inj. Factor IX 600IU                                     |        |     |      |
| 3      | Inj. Glycopegylated r FIX (r Factor IX)                  |        |     |      |
| 4      | Inj. Eloctate factor VIII                                |        |     |      |
| 5      | Inj. Anti haemophilic factor VII 1 mg                    |        |     |      |
| 6      | Inj. Desferrioxamine (Desferal) 500mg                    |        |     |      |
| 7      | Inj. Bortezomib 2mg                                      |        |     |      |
| 8      | Tab. Thalidomide 50mg                                    |        |     |      |
| 9      | Tab. Lenalidomide 10mg                                   |        |     |      |
| 10     | Inj. Cyclophosphamide 500mg                              |        |     |      |
| 11     | Cap. All trans retinoic acid 10mg                        |        |     |      |
| 12     | Inj. Arsenic Trioxide 10 mg                              |        |     |      |
| 13     | Inj. Cytarabine 100mg                                    |        |     |      |
| 14     | Inj. Cytarabine 1gm                                      |        |     |      |
| 15     | Inj. Daunorubicin 20mg                                   |        |     |      |
| 16     | Inj. Romiplostin 250mcg                                  |        |     |      |
| 17     | Tab. Eltrambapeg 50mg                                    |        |     |      |
| 18     | Inj. Vincristine 1mg                                     |        |     |      |
| 19     | Inj. L-asparaginase 5000 IU                              |        |     |      |
| 20     | Inj. Melphalan 50 mg                                     |        |     |      |
| 21     | Inj. Fludarabin 50 mg                                    |        |     |      |
| 22     | Inj. Methotrexate 15 mg                                  |        |     |      |
| 23     | Inj. Methotrexate 100 mg                                 |        |     |      |
| 24     | Inj. Methotrexate 500 mg                                 |        |     |      |
| 25     | Inj. Methotrexate 1 gm                                   |        |     |      |
| 26     | Inj. Duxurubicin 50mg                                    |        |     |      |
| 27     | Inj Leucovorin 50 mg                                     |        |     |      |
| 28     | Inj Emicizumab 30 mg                                     |        |     |      |
| 29     | Inj Tirofiban Hydrochloride 5mg / 100ml                  |        |     |      |
| 30     | Inj Levetiracetan 100 mg                                 |        |     |      |
| 31     | Inj Diltiazem 5 mg                                       |        |     |      |
| 32     | Inj Fentanyl Citrate 5ml                                 |        |     |      |
| 33     | Inj Meropenem 1 gm                                       |        |     |      |
| 34     | Inj Promethazine Hydrochloride 2 ml (Inj Phenergan Type) |        |     |      |
| 35     | Inj Erythropoetin 4000 IU                                |        |     |      |

**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 :- 15 / 02 / 2023 Upto 3.00 pm.



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