

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

Dean Office: (0231) 2641583

cprmedstore@gmail.com

Medical Store : (0231 ) 2641326

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

No. CPRGHK/CMS/No/ **1281** /2021

Date: **23** /11 /2021

To,  
M/s -----

**Subject :- Quotation Call for Tablets & Capsules.**

**Ref: As per sachined note sheet dt. 23-11-2021**

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. Aluminium hydroxide 200mg + Magnesium hydroxide 200mg + Simethicone 25mg (Gelucil Type)	1x10			
2	Tab. Acetylcysteine 600 mg (Mucomix Type)	1x10			
3	Tab. Acetazolamide 250mg	1x10			
4	Tab. Azithromycin 500 mg	1x10			
5	Tab. Amidarone 200mg	1x10			
6	Tab. Amlodipine 5mg	1x10			
7	Tab/Cap. Amoxicilline 500mg + Clavunic Acid 125mg	1x10			
8	Tab. Ascorbic Acid 500 mg	1x10			
9	Tab. Aspirin 75mg	1x14			
10	Tab. Atorvastatin 20mg	1x10			
11	Tab. Atorvastatin 40mg	1x10			
12	Tab. Atenolol 25mg	1x14			
13	Tab. Calcium & Carbonate 500mg	1x10			
14	Tab. Cetrizine 10mg	1x10			
15	Tab. Cefixime 200mg	1x10			
16	Tab. Chymoral forte	1x10			
17	Tab. Chlorthalidone 12.5mg	1x15			
18	Tab. Calcium & Vit D3	1x10			
19	Tab. Cilostazol 100 mg ( Stiloz Type)	1x10			
20	Tab. Ciprofloxacin 500mg	1x10			
21	Tab. Cilostazol 50 mg ( Stiloz Type)	1x10			
22	Tab. Clozapine 50 mg	1x10			
23	Tab. Digoxin 0.25 mg	1x10			
24	Tab. Diclofenac (50mg) + Serratiopeptidase(10mg)	1x10			
25	Tab. Diltiazem 30 mg	1x10			
26	Tab. Escitalopram 10mg	1x10			

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REDMI NOTE 8

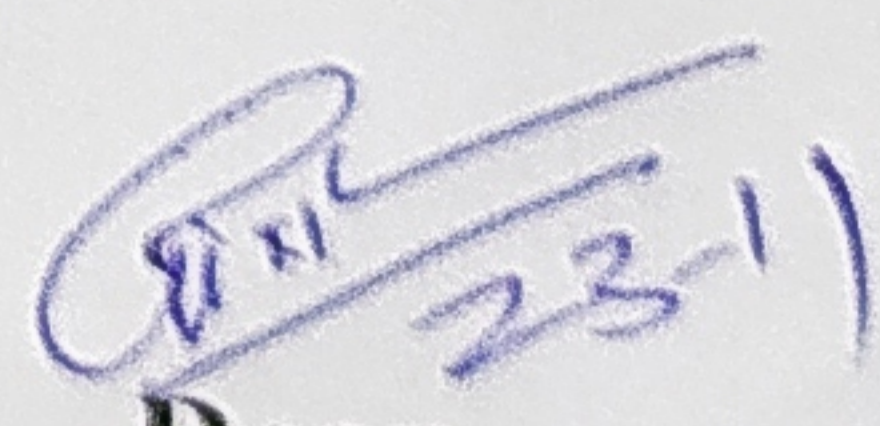
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27	Tab. Ethamsylate 500mg	1x10			
28	Tab. Favipiravir 200mg	1x10			
29	Tab. Frusemide 20mg + Spironolactone 50 mg	1x10			
30	Tab. Frusemide 40mg	1x10			
31	Tab. Fluconazole 150mg	1x100			
32	Tab. Gasex	1x10			
33	Tab. Glimepride 2mg	1x10			
34	Tab. Haloperidol 5 mg	1x10			
35	Tab. Isosorbide dinitrate 20mg	1x10			
36	Cap. Indomethacin 25mg	1x10			
37	Cap. Itraconazole 200 mg	1x10			
38	Tab. Ivermectin 12mg	1x2			
39	Tab. Isosorbide mononitrate 10mg	1x10			
40	Tab. Levetiracetam 500mg	1x10			
41	Tab. Linezolid 300mg	1x10			
42	Tab. Liv-52				
43	Tab. Metformin 500mg	1x10			
44	Tab. Metoprolol 25mg	1x10			
45	Tab. Methylprednisolone 4 mg	1x10			
46	Tab. Methylprednisolone 8 mg	1x10			
47	Tab. Misoprostol 200mcg	1x10			
48	Cap. Nifedipine 5 mg	1x10			
49	Tab. Neurobion Forte	1x10			
50	Cap. Omeprazole 20mg	1x10			
51	Cap. Isavuconazole 100mg	1x10			
52	Tab. Oseltamivir 75 mg	1x10			
53	Tab. Ondansetron 4mg	1x10			
54	Tab. Pantaprazole 40mg	1x10			
55	Tab. Paracetamol 500mg	1x10			
56	Tab. Phenytoin Sodium 100 mg (Eptoin )	1x10			
57	Tab. Pirfenadone 200 mg (Farobact Type)	1x10			
58	Tab. Prasugrel 10mg(prax)	1x10			
59	Tab. Prednisolone 10 mg	1x10			
60	Tab. Prednisolone 5 mg	1x10			
61	Tab. Phenobarbitone 30mg	1x10			
62	Tab. Posaconazole 100 mg	1x10			
63	Tab. Risperidone 2mg	1x10			
64	Tab. Rifaximin 550mg	1x10			
65	Tab. Sodium Valporate 200mg	1x10			
66	Tab. Sodamint	1x1000			
67	Tab. Sporlat DS	1x10			

68	Tab. Telmisartan 40mg	1x10			
69	Tab. Torsemide 10mg	1x10			
70	Tab. Tranexamic Acid 500mg	1x10			
71	Tab. Ursodeoxycholic acid (Udiliv) 300mg	1x10			
72	Tab. Vitamin D 3	1x10			
73	Tab. Warfarin Sodium 5mg	1x10			
74	Tab. Zinc Sulphate	1x10			
75	Tab. Deferasirox 500 mg	1x10			
76	Tab. Deferiprone 500 mg	1x10			
77	Tab. Hydroxyurea 500 mg	1x10			

**Terms & Condition as follows:-**

1. Rate should be inclusive of all taxes, Inclusive with GST.
2. Delivery period should be within 30 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
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. Organisation / distributor require Authorisation letter foe submission of the quotation.
10. Packing or Before **Date :- 30/ 11 /2021 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.:- 30 / 11 /2021 , Upto 3.00 pm.**

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