



समर्थते कर्मणे

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. 223 / 2026

Date 2/05/2026

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 500 ml			
2	I.V. Ciprofloxacin	1 x 100 ml			
3	I.V. Dextrose 0.5% + Sodium Chloride 0.9% (DNS)	1 x 500 ml			
4	I.V. Dextrose 0.5% + Sodium Chloride 0.45% ( Half DNS)	1 x 500 ml			
5	I.V. Dextrose 10%	1 x 500 ml			
6	I.V. Dextrose 25%	1 x 100 ml			
7	I.V. Dextrose 5%	1 x 500 ml			
8	I.V. Fluconazole	1 x 100 ml			
9	I.V. Human Albumin 20%	1 x 100 ml			
10	I.V. Hydroxyethyl Starch 6%	1 x 500 ml			
11	I.V. Human Immunoglobulin 5% (IVIG)	1 x 100 ml			
12	I.V. Multiple Electrolyte & Dextrose Type I (Kidrolyte P Type)	1 x 500 ml			
13	I.V. Levofloxacin	1 x 100 ml			
14	I.V. Linezolid	1 x 300 ml			
15	I.V. Mannitol 20%	1 x 100 ml			
16	I.V. Metronidazole	1 x 100 ml			
17	I.V. Sodium Chloride 0.9% (Normal Sline)	1 x 500 ml			
18	I.V. Sodium Chloride 0.9% (Normal Sline)	1 x 100 ml			
19	I.V. Sodium Chloride 0.45% (Normal Saline)	1 x 500 ml			
20	I.V. Paracetamol	1 x 100 ml			
21	I.V. Ringer Lactate	1 x 500 ml			
22	I.V. Peritoneal Dialysis	1 x 1 Lit			
23	Isoflurane	1 x 100 ml			
24	Sevoflurane	1 x 100 ml			
25	Desflurane	1 x 240 ml			
26	Inj. Surfactant(Inj. Neosurf type)	1 x 3 ml			
27	Inj. Surfactant (Inj. Neosurf type)	1 x 5 ml			
28	Inj. Surfactant(Inj. Neosurf type)	1 x 8 ml			
29	Lignocaine 2% Gel	1 x 30 gm			
30	Clotrimazole 1% Ointment	1 x 15 gm			

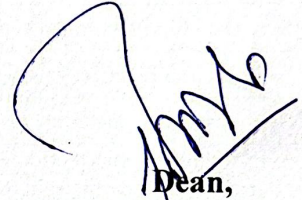
31	Povidone Iodine 5% Ointment	1 x 15 gm			
32	Silver Sulfadiazine 1% Cream	1 x 15 gm			
33	Fradiomycin Skin 0.5% Cream	1 x 15 gm			
34	Miconazole 2% Ointment	1 x 15 gm			
35	Diclofenac 1.16% Ointment	1 x 30 gm			
36	Dinoprostone 0.5% Gel	1 x 3 gm			
37	Betamethasone Dipropionate 0.25% Ointment	1 x 15 gm			
38	Clotrimazole + Beclomethasone Ointment	1 x 15 gm			
39	Permethrin 5% Cream	1 x 20 gm			
40	Atropine 1% Eye Ointment	1 x 5 gm			
41	Acyclovir 3% Eye Ointment	1 x 5 gm			
42	Glycerin liquid	1 x 400 ml			
43	Formalin Liquid	1 x 400 ml			
44	Eusol Solution	1 x 400 ml			
45	Paraffin Liquid	1 x 400 ml			
46	Hydrogen Peroxide (H2O2)	1 x 400 ml			
47	Hydrogen Peroxide (H2O2)	1 x 100 ml			
48	Povidone Iodine 10% Solution	1 x 500 ml			
49	Povidone Iodine 7.5% Scrub	1 x 500 ml			
50	Calamine Lotion	1 x 60 ml			
51	Potassium Permanganate (K <sub>2</sub> MnO <sub>4</sub> )	1 x 450 gm			
52	Magnesium Sulphate (MgSO <sub>4</sub> )	1 x 450 gm			
53	Oral Rehydration Solution (O.R.S) Sachet	1 x 5 gm			
54	Soda lime Granules	1 x 5 kg Jar			
55	Potassium Peroxomonosulphate 50% (Sanimax Powder type)	1 x 500 gm			
56	Ciprofloxacin Eye Drops	1 x 5 ml			
57	Ciprofloxacin + Dexamethasone Eye Drops	1 x 5 ml			
58	Ketorolac Tromethymene 0.5% Eye Drops	1 x 5 ml			
59	Tropicamide 0.8% + Phenylephrine 5% Eye Drops	1 x 5 ml			
60	Timolol 0.5% Eye Drops	1 x 5 ml			
61	Proparacaine 0.5% Eye Drops	1 x 5 ml			
62	Natamycin 5% Eye Drops	1 x 5 ml			
63	Atropine 1% Eye Drops	1 x 5 ml			
64	Homatropine Eye Drop	1 x 5 ml			
65	Carboxy Methyl Cellulose Eye Drop	1 x 10 ml			
66	Wax Solvent Ear Drop	1 x 10 ml			
67	Xylometazoline Nasal Drop	1 x 10 ml			
68	Moxifloxacin + Prednisolone Eye Drop	1 x 10 ml			
69	Budesonide Repulse	1 x 1 Resp			
70	Levosulbutamol + Ipratropium Bromide Deolin Respule	1 x 1 Resp			
71	Syp. Diphenhydramine Hydrochloride, Ammonium Chloride, Sodium Citrate (Cough)	1 x 100 ml			
72	Syp. Sulphamethoxazole 200mg + Trimethoprim 40mg (Co-trimoxazole type)	1 x 60 ml			
73	Syp. Amoxicillin 200mg + Clavulanic Acid 28.5mg (Augmentin type)	1 x 30 ml			

74	Syp. Paracetamol 120mg	1 x 60 ml			
75	Syp. Lactulose (Duphalac type)	1 x 200 ml			
76	Syp. Magaldrate 400mg + Simethicone 20mg (Antacid type)	1 x 200 ml			
77	Syp. Sucralfate 1000mg	1 x 200 ml			
78	Syp. Azithromycin 200mg	1 x 15 ml			
79	Syp. Salbutamol 2mg	1 x 100 ml			
80	Syp. Albendazole 200mg	1 x 10 ml			
81	Syp. Cetrizine 5mg	1 x 30 ml			
82	Syp. Disodium Hydrogen Citrate (Cital Type)	1 x 100 ml			
83	Syp. Zinc Sulphate	1 x 100 ml			
84	Syp. Posaconazole 40mg	1 x 100 ml			
85	Syp. Vitamin,Cholecalciferol,Thiamine HCL, Riboflavin, Niacinamide,Ascorbic acid (Multivitamin type)	1 x 100 ml			
86	Syp. Vitamin,Cholecalciferol,Thiamine HCL, Riboflavin, Niacinamide,Ascorbic acid (Multivitamin type)	1 x 100 ml			
87	Multivitamin and Multimineral Drops	1 x 15 ml			
88	Syp. Calcium Phosphate , Magnesium Hydroxide , Zinc Gluconate , Vitamin D3 (Calcimax p type)	1 x 200 ml			
89	Syp. Ibuprofen 100mg	1 x 60 ml			
90	Syp. Oseltamivir 12mg	1 x 75 ml			
91	Glutaldehyde 2.45% Solution	1 x 5 Lit			
92	Ortho Phthalaldehyde 0.55% (Cidex OPA type)	1 x 5 Lit			
93	Benzalkonium chloride 20% (Saniquad P type)	1 x 500 ml			
94	2-Propanol,1-propanol,Mecetronium Ethyl Sulphate Solution (Sterillium type)	1 x 500 ml			
95	Chlorhexidine Gluconate Solution IP 20 % (Saniquad M 20 type)	1 x 500 ml			
96	Hydrogen Peroxide 11% + Nitrate Solution 0.01% (Sanishield type)	1 x 1 Lit			
97	Iohexol 350mg Dye	1 x 100 ml			
98	Iodixanol 320mg Dye	1 x 100 ml			
99	Sodium Phosphate Enema	1 x 100 ml			
100	Lidocaine 10% Spray	1 x 50 ml			
101	Merbromin 2% Solution	1 x 200 ml			
102	Ordinary Denatured Spirit	1 x 1 Lit			

**Terms & Condition as follows:-**

1. Rate should be inclusive of all taxes.
2. Delivery period should be within 10 days from the date of confirm order otherwise the order should be treated as cancelled.
3. Material should be Complies All conditions and specifications As Per Purchase Order Also with D&C Act 1940.
4. In case of Special item Inspection by HOD of Respective User Department.
5. In case of tab/capsule "Loose and Bulk Tablets" will not be accepted. Packing should be in Blister/Strip.
6. Attach Xerox copy of PAN, GST & FDA Drug License with self-attested.
7. All rights are preserving in favor of The Dean, C.P.R. Hospital, Kolhapur
8. Do not quote rates of other items except above mention. **Do not miss serial of above list.**
9. Submit printed quotation on own letter head with duly signed and stamped. Hand written quotation will be rejected.
10. Organization / Distributor require authorization letter of manufacturer for submission of the quotation.
11. Submit valid WHO GMP certificate for WHO GMP Product list or COPP for quoted Items.
12. Submit non-conviction certificate issued from concern FDA for Manufacturer/Distributor.

13. Submit certificate regarding: ISO 13485 (International Organization for Standardization), ISO 17025, 15045001, ISO 14001, GMP (Good Manufacturing Practices)/Schedule M, Quality Management System (QMS), Central Drugs Standard Control Organization (CDSCO) approved MD License as required.
14. Following documents are compulsory during supply of medicine:
- In House test report for purchased Item.
  - National Accreditation Board for Testing and Calibration Laboratories (NABL test report) compulsory.
15. **If the supplier do not supply the medicines they will be blacklisted.**
16. Sealed quotations should reach this office i.e. **CENTRAL MEDICAL STORE, C.P.R. Hospital, KOLHAPUR**  
on/before Date **25/05/2026**, upto 3.00 pm.



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