Govt. Of Maharashtra
Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.
Mahatma Jyotirav Phule Jan Aarogya Yojana.

Tel: (0231) 2641583

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

No. CPRGHK/ 4400 / 2026 Date : 12 /08/2026

To,
M/s. ----------

Subject :- Two Bid Quotation Call For MJPJAY – Injection, IV & Orthers

Reference :- As per Sanctioned Notesheet Date :- 11 / 08 /2026.

Supplers should be submitted two bids, 1st is Technical bid (technical envelope) and 2nd is Price Bid (financial envelope). Only the price bid (financial envelope) of the supplier who is found eligible in the technical bid (technical envelope) will be opened

1St Technical Bid Terms & Condition as follows :-

1. Material should be delivered at approproate place and time as instructed by authority.
2. Material should be in good condition as per the specification.
3. Material will be inspected by HOD Of Respective User Department and if material is found of inappropriate quality, material will be rejected.
4. Attach Xerox copy of Aadhar Card, PAN, GST & FDA Drug Licence (attested) .
5. All rights are preserve in favour of The Dean , C.P.R. Hospital,Kolhapur.
7. Organisation/ Distibutor Require Authorization letter for submission of the quatation.
8. For Consumables: ISO 13485 (International Organisation for Standardisation), ISO 17025, ISO 45001, ISO 14001, GMP (Good Manufacturing Practices)/Schedule M, Quality Management System (QMS) for Medical Devices, Central Drug Standard Control Organisation (CDSCO) approved MD
9. Supplier Should be Submited Three Years Tax returns file
10. Suppliers should provide any evidence of suppling materals to Govt/Semi Govt institution for minimum 3 years.
11 . Supply of goods Should be done within 10 days of purchase order otherwise order will be cancelled.
12. Sealed Quotations should reach this office i.e. on/before Inword office Dt. 17/08/2026 Upto ..... pm. 05-00

2nd Price List Bid Terms & Condition as follows :-

1. Rate should be inclusive of all taxes like GSTetc .
2. Don't quote Rates of other items except as mention Dont miss serial of above list.
3. Submit printed quotation on own letter head with duly signed and stamped . Quotation should not be submitted without sample approval from HOD. Hand written quotation will be rejected as & when needed unit right reserved unit HOD of concerned Department.
4. Quotation submitted in any other format other than above will be rejected.

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

Sr. No.	Name of Item	Packing Size	MFG By	MRP Rs	Quotated Rate Per Unit with GST
1	inj. Amiodarone HCL 50mg/ml	1x 3ml Amp			
2	Inj. Adalimumab 40mg/0.8ml	1x1 prefilled syringe			
3	inj. Amphotericin B (Liposomal) 50mg	1x 1 vial			
4	inj. Amphotericin B (Lyophillised) 50mg	1x 1 vial			
5	Inj. Anti haemophilic Factor VIII (Esperoct) 1000UI	1x1vial			
6	Inj. Anti haemophilic Factor VIII (Esperoct) 500UI	1x1vial			
7	Inj. Anti Thymocyte Immunoglobulin 250mg/5ml	1x1vial			
8	Inj. Bendamustine 25mg	1x1vial			
9	inj. Bupivacaine 0.25%	1x 50ml vial			
10	Inj. Bupivacaine HCL 0.5%	1x 20ml			
11	Inj. Caffeine Citrate 20mg/ml	1x1ml vial			
12	Inj. Cyclophosphamide 500mg	1x1vial			
13	inj. Diltiazem 5mg	1x 1vial			
14	Inj. Floseal (Hemostatica matric)	1 nos			
15	Inj. Filgrastim 300mcg	1x1Unit.			
16	inj. Heparin Sodium 5000IU /ml	1x 5ml			
17	inj. Isoprenaline 2mg/ml	1x 1ml			
18	inj. Lignocain Hydrochloride 2%	1x 30ml			
19	Inj. Milrinone 10mg-10ml	1x1 Amp			
20	Inj. Nitroglycerin 5mgx5ml	1x 1Vial			
21	Inj. Nicorandil 48mg	1x 1 vial			
22	inj. Nor adrenaline 2mg/ml	1x 2ml			
23	Inj. Papaverine HCL 30mg/ml	1x1vial/A			
24	inj. Pentaglobulin 10ml	1x 1 vial			
25	inj. Protamine Sulfate 50mg/5ml	1x 5ml			
26	Inj. Rituximab 100mg/10ml	1x1vial			
27	Inj. Rituximab 500mg/50ml	1x1vial			
28	Inj. Romiplastim 500mcg	1x1Unit.			
29	Inj. Sodium Nitropruside 50mg/2ml	1x 1Amp			
30	inj. Teicoplanin 400mg	1x 1 vial			
31	inj. Vecuronium Bromide 4mg	1x 1Amp			
32	Inj. Voriconazole 200mg	1x 1Vial			
33	cardioplegia solution	1 nos			
34	Eye Ointment Chloramphenicol+ Polymixin B+ Dexamethasone	1x 5gm Tube			

35	inj. Sevoflourane with filter	1x100ml Bottle			
36	Inj. Surfactant For Intra Tracheal 3ml instilation (Natural Lung surfactant)	1x3ml Vial			
37	Inj. Surfactant For Intra Tracheal 5ml instilation (Natural Lung surfactant)	1x5ml Vial			
38	IV Albumin 20%	1x 100ml Vial			
39	IV Human Immunoglobulin 100ml	1x100ml Vial			
40	IV Multiple Electrolyte Solution (Kabilyte Type)	1x 500ml			
41	IV Plasmolyte type solution	1x 500ml			
42	IV Sodium Chloride 3% (IV Ns 3%)	1x 100ml Bottle			
43	IV Tirofiban 5mg/100ml	1x 100ml Vial			
44	IV Total Parentral Nutrition (TPN) 1000ml	1x 1000ml			
45	MDI Ipratropium Bromide + Levosalbutamol (Duolin Type)	1x1Unit.			
46	MDI Tiotropium Bromide +Formoterol Fumarate + ciclesonide (Trihale Type)	1x1Unit.			
47	MDI Tiotropium Bromide +Formoterol Fumarate Dihydrate (Duova Type)	1x1Unit.			
48	Peritonial Dialysis Fluid	1x1Unit.			
49	Respules Formetrol Fumarate+ Budesonide (Foracort Type)	1x 2ml respules			
50	Zerostat Mini Spacer	1x1Unit.			
51	IV. Linizolide 600mg	1 x 300ml bottle			
52	Respules IPratropium Bromide and Levosalbutamol	1 x 2.5ml respules			
53	Respules Budesonide 0.5mg	1 x 2ml respules			
54	IV Sodium Chloride 3lit	1x 3lit			
55	IV Iodixanol 320mg/ml	1 x 100ml vial			

Dean,
C. P. R. General Hospital,
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