## Govt. Medical College and Hospital Nagpur शासकीय वैद्यकीय महाविद्यालय व रुग्णालय,नागपूर

Quotation Enquiry
Ref No.MCHN/Medical Stores/Recall Quot/—869 — /24.

To,

## Subject: - Quotation Enquiry for "SUPPLY OF MEDICINE ITEMS" for Medical Stores.

This is to inform you that the Quotation, for the medicinal items list is attached herewith, you are requested to send the rate of each item in properly sealed cover envelope by registered A/D or by hand to medical store department, Government Medical College & Hospital Nagpur during working hour on or before 30 / 08 / 2024 at 5.00pm, quoting our reference in the envelope for your convenience. The copy of medical items list can be used to fill the rate in typewritten or printed form. No handwritten quotation will be accepted.

## **IMPORTANT**

- 1) This quotation is valid for
  - a) Medical Store, Government Medical College & Hospital, Nagpur.
  - b) Medical Store, Super Speciality Hospital of Government Medical college, Nagpur.
  - c) MJPJY, Government Medical College & Hospital, Nagpur.
  - d) MJPJY, Super Speciality Hospital of Government Medical College & Hospital, Nagpur.
- 2) No handwrittern quotation will be accepted.
- 3) In a separate envelope along with the quotation submit attested photocopies of GSTIN No. Shop Establishment, Drug Licenses, Income Tax, PAN Card etc. (New Suppliers)
- 4) Quote rate for Single Unit only.
- 5) This Quotation is for Local Supplier only i.e. Nagpur Only (Outside Nagpur District Quotation will be Rejected).

## **OUR TERMS AND CONDITIONS: -**

- 1. You may quote rates for any number of the specified items in the accompanying table. Do not change the given specifications of items.
- 2. Rates quoted should be valid for a period of Six Month after opening by the QCAC Committee, GMCH, Nagpur.
- 3. The rates quoted should be inclusive of all Taxes, , Packing and forwarding charges etc. door delivery to, Medical Stores, GMC OR GMC & Super Speciality Hospital of Government Medical College, Nagpur.
- 4. You should clearly specify in your quotation as to with whom the supply order is to be placed (i.e name of supplier/stockiest/distributor-as the case may be) if your quotation is accepted.
- 5. The supply of goods will have to be made within 10 days from the date of our office order. The ordered quantity will have to be supplied in one single consignment.
- 6. Supplied goods must be of standard quality as approved by the FDA.
- 7. Goods should have expiry date at least one year after the date of supply.
- 8. Your invoice and challan should have the certification that, the drug supplied under this challan & Invoice are of required pharmacopieal standard and any defect found in future shall be sole responsibility of supplier.
- 9. Improperly sealed quotations will not be considered
- 10. This office reserves the right to cancel the order at any time without giving any reason what to ever.

Govt. Medical College & Hospital, Nagpur

Enclosures: - Drugs List attached.

DI	RUG LIST	for Repeat Quotation - 2024-25	
ODE		NAME OF DRUG / MEDICINE / ITEM	Item
T,	ABLETS a	and ORAL UNIT DOSAGE FORM	
1	1	Cap. D-Penicillamine 250mg	
2		Analgesic and Antipyretics	
3	1	Tab. Chlorzoxazone 250 mg	
4		Mucolytics	- 1
5	1	Tab. Bromhexine 8mg	
6		Psychiatric Medicines — — — — — — — — — — — — — — — — — — —	
7	1	Tab. Alprazolam 0.25mg	
8	2	Tab. Diazepam 5mg	
9	3	Tab. Lithium Carbonate 300mg	
10	4	Tab. Lorazepam 0.5mg	
11	5	Tab. Phenobarbitone 30mg	
12	6	Tab. Trifluperazine 5mg	
13	7	Tab. Trihexyphendyl 2mg	
14		Other Drugs	
15	8	Tab. Buprenorphine 2 mg Sublingual Tablet	
16	9	Tab. Buprenorphine 4 mg Sublingual Tablet	2
17	10	Tab. Buprenorphine 8 mg Sublingual Tablet	
18	11	Tab. Dapsone 100mg	
19	12	Tab. Isoprinosine 500mg	
20	13	Tab. Misoprost 200mg	
21	14	Tab. Morphine 15mg	
22	15	Tab. Nicotinamide 250mg	
23	16	Tab. Sodium Alendronate 35mg	
24		Antihypertensive and Cardiac Agent	Harris .
25	1	Inj. Clonidine 1mg (1000mcg), 10ml Vial	
26	2	Inj. Diltiazem 0.5% (5mg/ml)	
27	3	Inj. Xylocard (Lignocain 21.3mg + Sodium Chloride	
28		0.6mg for cardiac use) Anaesthetic and Muscle Relaxants	A 150
29	1		
30	2	Inj. Rocuronium Bromide 50mg/5ml Vial Inj. Ropivacaine 0.2%	
31	3	Inj. Ropivacaine 0.2%	
32	4	Inj. Sugammadex 2ml Vial	
33	7	Vaccines and Antisera	
34	1	Inj. Anti Thymocyte Globulin 25mg Vail	
5	2	Inj. Chicken Pox Vaccine 0.5ml	
36	3	Inj. H. Inflenza B Vaccine	
7	4	Inj. H1N1 Vaccine Intramuscular (Quadrivalent) 0.5ml Syringe	
8	5	Inj. Haemophilus Influenza Type B 0.5ml Syringe (Inactivated Influenza Vaccine)	
9	6	Inj. Haemophilus Influenza type B	Walter Company of the Company

40	7	Inj. Human Hepatites B Immunoglobin 100 IU 0.5 ml, 0.5 ml	
41	8	Inj. Human Hepatites B Vaccine 200 MCG 1 ml vial	
42	9	Inj. Human Hepatites B Vaccine 200 MCG 10 ml vial	
43	10	Inj. Manigococcal Vaccine	
44	11	Inj. Pneumococcal Polysaccharide Vac 0.5ml	
45	12	Inj. Tetanus Immunoglobuliine 250 IU Vial	
46	13	Inj. Tetanus Immunoglobuline 500 IU Vial	
47	14		
	14	Inj. Varicella Vaccine Steroids	
48	1		
49	1	Inj. Methyl Prednisolone Sodium Succinate 40mg Depot Preparation	
50		Coagulant, Anticoagulant and Blood Related Agents	
51	1	Inj. Anticoagulant 2 ml (Tissel kit)	
52	2	Inj. Haemostatic Matrix in Syr (Floseal) 5 ml	
53	3	Inj. N-Butyl Cyanoacrylate 0.5ml	
54	100	Contrast Media	
55	1	Indo Cyanine Green Dye (ICG) Sterile Powder 25 mg	
56	2	Inj. MRI Contrast Media - Gadulonium /	
		Gadoversetamide / Gadodiamide	
		/Gadopentate/Gadulonium 0.5 Molar 0.5mmol/ml Godoteric Acid Inidan FDI/DCGI Approved with WHO GMP certified or US FDA or CE Approved	
57	3	Inj. Non Ionic Contrast Media (Iohexol OR Any other Brand with same Specification) 350mg/50ml Vial	
58	4	Inj. Non Ionic Contrast Media (Iohexol OR Any other Brand with same Specification) 300mg/50ml Vial (Non Ionex)	
59	5	Inj. Non Ionic Contrast Media (Iohexol OR Any other Brand with same Specification) 350 mg 500 ml	
60	6	Micro Bubble Based Contrast Media	-
61		Narcotics	
62	1	Fentanyl Transderman patches 25 Mcg (Release per hour)	
63	2	Fentanyl Transderman patches 50 mcg (Release per hour)	
64	3	Inj. Buprenorphine 0.3mg (Buprigesic 2 ml Amp)	
65	4	Inj. Buprinorphine 1ml	
66	5	Inj. Fentanyl 50mcg/ml, 1 ml Amp	•
67	6	Inj. Fentanyl 50mcg/ml, 2 ml Amp	
68	7	Inj. Ketamin 50mg/ml 10ml Vial	
69	8	Inj. Remifentanil 1ml Amp	
70	9	Inj. Remifentanil 2ml Amp	
71		CNS Agents	
72	1	Inj. Diazepam 5mg/ml 2ml Amp	
73	2	Inj. Haloperidol 5mg/ml 1 ml Amp	Maria de la compansión de
74	3	Inj. Lorazepam 4mg	

75		Misscelenious
76	1	Inj. Lung surfactant (Beractant/Calfactant) 4 ml
77	2	Inj. Prostidine (Carboprost) 250mcg/ml 1 ml
78	3	Inj. Remdisivir 100mg Lyophilised Powder for IV
79	4	Inj. Tocilizumab 80 mg
80	5	IV Fat Emulsion 20% w/v 100ml
81	6	IV Haemodialysis Concentrate Soda Bicarbonate
		Type B (Bi Bag)
82	7	IV Haemodialysis Fluid 10 Litre Type A (BC 19)
83	8	IV Tetra Starch 6% 500ml
84		DISINFECTANTS
85	1	Cetrimide 2% 100ml Bottle
86	2	Hydrogen Peroxide Solution 20% 100ml
87	3	Ordinary Denatured Spirit 1000ml Bottle
88	4	Polymeric Biguanide with Quarternary Ammonium Compound Solution
89	5	Sod. Perborate Mono Hydrate 810gm
90	6	Liquid Paraffine 500ml
91	7	Syp Terbutalin Sulphate 1.5mg/5ml
92	8	Syrup Ferrous Sulphate 80mg/5ml
93	9	Syrup Ibuprofen 100mg/5ml
94		ENT and OPTHALMIC PRODUCTS
95	1	Neosporin with Hydrocortisone Ear Drops 10ml
96	2	Sterile Haemogoagulase Solution 0.2CU (Botroclot Like) Nasal Dops 10ml
97		TOPICAL/ SKIN PRODUCTS
98	1	Fentanyl Transderman patches 25 Mcg & 50 mcg
50		(Release per hour)
99	2	Fluocinolone Acetonide 0.025%
100	3	Fluocinolone Acetonide Cream High Strenght
101		(Flucort H 30gm Cream)
101	4	Fusidic Acid + Mupirocin 2%  RESPIRATORY PRODUCTS
102	NIK RIL	
103	1	Beclomethasone 200mcg Inhaler (200 Doses)
104	2	Budesonide 200mcg + Formeterol 6 mcg Rotacap (30CAPS)
105	3	Fluticasone 250 mcg + Salmetarol 50 mcg Rotacaps
106	4	Prednisolone Acetate 1%
107	5	Salbutamol Respiratory Solution 2.5 mg/2.5 ml
		(Asthalin Like Respules)
108		INHALATION ANAESTHETIC AGENTS
109	1	Desflurane 240 ml Bottle
110	2	Potasium Permanganate Powder 450gms

