Government Medical College and Hospital Nagpur
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, नागपूर
औषधी भांडार विभाग

Quotation Enquiry

Ref No. GMCHN/Medical Stores/Onco/ — 890 — /26 Dt. 13 /07/2026

To,

Subject: - Quotation Enquiry for "SUPPLY OF ONCOLOGY 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 **Dt .23 /07/2026 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.

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) Quotation is "**SINGLE BID**" quotation.
3) An envelope should contain following **Mandatory documents** without these your quotation will not be considered.
   - **Drug Licenses of the Firm**
   - **Shop Establishment (Gumastha)/Company Incorporation Certificate**
   - **Valid No conviction certificate of bidder issued from FDA**
   - **Rates of product with name of manufacturer**
4) Along with above documents following documents should **ALSO** be submitted:
   - **GST Registration Certificate,**
   - **Income Tax Return of 2025-26,**
   - **PAN Card of Firm/Owner.**
5) Along with above documents following are the **Desirable documents in Technical BID**:
   - **WHO-GMP Certificate of each and every Manufacturer whose rates are quoted and**
   - **Authority letter of each and every Manufacturer whose rates are quoted.**
6) Following documents are mandatory with the material supplied.
   (**Material will not be accepted without these documents in any cases.**)
   A. Valid WHO GMP certificate and WHO GMP Product list or COPP of Supplied Drugs/Items.
   B. In House test report of each and every Supplied Batch.

C. National Accreditation Board for Testing and Calibration Laboratories (NABL test report) of each and every Supplied Batch - **Compulsory**.
D. Non conviction certificate issued from concern FDA for Manufacturer (Whose Material has been supplied.

Additional TERMS AND CONDITIONS: -

1. **No handwritten quotation will be accepted.**
2. Quote rate for Single Unit only.
3. You may quote rates for any number of the specified items in the accompanying table. Do not change the given specifications of items.
4. Rates quoted should be valid for a period of **Six Month** after opening by the QCAC Committee, GMCH, Nagpur.
5. The rates quoted should be inclusive of all Taxes, Packing and forwarding charges etc. door delivery to, Medical Stores, Government Medical College and Hospital, Nagpur.
6. The serial number of the items should not be changed while quotating rates. You may drop the item if not interested.
7. Supplied goods must be of standard quality as approved by the FDA.
8. Loose packing of material will not be accepted in any condition.
9. Goods should have expiry date at least one year after the date of supply.
10. Your invoice and challan should have the certifications that, the drug supplied under this challan and Invoice are of required pharmacopeial standard and any defect found in future shall be sole responsibility of supplier.
11. Improperly sealed quotations will not be considered
12. This office reserves the right to cancel the order at any time without giving any reason what to ever.
13. Financial BID should submit in type written in following format.

Sr. No. (As per the Quotation List)	Name of Drug/Item	Single Unit Rate (Rs.)

Dean,
Govt. Medical College & Hospital,
Nagpur

Enclosures: - Drugs List attached

C. National Accreditation Board for Testing and Calibration Laboratories (NABL test report) of each and every Supplied Batch - **Compulsory**.
D. Non conviction certificate issued from concern FDA for Manufacturer (Whose Material has been supplied.

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Enclosures: - Drugs List attached

DRUG LIST

First Time Quotation

Sr. No.	Name Of Drug
1	Inj. Benzyl penicillin
2	Inj. Cefepime 1 gm
3	Inj. Ceftizidime 1 gm
4	Inj. Daunorubicin 20 mg
5	Inj. Ferric carboxy maltose 500 mg
6	Inj. Infliximab 100 mg
7	Inj. L-Asparginase 10000 IU
8	Inj. Ranabizumab 10 mg
9	Inj. r-Anti Thymocyte Globulin 50 mg
10	Inj. Recombinant Human Growth Factor 5 mg
11	Inj. Voriconazole 200 mg
12	Tab 6 Mercatopurine 50 mg
13	Tab Acyclovir 200 mg
14	Tab Eltrombopag 50 mg
15	Tab Enzalutamide 40 mg
16	Tab Lacosamide 100 mg
17	Tab Thalidomide 100 mg
18	Tab Ticagrelor 60 mg
19	Papain Urea Ointment 15 gm
20	Silver Sulphadiazine Jar 240 gm

Third Recall Quotation List

Sr. No.	Name Of Drug
21	Inj. Dacarbazine (100mg)
22	Inj. Daratumumab 400mg (Darzalex)
23	Inj. Mesna (200mg)
24	Inj. Mitoxantrone 10mg
25	Inj. Vincristine Sulphate (1 mg vial)
26	Tab. Acyclovir(600mg)
27	Tab Cabozatinib (60 mg)
28	Tab. Curcumin C_3 (400 mg)
29	Tab. Etamsylate (500mg)
30	Tab. Everolimus (10mg)
31	Tab. Everolimus (5 mg)
32	Tab. Fluconazole 150mg
33	Tab. Methotrexate (10 mg)
34	Tab. Methotrexate (15 mg)
35	Tab. 6 Mercaptopurine (50mg)
36	Tab. Prednisolone (20 mg)
37	Tab. Prednisolone (40 mg)
38	Tab. Paracetamol + Codeine (500mg+30mg)
39	Tab. Paracetamol + diclofenac Poatassium + Serratiopeptidase
40	Cap. Hemp Seed Oil
41	Tab. Tranexamic Acid (500mg)
42	Handfoot Repair Cream (Allantoin, Pyridoxine, Vit E, L -Arginine)
43	Betamethasone Oral Drop (15ml)

44	Benzocaine Gel (15 Gm)
45	Clotrimazole Lozenges (10 mg)
46	Lignocaine Lozenges
47	Melatonin oral spray (30 ml)
48	Framycetin Skin Cream 30 Gm
49	Total Parentral Nutrition
50	Inj. Rasburicase 1.5mg
51	IV Sodium Chloride 3% , Glass Bottle, 100ml
52	IV Sodium Chloride Glass bottle (0.9%, 500 ml)

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