



श्री. छत्रपती शिवाजी महाराज सर्वोपचार रुग्णालय, सोलापूर



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R.03)11/25

Urgent Quotation for life savings Drugs

To,

Supplier of medicines Publication on institutional website(https://vmgmc.edu.in)

Sub: - Purchase of emergency Drugs and Medicine

- संदर्भ:- माननीय जोगदंड अवर.गि. म. सचिव, वैद्यकीय शिक्षण व औषधे द्रव्ये विभाग, महाराष्ट्र राज्य यांचे पात्र क्रमांक वै शि वि - २०२२/सं क्र ३५६/प्रशासन २ दिनांक ११ एप्रिल २०२२.
- 2. मासंचालक ,,वैद्यकीय शिक्षण व संशोधन ,मुंबई यांचे पत्र क्रमांक DMER-23024/7/2022-PROC2 DATED16.06.2022.
- माननीय. म. गि.जोगदंड अवर सचिव, वैद्यकीय शिक्षण व औषधे द्रव्ये विभाग, महाराष्ट्र राज्य यांचे पत्र क्रमांक वै शि वि /क्र ८३ .प्र/२०२२-प्रशासन २ दिनांक०३ मार्च २०२३ -
- 4. मा सचिव वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग यांनी दिनांक २० २०२२ रोजीच्या/०६/VC मधील निर्देश नुसार
- 5. मा. अधिष्ठाता यांचे परिपत्रक क्रमांक २२/०६./८२ दिनांक २२-८३८१-
- 6. मा आयुक्त वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग यांनी दिनांक 16.12.2022 रोजीच्या VC मधील निर्देश नुसार

This office wants to purchase following drugs for use of this hospital. You are therefore requested to give your quotation (including all taxes) under sealed duplicate envelope. The quotations received within the stipulated time will be only considered. This office reserves the rights to reject the quotation without assigning any reason therefore.

Sr	Name of medicine	Maximun retail price (INR)	Rate without tax (INR)	Final Quoted Rate including all taxes (INR)
1	1071 - Rabies Vaccines Human (cell Culture) potency of not less than 2.5 Units per vial I.P. For ID Use (Tissue Culture Anti Rabies Vaccines) Inj 1ml vial			
2	1371 - Anti Snake Venom Serum (ASVS) Lyophilysed polyvalent enzyme refined 10ml vial			
3	3508 - Rabies Antiserum 1500 IU/5ml Inj IM & SC			
4	2164 - Benzyl Benzoate 25% Lotion			1
5	1318 - Hydroxy Propyl Methyl Cellulose USP 2% in sterile isonic base PFS Inj 2ml PFS			

6	1633 - Hydroxyethyl Starch I V (200/0.5) 6 % 500 ml Bot.				
	2163 - Miconazole 2% w/w Cream 15gm tube				
	2606 - Cyclosporin 100 mg Cap				
9	Cyclosporine Oral Solution 100mg, 100 mg/ml 50 ML				
10	1223 - Albumin Human 20% Inj should contain Na+ content				
10	116-128 mmmol/l in 20% 50ml bottle				
11	1370 - Immunoglobulin Human Normal 5% for Intravenous use 5gm (IVIG) 100ml vial				
12	Surfactant 4 ml				
13	Surfactant5 ml			4	-
14	Oseltamivir Phosphate (6mg/ml) 60 ml				
15	Tab.Clobazam 10 mg				
16	2111-Inj. Lorazepam 2 mg/ml 2 ml amp				
17	4261-Ini, Vasopressin 20 iu/ml 1 ml amp				
18	1460-Inj. Diptheria Antitoxine 10000 I.U.10 ml				
19	1566-Ini Tetanus Immunoglobulin 250 I.U.				
20	+ CII 1 ml (Rotrophase)				
21					
22	11.4				
23	:1. 0 :1. 0 mg/ml				
24	· ************************************	1			
25	1 200 /wiel I wonhilised	-			
26	500 3		-		
27	G line Sugginate 4 mg 1 ml			-	
28	3 2201-Ini Cyclophosphamide 500 mg		1		
29) 1674-Inj. Cyanocobalamine 500 ug + Folic Acid 15 mg with				
30	1: 100 mag/ml 1 ml amn	4			
31	1 4227 Inj. Clonidine 150 mg/ml 1 ml amp.				
32	2 1528-Inj. Etophylline 169.4mg + Theophyllin 50.6mg 2 IIII				
33	3 1714-Inj. Hyocin Butyl BR 20 mg/ ml 1 ml				
34	(Botroclot)				
35	70% NPH 40 IU/ml 10 ml vial (mixtard)				
36	vial				-
37	2080-Inj. Lignocaine 4% 30 ml vial Topical				
38	(Xylocard)				
39	1611-Inj. Methyl Ergo 0.2 mg 1ml 1 ml amp.				
40					
41	(r-DNA) 100 IU / 2.5 ml (Rabishield)				
42	11 11 200 1 / 1 1				
43					
44					

45	1613-Inj.Vitamin K Inj. (Menadione) 10mg/ml 1 ml amp		
46	2366-Inj. Ulinastatin 100000 IU		

Following remarks should be given on sealed quotation.

(A) Quotation for drugs and Medicine (B) Due Date - 04-11-2025 To 12-11-2025

Kind attention:-

- 1. Please quote Hospital rates for bulk packing from ready stock.
- 2. Drug should be of Pharmacopeial / NET/govt. official standard.
- 3. Supply immediately within eight days after receipt of order.
- 4. Rate must be including all taxes in INR.
- 5. Payment will be made as per availability of fund
- 6. A generic medicine preferable be supplied
- 7. Expiry drug replacement policy details.
- 8. MRP Must be mentioned on the bills and on quotation letter

Follwing document are compulsory while supplying medicine. Medicine will not be accepted without following document

- Enclose photocopy of order and original bill in triplicate. Bill should include total unit quantity summery along with total amount. And mention MRP of each drug.
- 2. Pan card photocopy, bank detail as per format form "A" and cancelled cheque for CMP.
- 3. In House valid test report batch wise of supplied medicine in triplicate.
- 4. NABL Test Report of Supplied Medicine batch wise.
- 5. Valid WHO GMP certificate and WHO GMP product list or COPP of quoted items.
- 6. Non convention certificate issued from concern FDA of manufacturer and distributor.
- 7. For consumables ISO 13485,ISO17025,150 45001,iso14001,GMP as schedule M
- 8. CDSCO approved MD License.
- 9. A 3 % bank guarantee Certificate of order amount.
- 10. Provide valid FDA Licenses Copy,
- 11. Shop Act licenses copy
- 12. Adhar card copy (UIDAI)
- 13. Original cancelled cross cheque.
- 14. There should not be any relation of supplier with govt. officer concerned with purchase.

Shri. Chhatrapati Shivaji Maharaj Sarvopchar Rugnalay, Solapur

Copy to

1 Dr.Gadgil Sir

For publication on college website

2 Administrative Officer

Shri. Chhatrapati Shivaji Maharaj Sarvopchar Rugnalay, Solapur

For publication in newspaper (if applicable)

3.DMER RC Cell

For publication on website