

SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

| | NO.SSS/WS/SSBH/STORES/(P/S)/ | /2019 |
|-----|------------------------------|-------|
| | Date: | |
| To, | | |
| | | |
| | | |
| | | |
| | | |
| | | |

<u>Sub : - Quotation for purchase of Tablet, Injection, Syrup, Drop, Ointment for Shri Saibaba & Shri Sainath Hospital, Shirdi.</u>

Dear Sir,

We have to purchase Tablet, Injection, Syrup, Drop, Ointment for our Shri Saibaba & Shri Sainath Hospital, Shirdi given in enclosed Annexure "A" & on the following terms and conditions.

TERMS AND CONDITIONS

Please read the Terms & Conditions carefully before filling the Quotation.

- 01) The rates are to be given F.O.R. Shirdi at Central Medical Store, Shri Saibaba Hospital, Shirdi inclusive of GST, transportation Charges, If it is not mentioned clearly your quoted rates will be treated Inclusive of GST, transportation Charges etc. No extra amount will be paid for packing, forwarding, transportation and taxes etc.
- 02) The selection of Medicine for purchase will be done only on the basis of quality, company, previous experience of Sansthan such as short supply, delay in supply, substandard company etc.
- 03) In case supply is not made within time limit and if because of this Sansthan suffer from shortage then concern supplier will be blacklisted for minimum 3 years from Shri Saibaba Sansthan Trust without any intimation or prior notice.
- 04) The Supplier will have to mention the name of the company, details of packing, MRP, rate per unit, etc. as per the format of quotation.
- 05) You have to quote branded Medicine only. Bids quoted for Generic & Branded Generic shall be rejected.
- 06) Bidder will have to give Authorization certificate of concerned Company with their bid to transact the business.

Page No.2/-





SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Page No.2

- 07) The quantities mentioned in the quotation are only approximate estimated quantities. Shri Saibaba Sansthan Trust reserves the right to increase or decrease the quantities, to be purchased without assigning any reason thereof.
- 08) You must fill up the **Annexure A** quotation as per below,

 In the column of Rate per you must give Basic Rate + GST + Transport, etc & in GST column you must give exact GST % applicable for that particular product.
- 09) The company mentioned by you in quotation if selected for purchase you will have to supply the medicines of quoted company only. No company will be changed after placing the firm purchase order in any circumstances.
- 10) You are liable for blacklisted if:
 - a) In case the purchaser found that supplier has quotes prices higher than allowed as per DPCO, NPPA or higher than MRP.
 - b) Supplier fails to accept the purchase order.
 - c) If a Supplier withdraws its quotation during the period of validity as specified in the quotation.
 - d) In case of a successful quotation, if the supplier fails to supply of good as per quotation clause.
 - e) If supplier refuse to sign the Order Acceptances as per terms and conditions of quotation.
- **11)** If at any time during the period of contract, the price of tendered items is reduced or brought down by any Law or Act of the Central or State Government or by the supplier himself, the supplier shall be morally and statutorily bound to inform the Purchaser immediately about such reduction in the contracted prices. The Purchaser is empowered to reduce the rates accordingly.
- 12) You have to give self-affidavit regarding the firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the quotation. You have to further confirm that you will quote for medicines of branded products with name of the manufacturing firms. And also declare that supplying Medicines to any other Institution / Hospital in India below than the rates quoted in this quotation & also declare that the rates quoted in the quotation are not higher than DPCO, NPPA or not higher than MRP & supply only Branded Medicine.

If rates quoted are more than the rates already given to any other Institutes / Hospital in India, the reasons thereof should mentioned in Annexure. (As per Annexure "I").



Page No.3/-



SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Page No.3

- 13) If it is found that the bidders as submitted false affidavit in Annexure, the purchase order shall be cancelled & concern supplied may be blacklisted.
- 14) Late quotation will not be accepted.
- 15) The delivery of the ordered material is to be made at central medical store of SHRI SAIBABA HOSPITAL, SHIRDI on any working day between 10 am to 5 pm Except Sunday.
- 16) In case supply is not made within specified time at that time Sansthan will free to purchase the concern material from open market & Sansthan will not bound to accept the late supplied material.
- 17) The Supplier who will get the purchase order, he has to supply the material as per supply schedule given in purchase order Annexure "A" in which first lot will have to be supplied within 15 (Fifteen) days from the date of receipt of the purchase order of Sansthan. For the IInd lot you will be informed either by written letter or by telephonically or by E-mail letter. And you have to supply the second lot within 10 days only.
- 18) The Supplier will have to supply the medicines as per Purchase Order and no increase will be given or allowed in the rates for any reason whatsoever, during the period of the quotation supply.
- 19) If the purchaser is informed about near expiry and / or non-moving materials three months before expiry, the bidders shall be bound to replace the material with fresh stock or give credit note for the sales.
- 20) In case of breakage / leakage in transit, prior to the delivery to the Sansthan the supplier will have to replace the same immediately, failing which payment will be made by deducting the cost of the same.
- 21) Payments will be made after delivery by RTGS after verification of company, quality and quantity manufacturing date, expiry date. No advance payment will be made against the supply.
- 22) The supplier will have to supply material along with Three copies of bills one copy of delivery challan, if payment is delayed due to Tax invoice Sansthan will not be responsible for it.
- 23) Wherever an amount is mentioned in figures the same should be clearly written in words also.

Page No.4/-



016-G-D-Drive -Medicine 2019-19/Medicine Quotation Letter-2019/



SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Page No.4

- 24) In case any material is found to be faulty /substandard, during the course of use the supplier will be liable to replace the unutilized balance quantity of the supplied material forthwith free of cost.
- 25) If supplied material is found excess than purchase order / other company or rate difference such material will be kept aside & supplier will have to collect it at his cost within seven days from store. Sansthan will not be responsible for it's loss/ damage / Expiry.
- 26) Those suppliers who had participated in our previous quotation & had got order for supply of medicines, but they could not complete the supply in time, the quotation of those supplier will not be considered.
- 27) Our GST IN: 27AAATS2581C1ZN for reference.
- 28) The successful supplier will have to mention the GST No. of Sansthan & Company on their Tax Invoice during supply, without this Sansthan will not proceed their bills.
- 29) Shri Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all quotations without assigning any reasons thereof.
- 30) The company which you are going to quote must have its valid certificate approved by Government (WHO-GMP). Those supplier / company who is not having this certificates, these are liable for rejection.
- 31) Distributors / Suppliers / Agents / Authorized dealers / Loan Licensee Company / Marketing Company & also Production Company can participate in this tender.
 - A) The successful bidder will have to give GST Certified before supply.
 - B) Bidder will have to give last 3 years (2015-16, 2016-17, 2017-18) Annual turnover certificate of concern company whose product offered by you duly signed & stamp by CA as per **Annexure II.** (Balance sheet will not accepted)
- 32) The Minimum Annual Turnover & Available Certificate should be as per following Table –

| Sr. | Medicine | Company wise Minimum | Available Valid |
|-----|------------------|------------------------|-----------------|
| No. | Details | Annual Turnover Should | Certificate's |
| | | be as per below. | |
| 1 | Tablets | 30 Crore | WHO-GMP |
| 2 | Injection & I.V. | 30 Crore | WHO-GMP |
| | Fluids | | |
| | Syrup | 10 Crore | WHO-GMP |
| 4 | Drop | 1 Crore | WHO-GMP / GMP |
| 5 | Ointment | 1 Crore | WHO-GMP / GMP |

Page No.5/-



Medicine Quotation Letter-2019/4



SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Page No.5

- 33) The bidders having company turnover less than the above mentioned turnover shall be rejected in this quotation.
- 34) All the Court matter will be settle in Rahata / Kopergaon Jurisdiction only.
- 35) The quotation must be clearly mentioned on the sealed envelope. <u>"Quotation for Tablet, Injection, Syrup, Drop, Ointment"</u> for Shri Shri Saibaba & Shri Sainath Hospital.
- 36) The quotation in sealed cover may please be submitted to our Shirdi office on or before **Dt.15/06/2019**.

Thanking you and with blessings of Shri Saibaba.

Yours Sincerely,

Administrative Officer, Shri Saibaba Sansthan Trust, Shirdi



2016-G-D-Drive -Medicine 2019-19/Medicine Quotation Letter-2019

Telephone: +91 - 22 - 24166556, Fax: +91 - 22 - 24150798. Telegram: Sainiketan, Mumbai. Website: http://www.shrisaibabasansthan.org. E_mail: saibaba_anr@sancharnetin/saisandesh_anr@sancharnet.in



SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Annexure "I"

Self Affidavit

DATE: / /2019

TO, THE CHIEF EXECUTIVE OFFICER, SHRI SAIBABA SANSTHAN TRUST, SHIRDI. AT PO. SHIRDI - 423 109 TAL - RAHATA, DIST. AHMEDNAGAR.

- 1) In response to your quotation we are submitting our quotation for supply of Tablet, Injection, Syrup, Drop, Ointment. I / We hereby declare that our firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the quotation. We further confirm that we have quoted for medicines of reputed brands with name of the manufacturing firms.
- 2) We are not supplying this Tablet, Injection, Syrup, Drop, Ointment etc. to any other Institution / Hospital in India below than the rates quoted in this quotation.
- 3) And also I/We hereby declare that the rates quoted in the quotation are not higher than DPCO, NPPA or not higher than MRP & supply only Branded Medicine.
- 4) If rates quoted are more than the rates already given to any other Institutes / Hospital in India, then reason for this is as below-

| a) |) | | | | • | • | | | | • | | • | | • | • | • | • | • | | | • | | • | | • | | • | • | • | | | | • | • | • | • | • | | | | | • | • | •• |
|----|---|--|------|--|---|---|------|--|--|---|--|---|--|---|---|---|---|---|--|--|---|--|---|--|---|---|---|---|---|------|------|--|---|---|-------|---|---|--|--|--|--|---|---|----|
| b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) |) | | | | | | | | | | | | | | | | | | | | | | | | | • | | | | | | | | | | | | | | | | | | |

Signature & Stamp of Tenderer

Date -

(Bidder will have to submitted self-affidavit on their <u>Letter Head</u> with Authorise Person signature and stamp.)



2016-G-D-Drive -Medicine 2019-19/Medicine Quotation Letter-2019/



SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email: hospital.purchase@sai.org.in, hospital.store@sai.org.in

Annexure "II"

Annual Turn Over Statement for Last Three Years

| Sr. No. | Year | Turnover Rs. in Lakhs/ Crores |
|------------|-----------------------------------|----------------------------------|
| 1 | 2015-16 | |
| 2 | 2016-17 | |
| 3 | 2017-18 | |
| | Average of the above Three Years. | |

Seal :
Signature of Auditor/
Chartered Accountant

{Note: Last Three Years Annual turnover of each concerned company whose products offered by you, duly signed & stamped by CA.}

(Balance Sheet will not accepted)

Name (in capital letters)

2016-G-D-Drive -Medicine 2019-19/Medicine Quotation Letter-2019/7



Date:

| | | | | | | 7 tillioxtaro | | | | | | | |
|------------|--------------------------------|---|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
| | | TABLETO | | | | | | | | | | | |
| | | TABLETS | 2222 | | | | | | | | | | |
| 1 | | TAB ERYTHROMYCIN 500mg | 2000 | Nos. | | | | | | | | | |
| 2 | 3 | TAB NORFLOXICIN 400 Mg | 50000 | Nos. | | | | | | | | | |
| 3 | 22 | TAB. INDOMETHACIN 75MG | 2000 | Nos. | | | | | | | | | |
| 4 | 32 | CAP NIFEDIPINE 10 Mg | 500 | Nos. | | | | | | | | | |
| 5 | | TAB. RAMIPRIL 5 mg + HYDROCHLORTHIAZIDE 12.5MG | 1000 | Nos. | | | | | | | | | |
| 6 | 46 | TAB ENALAPRIL 5MG | 1000 | Nos. | | | | | | | | | |
| 7 | | TAB AMLODIPINE 5MG + HYDROCHLORTHIAZIDE 12.5 | 1000 | | | | | | | | | | |
| 8 | 55 | TAB ATROVASTATIN 80MG | 10000 | Nos. | | | | | | | | | |
| 9 | 57 | TAB CLOPIDOGREL 150MG | 5000 | Nos. | | | | | | | | | |
| 10 | 61 | TAB ACETYL SALICYLIC ACID 150 Mg + ATORVASTATIN 20MG | 30000 | Nos. | | | | | | | | | |
| 11 | 68 | TAB ACETYL SALICYCLIC ACID 75MG + ROSUVASTATIN 10 MG | 15000 | Nos. | | | | | | | | | |
| 12 | 69 | TAB. VOGLIBASE 0.2 | 300000 | Nos. | | | | | | | | | |
| 13 | 77 | TAB SILDENAFIL 25 MG | 10000 | Nos. | | | | | | | | | |
| 14 | 78 | TAB SILDENAFIL 50 MG | 1000 | Nos. | | | | | | | | | |
| 15 | 80 | TAB.PROSUGREL HYDROCHLORIDE 5 MG | 1000 | Nos. | | | | | | | | | |
| 16 | 93 | METOPROLOL 12.5 MG | 100000 | Nos. | | | | | | | | | |
| 17 | 132 | TAB. GLIMEPIRIDE 2MG + PIOGLITAZONE 7.5 MG + METFORMIN 500 MG | 1000 | Nos. | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
|------------|--------------------------------|--|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| 18 | | TAB ETOPHYLLINE 231 MG & THEOPHYLLINE HYDRATE 69 MG | 10000 | | | | | | | | | | |
| 19 | | TAB.ORCIPRENALINE SULPHATE 10 MG | 1000 | Nos. | | | | | | | | | |
| 20 | | DICLOFENIC RECTAL SUPPOSITORIES 100MG | 500 | Nos. | | | | | | | | | |
| 21 | | DICLOFENIC RECTAL SUPPOSITORIES PEADIATRIC 12.5mg | 500 | Nos. | | | | | | | | | |
| 22 | | PARACETAMOL RECTAL SUPPOSITORIES ADULT & PAEDIATRIC EACH 250 | 500 | Nos. | | | | | | | | | |
| 23 | l | BISACODYL RECTAL SUPPOSITORIES | 500 | Nos. | | | | | | | | | |
| 24 | 147 | POVIDINE VAGINAL PESARY | 500 | Nos. | | | | | | | | | |
| 25 | | TAB METRONIDAZOLE 400 MG | 100000 | Nos. | | | | | | | | | |
| 26 | | TAB DIPHENOXYLATE HCL 2.5MG + ATROPINE SULPHATE 0.025MG | 200000 | Nos. | | | | | | | | | |
| 27 | 173 | TAB MULTI VITAMINE | 500000 | Nos. | | | | | | | | | |
| 28 | 174 | TAB VITAMIN C 500 Mg | 200000 | Nos. | | | | | | | | | |
| 29 | 177 | B. COMPLEX PLAIN | 200000 | Nos. | | | | | | | | | |
| 30 | 178 | CAP. VITAMIN E 200MG | 5000 | Nos. | | | | | | | | | |
| 31 | 180 | TAB. PYRIDOXINE 100MG | 1000 | Nos. | | | | | | | | | |
| 32 | 187 | TAB.PREDNISOLONE 5 Mg | 1000 | Nos. | | | | | | | | | |
| 33 | l | TAB.CARBIMAZOLE 10 MG (1 BOTTLE = 100 TAB.) | 1000 | Nos. | _ | | | | | | | | |
| 34 | 197 | TAB MISOPROSTOL 25 UL | 100 | Nos. | | | | | | | | | |
| 35 | 198 | TAB. MISOPROSTOL 100 UL | 100 | Nos. | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
|------------|--------------------------------|--|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| 36 | 206 | DEXAMETHASONE 8MG | 10000 | Nos | | | | | | | | | |
| 37 | 207 | TAB BIFIDOBACTERIUM LONGUM, LACTOBACILLUS ACIDOPHILUS AND STREPTOCOCCUS THERMOPHILUS | | Nos. | | | | | | | | | |
| 38 | | TAB PENICILLIN G / BENZYLPENICILLIN (400000IU) | 50 | Nos. | | | | | | | | | |
| 39 | | ALPHA METHYLDOPA TAB (250 mg) | 200 | Nos. | | | | | | | | | |
| 40 | | ALPHA METHYLDOPA TAB (500 mg) | 200 | Nos. | | | | | | | | | |
| 41 | 212 | TAB LITROZOLE 5 MG | 100 | Nos. | | | | | | | | | |
| 42 | 213 | TAB CABEEGOLIZ | 100 | Nos. | | | | | | | | | |
| 43 | 214 | TAB TICAGRELOR 90 MG | 2000 | Nos. | | | | | | | | | |
| 44 | | TAB TICAGRELOR 60 MG | 1000 | Nos. | | | | | | | | | |
| 45 | | TAB METAPROLOL 25MG + TELMISARTAN 40MG | 50000 | Nos. | | | | | | | | | |
| | | INJECTIONS | | | | | | | | | | | |
| 46 | | INJ P.P.F 6 LAC VIAL | 200 | Nos. | | | | | | | | | |
| 47 | | INJ.FLUCONAZOLE | 100 | Nos. | | | | | | | | | |
| 48 | | CHLORAMPHENCOL 1GM VIAL | | Nos. | | | | | | | | | |
| 49 | 242 | INJ PROMETHAZINE 25MG/2ML AMP | 300 | Nos. | | | | | | | | | |
| 50 | | INJ PHENIRAMINE MALEATE I.V. 2ML AMP | 10000 | Nos. | | | | | | | | | |
| 51 | | INJ CARDIOPLEGIA SOLUTION AMP 25ML | 2500 | Nos. | | | | | | | | | |
| 52 | 263 | INJ AMIODARONE 50MG / 3ML | 3000 | Nos. | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | |
|------------|--------------------------------|---|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--|
| 53 | | INJ LIGNOCAINE HYDROCHLORIDE 2% 50ML VIAL | 3000 | Nos. | | | | | | | | | |
| 54 | | INJ LIGNOCAINE 4%TOPICAL SOLUTION 30ML | 100 | Nos. | | | | | | | | | |
| 55 | 1 | INJ KETAMINE HCL 10ML 50 MG VIAL | 300 | Nos. | | | | | | | | | |
| 56 | 1 | INJ THIOPENTONE SOD. 1 GM VIAL | 1000 | Nos. | | | | | | | | | |
| 57 | 284 | INJ.ATROPINE 100 ML BOT | 200 | Nos. | | | | | | | | | |
| 58 | 1 | INJ BUPRENORPHINE HCL 0.3MG / 1ML AMP | 3000 | Nos. | | | | | | | | | |
| 59 | | INJ. MORPHINE SUPHATE INJECTION | 20 | Nos. | | | | | | | | | |
| 60 | 1 | INJ PENTAZOCINE 30MG/1ML AMP | 1500 | Nos. | | | | | | | | | |
| 61 | | INJ.MYOPYROLATE 5ML AMP | 4000 | Nos. | | | | | | | | | |
| 62 | 1 | INJ.METOCLOPRAMIDE 5MG/2ML I.V. AMP | 2000 | Nos. | | | | | | | | | |
| 63 | 317 | INJ HIPATITIS B | 200 | Nos. | | | | | | | | | |
| 64 | 321 | INJ B COMPLEX 10ML VIAL | 3000 | Nos. | | | | | | | | | |
| 65 | 1 | INJ.MULTIVITAMINE 10 ML AMP | 15000 | Nos. | | | | | | | | | |
| 66 | 1 | INJ OXYTOCIN 5 I.U. / 2ML AMP | 3000 | Nos. | | | | | | | | | |
| 67 | 334 | INJ HAEMOCOAGULASE 1CU / 1 ML AMP | 10 | Nos. | | | | | | | | | |
| 68 | | INJ DEXTROSE 25 % AMP 25 ML | 1000 | Nos. | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
|------------|--------------------------------|--|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| 69 | | INJ DEXTROSE 50 % AMP 25 ML | 1000 | Nos. | | | | | | | | | |
| 70 71 | 351 | INJ. PIRACETAM 1.2GM INJ. TOTAL PARENTRAL NUTRITION | | Nos. | | | | | | | | | |
| 72 | | INJ NEUROBION | 5000 | | | | | | | | | | |
| 73 | | INJ HOSIT | | Nos. | | | | | | | | | |
| 74 | 357 | K+ BIND SACHET (ENEMA) | 610 | Nos. | | | | | | | | | |
| 75 | 358 | INJ HALOPERIDOL 5MG / 1ML | 10 | Nos. | | | | | | | | | |
| 76 | 360 | INJ DEXTROSE 25 % 100ML | 8000 | Nos. | | | | | | | | | |
| 77 | | INJ NORMAL SALINE 0.45% 100ML | 200 | Nos. | | | | | | | | | |
| 78 | 368 | INJ NORMAL SALINE 0.3% 100ML | 200 | Nos. | | | | | | | | | |
| 79 | | INJ 0.9% N.S.VIAIFLEX SOLUTION 500ML (POUCH PACK) | 2000 | Nos. | | | | | | | | | |
| 80 | | INJ MULTIPLE ELECTROLYTES & DEXTROSE INJECTION TYPE 1 USP 500 ML | 1000 | Nos. | | | | | | | | | |
| 81 | | INJ MULTIPLE ELECTROLYTES & DEXTROSE INJECTION TYPE 3 USP 500 ML | 1000 | Nos. | | | | | | | | | |
| 82 | | FERACRYLUM 1% STERILE SOLUTION 100ML | 250 | Nos. | | | | | | | | | |
| | | | | | | | | | | | | 1 | |
| | | SYRUP | | | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
|------------|--------------------------------|---|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| 83 | 385 | SYR ERYTHROMYCIN 30ML - | 500 | Nos. | | | | | | | | | |
| | | 125MG/5ML | | | | | | | | | | | |
| 84 | | SYR AMOXICILINE 125MG + CLAVULANIC ACID 31.5MG PER 5ML, 60ML BOTTLE | 2000 | Nos. | | | | | | | | | |
| 85 | 391 | TRICHLOROIC ACETIC ACID 100 ML | 50 | Nos. | | | | | | | | | |
| 86 | | SYR IBUPROFEN 100MG + PARACETAMOL 125MG PER 5ML | 5000 | Nos. | | | | | | | | | |
| 87 | 406 | SYR. BETONIN -200 ml | 100 | Nos. | | | | | | | | | |
| 88 | | AEROCORT INHALER | | Nos. | | | | | | | | | |
| 89 | 417 | MULTIVITAMINE DROPS 15ML | 1000 | Nos. | | | | | | | | | |
| 90 | 419 | GLUCON D POWDER 100GM | 5000 | Nos. | | | | | | | | | |
| 91 | 1 | SYR. ONDANSETRON 2MG/50ML | 5000 | Nos. | | | | | | | | | |
| 92 | | POTTASSIUM CITRATE AND CITRIC ACID ORAL SUSPENSION 450 ML | 500 | Nos. | | | | | | | | | |
| 93 | 429 | SYR. DIGOXIN | 20 | Nos. | | | | | | | | | |
| 94 | | SYR. FUROPAED | | Nos. | | | | | | | | | |
| 95 | | SYR ESCUFF 100ml | 1000 | | | | | | | | | | |
| 96 | | SYR TRICLOFOS SODIUM 500MG 30ML | 50 | Nos. | | | | | | | | | |
| 97 | | SYR MEGALDRATE 400MG, SIMETHICONE 20MG / 5 ML | 50 | Nos. | | | | | | | | | |
| | | DROPS | | | | | | | | | | | |
| 98 | 1 | CHLORAMPHENICOL 1% W/W APPLICAP 1GM | 10000 | Nos. | | | | | | | | | |

| Sr. No. | Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | Remark |
|------------|--------------------------------|---|----------------|-------|------------------------------|---------------------|------|---------------|-----|--|---|--|--------|
| | 450 | MOVIEL OVACINI EVE | 400 | Nac | | | | | | | | | |
| 99 | 1 | MOXIFLOXACIN EYE APPLICAB | 100 | Nos. | | | | | | | | | |
| 100 | 460 | TOBRAMYCIN APPLICAP | 500 | Nos. | | | | | | | | | |
| 101 | | PILOCARPINE 2% EYE DROP 5ML | 500 | Nos. | | | | | | | | | |
| 102 | 473 | PARACANE EYE DROP 5ML | 1000 | Nos. | | | | | | | | | |
| 103 | | DIBUCAINE 1.1 % W/W, N,N'-DIHYDROXYMETHYLCARBA MIDE 0.42 % W/W, GLYCERIN 76 % W/W, POLYETHYLENE GLYCOL 18 % W/W, ACEDIASULFONE 0.84 % W/W | | Nos. | | | | | | | | | |
| 104 | 481 | HPMC 2 EYE OINMENT | 1000 | Nos. | | | | | | | | | |
| 105 | | HYOLURONATE PANTHENOL VITAMIN B12 EYE DROP | | Nos. | | | | | | | | | |
| 106 | 484 | DEXPANTHENOL EYE GEL | 100 | Nos. | | | | | | | | | |
| 107 | 488 | REBAMIPIDE 2% EYE DROP | 20 | Nos. | | | | | | | | | |
| 108 | 1 | CHLORAMPHENICOL WITH DEXA EYE OINMENT | 1000 | Nos. | | | | | | | | | |
| 109 | 490 | TEAR STRIPS (OPTHALMIC) | 2 | Nos. | | | | | | | | | |
| 110 | | CAPSULAR TENSION RING HOOK | 1 | Nos. | | | | | | | | | |
| | | OINTMENT | | | | | | | | | | | |
| 111 | | FRAMYCETIN OINTMENT | 200 | Nos. | | | | | | | | | |

| Master Tender Sr. No. | Name of Medicines / Item | Annual Qty. | Units | Rate per in Rs. Incl. Tax | Total Amt.in Rs. | Make | BRAND NAME | MRP | Technical Description (Exact Content of offered product) | Gauge/ Length/ Strength/ Pack Size if any Etc | % GST (Percentage of GST Applicable for offered product) | |
|--------------------------------|---|---|--|------------------------------|---|--|--|--|--|--|--|--|
| | | 3000 | Nos. | | | | | | | | | |
| | • | 250 | Nos. | | | | | | | | | |
| | | 20 | Nos. | | | | | | | | | |
| | | | Nos. | | | | | | | | | |
| | | 10 | Nos. | | | | | | | | | |
| 449 | HH SONE LOTION | 500 | Nos. | | | | | | | | | |
| | | 1000 | Nos. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 457 | ESTRIOL CREAM | 50 | Nos. | | | | | | | | | |
| | Tender Sr. No. 438 440 441 447 448 449 453 455 456 | Tender Sr. No. 438 PIROXICAM GEL 0.5%W 30 GM 440 HEPARIN SODIUM 50IU, BENZYL NICOTINATE 2MG 441 CLOBETASOL PROPIONATE OINT 20GM 447 POVIDENE IODINE + METRONIDAZOLE OIN 10GM 448 OINMENT POVIDENE IODINE + METRONIDAZOLE OIN | Tender Sr. No. Qty. 438 PIROXICAM GEL 0.5%W 30 GM 440 HEPARIN SODIUM 50IU, BENZYL NICOTINATE 2MG 441 CLOBETASOL PROPIONATE OINT 20GM 447 POVIDENE IODINE + METRONIDAZOLE OIN 10GM 448 OINMENT POVIDENE IODINE + METRONIDAZOLE OIN 125MG 449 HH SONE LOTION 500 453 BACTI GAUZE 10CM 1000 455 NYCIL POWDER 100GM 45 456 CERVIPRIME GEL 100 | Tender Sr. No. Qty. | Tender Sr. No. Qty. Rs. Incl. Tax | Tender Sr. No. Qty. Rs. Incl. Tax Rs. Rs. No. Rs. Incl. Tax Rs. Rs. No. Rs. Incl. Tax Rs. Rs. Incl. Tax Rs. Rs. Incl. Tax Rs. Rs. Incl. Tax In | Tender Sr. No. Rs. Incl. Tax Rs. | Tender Sr. No. Qty. Rs. Incl. Tax Rs. NAME | Tender Sr. No. Qty. Rs. Incl. Tax Rs. NAME | Tender Sr. No. Picket Content of Offered product) Picket Content of Offered product Picke | Tender Sr. No. PIROXICAM GEL 0.5%W 30 3000 Nos. | Tender Sr. No. No. Rs. Incl. Tax Rs. Name Description (Exact Content of offered product) Strength Pack Size if for offered product) Pack Size if for offered product Pack Size if for offered pro |

Medical Director, Shri Saibaba Hospital, Shirdi