GOVERNMENT OF MAHARASHTRA
INDIRA GANDHI GOVERNMENT MEDICAL
COLLEGE AND HOSPITAL
CENTRAL AVENUE ROAD, NAGPUR-440018

Medical Store Phone -0712-2820250 **Phone** : - 0712-2728621,2728622,2728623—**Ext:**411,
Fax :- 0712-2728028, 2774766 **Email:-medstoreiggmc@gmail.com**

Ref: No. IGGMC/Hosp/Medical Store/ 02-27 **/23** **Dated :-** 03/04 **/2023**

To,
M/s _____

Subject :- Open Quotation notice – For supply of Medicines for Medical store IGGMCH/MJPJAY/Dr. Babasaheb Ambedkar Hospital and Research Centre, Indora, Nagpur For financial year 2023-2024.

Sir/Madam,

I.G.G.M.C.& H., Nagpur invite quotations for supply of medicines/drugs for drug stores I.G.G.M.C.& H., Nagpur from manufacturer/Dealer/chemist/ stockiest / drug supplier.

Detail drug list is enclosed. Interested parties can send their quotations.

1) Last date and time for submission of quotations & relevant documents : **Dt.17/04/2023 up to 5:00 Pm.**
2) Place of submission: **Medical Superintendent Office, I.G.G.M.C.&H., Nagpur.**

Terms & Conditions :

a) Quotation should be sent in sealed envelope bearing quotation enquiry No. & should mention – "**Quotation of Medicines for Financial year 2023-24**" should be clearly written on envelope. Quotations should be addressed to "**The Dean, I.G.G.M.C.& H., Nagpur.**"
b) Quotation should be send by post or by hand delivery to reach the office before **5:00 Pm** on **Dt.17/04/2023.**
c) Quotation received after due date & time will not be considered.
d) **Supply should be made within 07 working days from the date of receipt of order.**
e) This Quotation will be used by Medical store, IGGMCH, Nagpur, MJPJAY/PMJAY, Dr. Babasaheb Ambedkar Hospital and Research Centre, Indora, Nagpur which us under I.G.G.M.C.H., Nagpur. For **Spot/Emergency local purchase and bulk purchase on quotation.**
f) If supply made within stipulated time the payment will be given for bulk orders on quotation will be made within 45 days and on spot/emergency purchase within 15 working days after receipt of invoice as per availability of budget/grant.
g) If terms and conditions not followed and after obtaining order, if goods are not supplied within stipulated time or denial/unable to supply medicine for which order is given, strict disciplinary action will be taken by administration of I.G.G.M.C.H., Nagpur. And firm may be blacklisted for future quotation.
h) Rate quote **only of strength mentioned in list, please don't change the strength.**
i) Quotation Validity is up to Dt. 31/03/2024.
j) Quotation enquiry is available on institute website and in medical store. The list of medicines for quotations is displayed on this institute website **www.iggmc.org** in **'Tenders'** of this website, supplier can be download the quotation from the website. No need to collect from medical store.
k) Quoted rates should be free door delivery of goods at I.G.G.M.C.& H., Nagpur,/Dr. B.A.H.R.C., Indora, Nagpur premises only.

Medical Store,
Indira Gandhi Govt. Medical College and Hospital (IGGMC&H), Nagpur.
Quotation of Medicine for Treatment of Patients for Financial Year 2023-24.

Sr. No.	Name of Medicine	Packing	Rate	Remark
	Injection			
1	Inj. Influenza vaccine 0.5 ml.			
2	Inj. Acetiylcysteine 200 mg/ml 2 ml			
3	Inj. Actinomycin 15 mcg.			
4	Inj. Actinomycin D 0.5 mg.			
5	Inj. Acyclovir 250 mg			
6	Inj. Acyclovir 500 mg.			
7	Inj. Adenosine 3mg/ml, 2ml (IV use)			
8	Inj. Adrenaline 1mg/ml, 1ml amp (IV&IM&SC use)			
9	Inj. Adriamycin 10 mg.			
10	Inj. Adriamycin 10 mg.			
11	Inj. Amikacin 250mg/ml, 2 ml.			
12	Inj. Aminophylline 25 mg/ml, 10 ml IV use			
13	Inj. Amiodarone 50 mg/ml, 3ml IV use			
14	Inj. Amoxycilline + Pot. Clavulinate 1.2 g (For IV use)			
15	Inj. Amphoterecin B emulsion 50 mg/10 ml.			
16	Inj. Ampicillin 125 mg + Dicloxacillin 125 mg.			
17	Inj. Ampicillin 500 mg + Cloxacillin 500 mg.			
18	Inj. Anidulafungin 100 mg.			
19	Inj. Anti D 300 mg.			
20	Inj. Anti D immunoglobulin 150 mcg.			
21	Inj. Anti Rabies Human Immunoglobulin 150 IU/ml, 10 ml.			
22	Inj. Anti Snake Venom Serum 10 ml.			
23	Inj. Anti Tetanus Immunoglobulin 500 IU in vial			
24	Inj. Anti-D Immunoglobulin 250 mcg. In single dose vial			
25	Inj. Arachitol 6 lakh 1 ml.			
26	Inj. Artesunate 120 mg. (For IV/IM Use)			
27	Inj. Artesunate 60 mg. (For IV/IM Use)			
28	Inj. Atracurium Besylate 10mg/ml, 2.5 ml IV use			
29	Inj. Atropine 0.6mg/ml, 100 ml. IV&IM use			
30	Inj. Atropine 0.6mg/ml, 2 ml. IV&IM use			
31	Inj. Azithromycin 500 mg.			
32	Inj. Benzathine Penicilline 900 mg.			
33	Inj. Betamethazone 4mg/ml			
34	Inj. Bleomycin 15 IU			
35	Inj. Bupivacaine 0.5%, 20 ml vial			
36	Inj. Bupivacaine with dextrose (5:80)mg/ml, 4ml (Spinal anaesthesia)			

Sr. No.	Name of Medicine	Packing	Rate	Remark
37	Inj. Bupregesic 0.3 mg/1ml.			
38	Inj. Buprenorphine 1 ml.			
39	Inj. Butorphanol 1 ml			
40	Inj. Caffeine citrate 20 mg/ml, 2ml IV use			
41	Inj. Calcium Folinate 15 mg			
42	Inj. Calcium Folinate 50 mg.			
43	Inj. Calcium Gluconate 10%, 10 ml.			
44	Inj. Carboplatin 150 mg.			
45	Inj. Carboplatin 450 mg.			
46	Inj. Carboprost 250 mcg 1 ml.			
47	Inj. Cefoperazone + Salbactum 1.5 gm.			
48	Inj. Ceforodoxime 250 mg.			
49	Inj. Cefotaxime 1g IV&IM use			
50	Inj. Ceftazidime 1 gm.			
51	Inj. Ceftriaxone + Salbactum 1.5 gm.			
52	Inj. Ceftriaxone 1g IV &IM use			
53	Inj. Ciprofloxacine 200 mg/100 ml.			
54	Inj. Cisplatin 50 mg.			
55	Inj. Citicoline 250 mg/ml, 2 ml amp.			
56	Inj. Clindamycine 600 mg 4 ml. IV &IM use			
57	Inj. Colistimethate 1 MIU IV use			
58	Inj. Colistimethate 2 MIU IV use			
59	Inj. Colistimethate 4.5 MIU IV use			
60	Inj. Colistimethate 9 MIU IV use			
61	Inj. CT Contrast (Non Ionic) 370mg per ml, 100 ml vial			
62	Inj. Cyclophasphamide 1 gm.			
63	Inj. Cyclophasphamide 200 mg.			
64	Inj. Cyclophasphamide 500 mg.			
65	Inj. Cytarabin 1 gm.			
66	Inj. Cytarabin 100 mg.			
67	Inj. Cytarabin 2 gm.			
68	Inj. Cytarabin 500 mg.			
69	Inj. Dacarbazine 100 mg.			
70	Inj. Dacarbazine 200 mg.			
71	Inj. Dactinomycine 0.5 mg.			
72	Inj. Dalteparine 2500 IU			
73	Inj. Dalteparine 5000 IU			
74	Inj. Deferoxamine powder for injection 500 mg in vial.			
75	Inj. Dexamethasone 4mg/ml, 2ml (IV &IM use)			
76	Inj. Dexmeditomedine 100 mcg/ml, 2ml IV use			
77	Inj. Dextran 40			
78	Inj. Diazepam 5mg/ml, 2ml (IV & IM use)			
79	Inj. Diclofenac 75mg/ml, 1 ml (IV & IM Use)			
80	Inj. Dicyclomine 10mg/ml, 2 ml IM use			
81	Inj. Dicyclomine 10mg/ml, 30 ml IM use vial.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
82	Inj. Digoxin 250 mcg/ml. 2 ml.			
83	Inj. Diltiazem 5 mg/ml, 5 ml.			
84	Inj. Dobutamine 50mg/ml, 5ml IV use			
85	Inj. Docetaxel 20mg/0.5 ml.			
86	Inj. Docetaxel 80mg/2 ml.			
87	Inj. Dopamine 40 mg/ml, 5 ml.			
88	Inj. Doxophylline 10 ml.			
89	Inj. Doxorubicin 10 mg.			
90	Inj. Doxorubicin 50 mg.			
91	Inj. Doxycycline 100 mg.			
92	Inj. Drotavarine 20 mg/ml, 2 ml.			
93	Inj. Enoxaparine 40mg/0.4 ml PFS			
94	Inj. Enoxaparine 60mg/0.6 ml PFS			
95	Inj. Ephedrine 30mg/ml, 1 ml.			
96	Inj. Ergometrine 200 mcg., 1 ml. amp.			
97	Inj. Erythroproetin 10000 IU/ml.			
98	Inj. Erythroproetin 4000 IU/ml.			
99	Inj. Esmolol 10 mg/ml, 10 ml.			
100	Inj. Ethamsylate 250mg/2 ml. IV& IM use			
101	Inj. Etomidate 20 mg/10 ml.			
102	Inj. Etophylline + Theophylline (84.7:25.3)mg/ml, 2ml			
103	Inj. Etoposide 20mg/ml 5 ml vial			
104	Inj. Fentanyl 100 mcg/2ml.			
105	Inj. Ferric Carboxymaltose 500 mg.			
106	Inj. Filgrastim 120 mcg./0.2 ml.			
107	Inj. Filgrastim 300 mg.			
108	Inj. Fluconazole 2mg/ml, 100 ml bottle.			
109	Inj. Fluorouracil 250 mg.			
110	Inj. Fluorouracil 500 mg.			
111	Inj. Folinic acid 50 mg.			
112	Inj. Frusemide 10mg/ml, 2ml (IV&IM use)			
113	Inj. G-CSF 300 mcg.			
114	Inj. Gemcitabine 1400 mg.			
115	Inj. Gemcitabine 200 mg.			
116	Inj. Gentamycine 40 mg/ml, 2ml (IV&IM use)			
117	Inj. Glycopyrolate 0.2 mg/ml. (IV & IM Use)			
118	Inj. Granisetron 1 mg/ml , 3 ml.			
119	Inj. Haemophilus type B conjugate 0.5 ml.			
120	Inj. Haloperidol 5 mg/ml, 1ml. (IV&IM use)			
121	Inj. Heparin 1000 IU/ml , 5 ml.			
122	Inj. Heparin 5000 IU/ml , 5 ml.			
123	Inj. Hepatitis B Vaccine (Pediatric use) (0.5 ml)			
124	Inj. Hepatitis B Vaccine 10 ml. (Multi dose vial)			
125	Inj. HPMC 2% Prefilled 3 ml.			
126	Inj. Human Normal Immunoglobulin for Intravenous use 10 gm (IV IG)			

Sr. No.	Name of Medicine	Packing	Rate	Remark
127	Inj. Human Normal Immunoglobulin for Intravenous use 20 gm (IV IG)			
128	Inj. Hyaluronidase 1500 IU			
129	Inj. Hydrocortisone 100 mg IV&IM use			
130	Inj. Hydroxypropyl Methyl Cellulose.			
131	Inj. Hyoscine Butyl Bromide 10 mg/ml.			
132	Inj. Ifosphamide 1 gm			
133	Inj. Ifosphamide 500 mg.			
134	Inj. Imepenem 250 mg. + Cilastatin 250 mg.			
135	Inj. Imepenem 500 mg. + Cilastatin 500 mg.			
136	Inj. Insuline Aspart 100 IU/ml, 10 ml.			
137	Inj. Insuline Basal 40IU/ml, 10 ml			
138	Inj. Insuline Lispro 100 IU/ml, 3 ml PFS			
139	Inj. Insuline Mixtard 30:70.			
140	Inj. Insuline Rapid 40 IU/ml, 10 ml.			
141	Inj. Iron Sucrose 20 mg/ml., 2 ml.			
142	Inj. Isoprenalin 2mg/ml			
143	Inj. Ketamine 10mg/ml,10 ml IV&IM use			
144	Inj. Labetalol 20mg/4ml			
145	Inj. Levetiracetam 500 mg.			
146	Inj. Levothyroxine 100 mg.			
147	Inj. Lidocaine 2% with Adrenaline 30 ml.			
148	Inj. Lignocaine 2% + adrenaline 0.01mg/ml, 30 ml			
149	Inj. Lignocaine 2%, 30 ml			
150	Inj. Linezolid 2mg/ml, 300 ml IV use			
151	Inj. Liposomal Amphotericin-B 50 mg.			
152	Inj. Lorazepam 2 mg/ml, 1ml. (IV&IM use)			
153	Inj. Magnesum sulphate 0.25%, 2ml IV&IM use			
154	Inj. Magnesum sulphate 50%, 2ml IV&IM use			
155	Inj. Mecobalamine (Vit. B12) 500 mg.			
156	Inj. Melphalan 50 mg.			
157	Inj. Menadione (5.2mg/ml) (For IV/IM/SC use)			
158	Inj. Meningococcal (A,C,Y and W 135) polysaccharide vaccine			
159	Inj. Meningococcal Quadrivalent conjugate Vaccine, 0.5 ml.			
160	Inj. Mephenteramine 30 mg/ml, 10 ml.			
161	Inj. Meropenem 1 gm. IV Use			
162	Inj. Meropenem 500 mg. IV Use			
163	Inj. Methotraxate 1 gm.			
164	Inj. Methotraxate 50 mg/2ml.			
165	Inj. Methyl ergometrine 0.2 mg/ml, 1 ml.(For IV/IM/SC use)			
166	Inj. Methyl Prednisolone 1 gm.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
167	Inj. Methyl Prednisolone sodium succinate 125 mg. IV Use			
168	Inj. Methyl Prednisolone sodium succinate 40 mg. IV Use			
169	Inj. Methyl Prednisolone sodium succinate 500 mg. IV Use			
170	Inj. Metoclopramide 5mg/ml, 2 ml (For IV/IM use)			
171	Inj. Metoprolol 1mg/ml, 5ml.			
172	Inj. Midazolam 1mg/ml, 10 ml (IV&IM use)			
173	Inj. Milrinone lactate 10mg/10 ml			
174	Inj. Multivitamin infusion 10 ml.			
175	Inj. Multivitamine with B-complex 10 ml			
176	Inj. Neostigmine 0.5mg/ml, 1ml (IV use)			
177	Inj. Nitroglycerine 5mg/ml, 5ml IV use			
178	Inj. Noradrenaline bitartrate 2mg/ml, 2ml IV use			
179	Inj. Octreotide 100 mcg/ml, 1ml SC &IV use			
180	Inj. Ondensetrone 2mg/ml,2ml			
181	Inj. Optineuron Forte 3 ml.			
182	Inj. Oxaliplatin 100 mg.			
183	Inj. Oxaliplatin 50 mg.			
184	Inj. Oxytocin 5 IU/ml, 1 ml.			
185	Inj. P.P.D. Solution 5 t.u/0.1 ml, 5 ml (Tubercullin)			
186	Inj. Paclitaxel 100 mg.			
187	Inj. Paclitaxel 250 mg.			
188	Inj. Paclitaxel 500 mg.			
189	Inj. Palnesetron 250 mcg.			
190	Inj. Pantaprazole 40 mg IV use			
191	Inj. Pantazocin 30 mg/ml.			
192	Inj. Paracetamol 1000 mg/100 ml. (IV Use)			
193	Inj. Paracetamol 150 mg/ml, 2ml (IV&IM use)			
194	Inj. Pemetrexed 100 mg.			
195	Inj. Pemetrexed 500 mg.			
196	Inj. Pemetrexed 700 mg.			
197	Inj. Pentazocine 30 mg/ml , 1 ml.			
198	Inj. Pentostatin 10 mg.			
199	Inj. Pertuzumab 420 mg/14 ml.			
200	Inj. Pheniramine maleate 22.75mg/ml, 2ml			
201	Inj. Phenobarbitone 200 mg/ml,2ml IV&IM use			
202	Inj. Phenylephrine 10mg/ml. 1 ml.			
203	Inj. Phenytoin sodium 50mg/ml, 2ml IV&IM use			
204	Inj. Phytomenadione (Vit K1) 1 mg/ml, 1 ml (IV & IM use)			

Sr. No.	Name of Medicine	Packing	Rate	Remark
205	Inj. Phytomenadione (Vit K1) 10 mg/ml, 1 ml (IV & IM use)			
206	Inj. Pilocarpine 1 ml.			
207	Inj. Piperacilline + Tazobactum 4.5 g			
208	Inj. Pneumococcal polysaccharide vaccine 23 V, 0.5 ml.			
209	Inj. Posaconazole 100 mg.			
210	Inj. Potassium chloride 15% (Eq to K2mmol/ml and Cl 2mmol/ml) 10 ml amp.			
211	Inj. Pralidoxime 1 gm.			
212	Inj. Pralidoxime 500 mg.			
213	Inj. Promethazine 25mg/ml, 2ml (IV&IM use)			
214	Inj. Propofol 1%, 10 ml.			
215	Inj. Propranolol HCl 1mg/ml.			
216	Inj. Rabies antiserum 300 Iu/ml, 5ml			
217	Inj. Rabies Human Immunoglobulin 300 IU vial			
218	Inj. Rabies Human Monoclonal antibody 100 IU 2.5 ml vial			
219	Inj. Rabies Vaccine 2.5 IU/ml (ID Use) Human IP			
220	Inj. Ranitidine 25mg/ml, 2 ml.			
221	Inj. Recombinant Tissue Plasmingen activator			
222	Inj. Remdesivir 100 mg			
223	Inj. Rituximab 500 mg.			
224	Inj. Rocuronium bromide 10mg/ml, 5 ml IV use			
225	Inj. Ropivacaine 0.5 20 ml. vial			
226	Inj. Ropivacaine 0.75% 20 ml. vial			
227	Inj. Snake Venom antiserum IP 10 ml.			
228	Inj. Sodium bicarbonate 7.5%, 10 ml IV use			
229	Inj. Sodium Valproate 100mg/ml., 5 ml.			
230	Inj. Streptokinase 15 lac IU			
231	Inj. Succinyl choline 50mg/ml,10 ml IV&IM use			
232	Inj. Surfactant 4 ml. (Lung Surfactant)			
233	Inj. Teicoplananin 200 mg.			
234	Inj. Teicoplananin 400 mg.			
235	Inj. Terlipressin 1 mg.			
236	Inj. Terlipressin 5 mg.			
237	Inj. Tetanus Toxoid 0.5 ml (For IM Use)			
238	Inj. Tetanus Toxoid 5 ml vial			
239	Inj. Thiamine 100 mg/ml, 10 ml.			
240	Inj. Thiamine 100 mg/ml, 5 ml.			
241	Inj. Thiopentone 500 mg.			
242	Inj. Tigecyclin 50 mg.			
243	Inj. Tobramycine 500 mg.			
244	Inj. Tocilizumab 200 mg.			
245	Inj. Tocilizumab 400 mg.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
246	Inj. Tramadol 50mg/ml, 2ml IV&IM use			
247	Inj. Tranexamic acid 100 mg/ml, 5ml (IV use)			
248	Inj. Trastuzumab 440 mg.			
249	Inj. Typhoid VI conjugate Vaccine, 0.5 ml.			
250	Inj. Urokinase 5 Lac			
251	Inj. Urokinase 7.5 Lac			
252	Inj. Vancomycin 1 gm.			
253	Inj. Vancomycin 500 mg.			
254	Inj. Vasopressin 20 U/Ml, 1 ml.			
255	Inj. Vecuronium bromide 4mg (IV use)			
256	Inj. VEGF Inj. (Intravitreal use)			
257	Inj. Vinblastin 1mg/ml, 10 ml vial.			
258	Inj. Vincristin 2mg/2ml.			
259	Inj. Viral Vector Vaccine			
260	Inj. Voriconazole 200 mg.			
261	Inj. Water for injection 10 ml.			
262	Inj. Zoledronic acid 4 mg.			
	Miscellaneous/IV Fluid			
263	Atropine Eye ointment. 1%w/w, 5 gm.			
264	1% Atropine E/Oint Drop			
265	Acyclovir Oint.			
266	Atropine Sulphate 1% E/Oint			
267	Bacilocid Special 500 ml (Each100 gm contain Gluteraldehyde 7 gm +Polymethylurea derivatives 17.5 gm +1-6 dehydroxy2.5dioxalhexane 8.2 gm OR equivalent)			
268	Barium Sulphate Powder			
269	Bromhexine Hydrochloride with Salbutamol sulphate syrup 100ml			
270	Budesunide Respules 2ml (1mg/2ml)			
271	Carboxy methyl cellulose eye drop 10 ml. 0.5% w/v.			
272	Chloramphenical + Hydrocortisone + Nwomycine Eye ointment			
273	Chloramphenical + Polymyxin - B Sulphate Eye Ointment 5 gm.			
274	Chloramphenical + Polymyxin B Sulphate + Dexamethasone Eye Ointment 5 gm.			
275	Chlormycetin E/ Applicap Oint 50 applicap			
276	Cholecalciferol Sachet 60000 IU 1 gm.			
277	Ciprofloxacin +Dexamethasone E/E drop 5ml			
278	Cipropfloxacin eye drop 5 ml.			
279	Clotrimazole + Lignocaine E/D			
280	Colistin Respules			
281	Desflurane 240 ml.			
282	Dextrose Powder 500 gm.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
283	Diclofennac suppository 12.5 mg			
284	Diclofennac suppository 25 mg			
285	Dinoprostone Gel 0.5 mg			
286	Dried Aluminium hydroxide ,Magnessium & Oxytacaine syp 200 ml			
287	Duolin Respules 2.5ml(Levosalbutamol + Ipratropium)			
288	Eazynapee Cream			
289	Eye drop 0.5% Moxifloxacin with 0.5% ketorolac trimehtamine			
290	Fluconazole E/D 5 ml.			
291	Flurbiprofen E/D Drop 5 ml.			
292	Fluticasone Furate Nasal Spray 6 gm.			
293	Formaldehyde Solution 500 ml.			
294	Formetrol respules			
295	Gadopentetate Dimeglumine (20 ml.)			
296	Glycerin 400 ml.			
297	Glycerin 500 ml.			
298	Glycerin and Sodium Chloride Enema (Neotonic Enema)			
299	Glycerin Suppository			
300	Glycerine 450 gm.			
301	Glycopyronium Respules			
302	Heparin Sodium and Benzyl Nicotimate Oint (Heparin)			
303	Homatropine E/D Drop 2 % 5 ml.			
304	Hydrogen Peroxide 400ml			
305	Hydroxypropyl Methylcellulose drop 10 ml.			
306	Inhalex Respule Ambroxol			
307	Ipratropium Bromide resp solu 15 ml.			
308	Isoflurane 100 ml.			
309	IV Aminoven 10% 500 ml			
310	IV Aminoven Infant 20 % 100 ml .			
311	IV Dextrose 10%, 500 ml.			
312	IV Dextrose 25%, 100 ml.			
313	IV Dextrose 5% 500 ml			
314	IV Dextrose 5% 500 ml. (Glass bottle)			
315	IV Dextrose and Sodium chloride 500 ml. (DNS)			
316	IV Dipeptiven 100 ml (Inj. Intravenous Injection of N (2)-L alanyl-L Glutamine 20% Solution of 100 ml.)			
317	IV Hepatitis B Immunoglobulin 100 IU			
318	IV Human Albumin 20% 100 ml.			
319	IV Hydroxy ethyl starch 6% 500 ml.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
320	IV Isolyte-M 500 ml (Multiple Electrolytes & Dextrose Injection Type III IP for Maintenance Maintenance replacement solution with 5% dextrose Each 100 ml contains: Dextrose anhydrous I.P 5gm Sodium chloride I.P 0.01gm Porassium chloride I.P 0.15gm, Sodium acetate I.P 0.28 gm, Dipotassium hydrogen phosphate 0 13 gm , water for injection IP Q.S. AFFS/BFS/FFS Technology)			
321	IV Isolyte-P 500 ml MULTIPLE ELECTROLYTES AND DEXTROSE INJECTION TYPE I USP (Pediatric Maintenance solution with 5%. Dextrose injection) 500 ml			
322	IV Kabiven 1440 ml 3 chamber bag 1 bag			
323	IV Kabiven 1920 ml (Parenteral Nutrition through Peripheral Infusion : 3 chamber bag containing glucose, amino acids & lipids in separate chambers for intravenous infusion 1920 ml			
324	IV Levofloxacin 500mg/100ml 100 ml.			
325	IV Mannitol 20 % 100 ml.			
326	IV Metronidazole 500 mg /100 ml.			
327	IV Omegaven 10% 100 ml.			
328	IV Omnipaque Dye 100 ml.			
329	IV Ringer Lactate 500 ml			
330	IV Ringer Lactate 500 ml. (Glass bottle)			
331	IV Sodium Chloride 0.45%, 500 ml.			
332	IV Sodium Chloride 0.9% 3 litre			
333	IV Sodium Chloride 0.9% 500 ml. (Glass Bottle)			
334	IV Sodium Chloride 0.9% w/v, 100 ml.			
335	IV Sodium Chloride 0.9% w/v, 500 ml.			
336	IV Sodium Chloride 3%, 100 ml.			
337	IV Sodium Chloride 3%, 500 ml			
338	Ketorolac E/D Drop			
339	Lactic Acid Bacillus Powdeer (Sporlac Sachet)			
340	Lignocaine 2% gel			
341	Lignocaine 2% gel 30 gm.			
342	Liquid Paraffin 500 ml			
343	Loose Enema 225 ml			
344	Magnesium Sulphate Powder 500gm			
345	MDI Budesonide 200 mcg.			
346	MDI Ipratropium 20 mcg.			
347	MDI Levosalbutamol (50 mcg) + Ipratropium (20 mcg)			
348	MDI Salbutamol 100 mcg.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
349	MESNA RESPULE			
350	Methylene Blue Solution 50 ml.			
351	Miconazole Nitrate 2% cream 30 gm.			
352	Milk of Magnessia + Liq Paraffin syp. 170 ml (Laxative)			
353	Mometasone Nasal Spray			
354	Moxi D E/D Oint			
355	Moxifloxacin E/D Drop			
356	Mupirocin Oint			
357	N-Acetylcisteine Nebulization Respules			
358	Neosporin + Hydrocortisone Oint			
359	Neosporin Powder			
360	Non-ionic Monomer Contrast for I.V./I.A. 350 mg/ml 100 ml. sealed bottles USFDA approved (Iohexol)			
361	O R S 21 gm (WHO Formula)			
362	Ordinary Denatured Spirit 1 lit			
363	Ordinary Denatured Spirit 5 lit			
364	P G Enema (Sodium Phosphate)			
365	Paracetamol suppository 250 mg			
366	Paracine E/D Carboxymethyl cellulose 0.5% E/D drop			
367	PD Fluid bag 25% 1 unit			
368	Pediasure Advance			
369	Permithrin Cream 5% w/w			
370	Phenyl 5 lit			
371	Polymyxin B Chloremphenicol + Dexamethasone Oint.			
372	Potassium chloride syp. (Kesol)			
373	Povidone Iodine 10% 500 ml.			
374	Povidone Iodine 2% w/v Gargle			
375	Povidone Iodine E/D Drop 5 ml.			
376	Povidone Iodine solution 5%. 500 ml.			
377	Povidone Ointment 15 gm.			
378	Predfort E/D Drop 5 ml.			
379	Proparacaine E/D Drop 5 ml.			
380	Protein Powder 500 gm.			
381	Salbutamol Respules 2.5 mg.			
382	Saline Nasal Spray 20 ml.			
383	Saniquad-P 500 ml [Benzalkonium chloride solution 500 ml.			
384	Savlon Solution 500 ml.			
385	Sevoflurane 250 ml.			
386	Silver Nitrate Ointment 10 mg.			
387	Silver Sulphadiazine Cream 500 gm.			
388	Sodium chloride + Glycerine Enema			
389	Sodium Chloride Eye Ointment 6% 5 gm.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
390	Sodium hypochloride solution U.S.P. containing not less than 4% and more than 6% by weight of sodium hypochloride solution 5 lit can			
391	Soframycine Ointment 20 gm.			
392	Soframycine Ointment 30 gm.			
393	Sterile Haemocoagulase Solution 0.2 CU (Botroclot Drops)			
394	Syp. Albendazole 200 mg/5ml. 10 ml.			
395	Syp. Ambroxol + Guaphenasin + Terbutaline 100 ml.			
396	Syp. Amoxycilline + Clavulanic acid 200mg/5 ml. 30 ml.			
397	Syp. Amoxycilline 125mg/5 ml 60 ml.			
398	Syp. Azithromycin 250mg/5 ml 15 ml.			
399	Syp. Azitromycin 100 mg/5ml., 15 ml.			
400	Syp. Azitromycin 200 mg/5ml., 15 ml.			
401	Syp. Caffein citrate 20mg/ml 1 ml.			
402	Syp. Caffein citrate 20mg/ml 3 ml.			
403	Syp. Calcium + Vit D3 100 ml.			
404	Syp. Calcium + Vit D3 200 ml.			
405	Syp. Cefixime 100mg/5 ml. 30 ml.			
406	Syp. Cefixime 200mg/5 ml. 30 ml.			
407	Syp. Cefixime 50mg/5 ml., 50 ml.			
408	Syp. Disodium Hydrogen Citrate 1.37 gm/5ml. 100 ml.			
409	Syp. Domperidone 1mg/ml, 30 ml.			
410	Syp. Expectorant 100 ml.			
411	Syp. Ferrous Sulphate/Syp Tnoabolin XT 100 ml.			
412	Syp. Hepamerz (Laspartate + Lornithre) 100 ml.			
413	Syp. Kesol 200 ml.			
414	Syp. Lactulose 3.335gm/5 ml. 150 ml.			
415	Syp. Laxikem 100 ml.			
416	Syp. Leviracetam 100 ml.			
417	Syp. Levocetrizine (2.5 mg) + Montelukast (4 mg) 60 ml			
418	Syp. Levocetrizine + Montelukast (2.5 + 4mg/ 5ml) 60 ml.			
419	Syp. Levocetrizine 2.5mg/5 ml. 60 ml.			
420	Syp. Mucaine gel 100 ml.			
421	Syp. Multivitamin 100 ml.			
422	Syp. Multivitamin 200 ml.			
423	Syp. Ondenetron 2 mg/5 ml. 30 ml.			
424	Syp. Ondenetron 4 mg/5 ml. 30 ml.			
425	Syp. Oseltamivir 75 ml.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
426	Syp. Paracetamol 125 mg/5 ml, 60 ml.			
427	Syp. Paracetamol 250 mg/5 ml, 60 ml.			
428	Syp. Paracetamol 60 ml.			
429	Syp. Phenobarbitone 60 ml.			
430	Syp. Phenytoin 200 ml.			
431	Syp. Prednisolone (5mg/5ml) 60 ml.			
432	Syp. Reswas 30 ml.			
433	Syp. Sodium Valproate 200 ml.			
434	Syp. Sorbilin 100 ml.			
435	Syp. Tusant 100 ml.			
436	Syp. Valproic Acid 200 ml.			
437	Tacrolimus Ointment 20 gm.			
438	Timolol Maleate E/D 5 ml.			
439	Tincture Iodine 100 ml.			
440	Tiotropium bromide MDI 9 mcg. 200 doses			
441	Tobramycin E/D Drop 5 ml.			
442	Tobramycin Respule 300 mg/ml, 5 ml.			
443	Triamcinolone 0.1% W/W (Oraways Gel) 5 gm.			
444	Tropicamide 0.8% + Phenylephrine Eye drop 5 ml.			
445	Vitmain D3 Sachet 60000 IU			
446	Wax Disolvent E/D 10 ml.			
447	Xylometazoline Hydrochloride N/S (Orinase N/s) 10 ml			
	Tablet/Capsule			
448	Cap. Amoxycillin 250 mg.			
449	Cap. Amoxycillin 500 mg.			
450	Cap. Doxycycline 100 mg.			
451	Cap. Hydroxy Urea 500 mg.			
452	Cap. Lactic acid bacillus not less than 120 million spores			
453	Cap. Multivitamin with zinc			
454	Cap. Omeprazole 20 mg.			
455	Cap. Oseltamivir 30 mg.			
456	Cap. Oseltamivir 75 mg.			
457	Cap. Streptococcus feacalis, Clostridium butyricum bacillus mesentericus,Lactic acid bacillus (60+4+2+100)Million			
458	Tab. Acebrophylline 100 mg.			
459	Tab. Acebrophylline+Acetylcysteine (100+600 mg.)			
460	Tab. Aceclofenac + Paracetamol			
461	Tab. Aceclofenac 100 mg.			
462	Tab. Acetazolamide 250 mg.			
463	Tab. Acetyl Salicyllic acid 300mg			
464	Tab. Acetyl Salicyllic acid 75 mg.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
465	Tab. Acetylcysteine 600 mg.			
466	Tab. Albendazole 400 mg.			
467	Tab. Allopurinol 100 mg.			
468	Tab. Alprazolam 0.5 mg.			
469	Tab. Alumina,Magnesia & Smethicone (Antacid)			
470	Tab. Amiodarone 100 mg.			
471	Tab. Amitriptiline 25 mg.			
472	Tab. Amlodepine 10 mg.			
473	Tab. Amlodepine 5 mg.			
474	Tab. Amoxycillin + Potassium Clavulanate 625 mg.			
475	Tab. Ascorbic acid 500 mg.			
476	Tab. Atenolol 50 mg.			
477	Tab. Atorvastatin 10 mg.			
478	Tab. Atorvastatin 20 mg.			
479	Tab. Azithromycin 500 mg.			
480	Tab. B-complex			
481	Tab. Betahistine 16 mg.			
482	Tab. Bisacodyl			
483	Tab. Calcium Carbonate + Vitamine D3 1250 mg+250 I.U			
484	Tab. Carbamazepine 200 mg.			
485	Tab. Carbamazepine 400 mg.			
486	Tab. Carbimazole 10 mg.			
487	Tab. Cefixime 200 mg.			
488	Tab. Cefixime 200 mg + Clavunic acid 125 mg.			
489	Tab. Cetrizine 10 mg.			
490	Tab. Chlorphenarmine maleate 4 mg.			
491	Tab. Chlorthalidone 12.5 mg.			
492	Tab. Ciprofloxacin 500 mg.			
493	Tab. Clobazam 5 mg.			
494	Tab. Clonazepam 0.5 mg.			
495	Tab. Clopidogrel 75 mg.			
496	Tab. Clopidogrel 75 mg. + Aspirin 75 mg.			
497	Tab. Cyclophosphanmide 50 mg.			
498	Tab. Dabigatran 110 mg.			
499	Tab. Dabigatran 75 mg.			
500	Tab. Dapagliflozin 10 mg.			
501	Tab. Deferasirox 200 mg.			
502	Tab. Deferasirox 400 mg.			
503	Tab. Deferasirox 500 mg.			
504	Tab. Diclofenac sodium 50 mg.			
505	Tab. Diltiazem 30 mg.			
506	Tab. Doxophylline 200 mg.			
507	Tab. Doxophylline 400 mg.			
508	Tab. Enalapril Maleate 5 mg.			

Sr. No.	Name of Medicine	Packing	Rate	Remark
509	Tab. Escitalopram 10 mg.			
510	Tab. Etophylline + Theophylline (231+69) mg.			
511	Tab. Famciclovir 500 mg.			
512	Tab. Faropnem 325 mg.			
513	Tab. Favipiravir 200 mg.			
514	Tab. Ferrous Ascorbate & Folic acid			
515	Tab. Fluconazole 100 mg.			
516	Tab. Fluconazole 200 mg.			
517	Tab. Fluoxetin 20 mg.			
518	Tab. Folic Acid 5 mg.			
519	Tab. Frusemide 40 mg.			
520	Tab. Glimipride 1 mg.			
521	Tab. Glimipride 2 mg.			
522	Tab. Granisetron 1 mg.			
523	Tab. Hydrochlorthizide 12.5 mg.			
524	Tab. Hydroxychloroquine 200 mg.			
525	Tab. Ibuprofen 400 mg.			
526	Tab. Isavucanazole 100 mg.			
527	Tab. Isosorbide dinitrate 10 mg.			
528	Tab. Itraconazole 200 mg.			
529	Tab. Ivermectin 3 mg.			
530	Tab. Ivermectin 6 mg.			
531	Tab. Leucoverin			
532	Tab. Levetiracetam 500 mg			
533	Tab. Levofloxacin 500 mg.			
534	Tab. Linezolid 600 mg.			
535	Tab. Lorazepam 2 mg.			
536	Tab. Melphalan 2 mg.			
537	Tab. Metformin Hydrochloride 500 mg.			
538	Tab. Methotraxate 2.5 mg.			
539	Tab. Metoprolol 50 mg.			
540	Tab. Metronidazole 200 mg.			
541	Tab. Metronidazole 400 mg.			
542	Tab. Nitrofurantoin 100 mg.			
543	Tab. Ofloxacine 400 mg.			
544	Tab. Olanzapine 5 mg.			
545	Tab. Ondensetron 4 mg.			
546	Tab. Orceprenaline 10 mg.			
547	Tab. Pantaprazole 40mg.			
548	Tab. Paracetamol 500mg.			
549	Tab. Penicillin V 200 mg.			
550	Tab. Penicillin V 400 mg.			
551	Tab. Pentoxifylline 400 mg.			
552	Tab. Perfenidone 200 mg.			
553	Tab. Phenobarbitone 30 mg.			
554	Tab. Phenytoin sod. 100 mg			
555	Tab. Phenytoin sod. 50 mg			

Sr. No.	Name of Medicine	Packing	Rate	Remark
556	Tab. Pioglitazone 15 mg.			
557	Tab. Posaconazole 100 mg.			
558	Tab. Prednisolone 10 mg.			
559	Tab. Prednisolone 5mg.			
560	Tab. Pregabalin 75 mg.			
561	Tab. Rabeprazole + Domperidone			
562	Tab. Rabeprazole 20 mg.			
563	Tab. Ranitidine 150 mg.			
564	Tab. Risperidone 2 mg.			
565	Tab. Sitogliptin 50 mg.			
566	Tab. Sodium bicarbonate 1000 mg.			
567	Tab. Sodium Bicarbonate 300 mg.			
568	Tab. Sodium Valproate 200 mg.			
569	Tab. Spironalactone 25 mg.			
570	Tab. Spironalactone 50 mg.			
571	Tab. Tamoxifen 10 mg.			
572	Tab. Tamsulosin 0.4 mg.			
573	Tab. Telmisartan 40 mg.			
574	Tab. Thyroxine Sodium 100 mcg.			
575	Tab. Thyroxine Sodium 25 mcg.			
576	Tab. Thyroxine Sodium 50 mcg.			
577	Tab. Tranaxemic acid 500 mg.			
578	Tab. Trihexyphenidyl 2 mg.			
579	Tab. Trimethoprim & Sulphamethoxazole (Cotrimoxazole) (160+800) mg.			
580	Tab. Trypsin (96 mg) + Bromelain (180 mg)+ Rutoside(200 mg) Trihydrate			
581	Tab. Trypsin + Chymostrypsin 100000 AU			
582	Tab. Urodeoxycholic acid/Ursodiol 300 mg.			
583	Tab. Voglibose 0.2 mg.			
584	Tab. Voglibose 0.3 mg.			
585	Tab. Zinc Sulphate 20 mg.			
586	Tab. Zoledronic acid 5 mg.			

l) Quoted rates should be inclusive of all taxes/GST.

m) **Quotation must be submitted in printed form only. No handwritten quotation will be accepted.**

n) Supplied goods should be of good quality as per specification mentioned in IP/ BP / USP standards. Defective goods, stopped used / samples for physician use will not be accepted and will be returned to the concerned firm. Such act may lead to the supplier getting black listed.

o) For Tab/Capsule quote rate **only for strip packing.**

p) Short expiry (up to 6 months) medicines will not be accepted.

q) No changes in quoted rates will be considered once the quotation is submitted. For accepted quotations it is mandatory for supplier to supply the goods within stipulated period, otherwise order will be treated as cancelled.

r) **All rights are reserved for Cancellation/Recall/Accept/Reject of quotation with the undersigned authority without any intimation.**

- **Documents to be submitted in separate envelope No. 1**

The bidder would be required to submit following documents (self attested Xerox copies) in order to qualify for the above quotations.

1) Valid drug license issued by competent authority.
2) GST clearance certificate.
3) Copy of PAN card.
4) Bank details cancelled or Xerox copy of cheque, email address.
5) Undertaking for following that
   a) **Bidder not currently under conviction under the drugs & cosmetics act 1940 for supplier of stated drug or any other ground he has been deregistered, debarred or black listed by any Govt. organization/ institution / hospital in state or India.**
   b) **No conflict of interest with purchase department or its members or store pharmacist or staff working in Medical store or involved in purchase.**
   c) **Undertaking of acceptance of all the terms and conditions.**
6) Copy of all the above documents to be submitted, should be self attested with rubber stamp of the firm.

- Interested parties should submit all above documents in envelope No. 01 mentioning documents for medicine quotation.

- **And separate quotation rate list in envelope No. 02.**

Dean
Indira Gandhi Govt. Medical College & Hospital, Nagpur.

List of drugs is attached herewith,
List Pg. No. 01 to 15, Sr. No. 1 to 586