

BIDDING DOCUMENTS

TENDER NO: DUHS / DP/ 2021/ 128; dated: 17th March, 2021

PROCUREMENT OF DRUGS / MEDICINES / NUTRITIONS / CONTRAST MEDIA AND ALLIED ITEMS

ON FRAMEWORK CONTRACT BASIS (SPP RULE 15(B))

COST OF TENDER DOCUMENTS:	Rs. 2,000/= Rupees Two Thousand Only (Non-Refundable) in shape of Pay Order / Demand Draft in favor of Dow University of Health Sciences, Karachi.
TENDER PROCEDURE:	Single Stage – Two Envelope as per rule 46(2) of SPPRA Rules 2010 (Amended 2019)
TENDER PURCHASING DATE:	<u>From the date of Publishing to 13th April, 2021</u>
TENDER SUBMISSION DATE AND TIME:	14th April, 2021 upto 11:00 Hrs
TENDER OPENING DATE AND TIME :	14th April, 2021 upto 11:30 Hrs
TENDER SUBMISSION PLACE :	Dow University of Health Sciences (OJHA Campus) Procurement Directorate at Library Block, SUPARCO Road, off Main University Road, Gulzar-e-Hijri, Scheme No.33, Karachi
TENDER OPENING PLACE :	Seminar Room, Digital Library Block, OJHA Campus, Karachi

NOTE:

- 1) No tender will be accepted after closing of the Tender box, what so ever reason may be.
- 2) All the participants must be signed each & every page of bid documents, else offer will be rejected.



DOW UNIVERSITY OF HEALTH SCIENCES – KARACHI

Suparco Road off Main University Road, Gulzar-e-Hijri, Scheme 33, Karachi
Contacts: 021-99261472-9 Ext: 2461 / 4108, e-mail: director.procurement@duhs.edu.pk

BIDDING DATA

Procuring Agency	:	Dow University of Health Sciences,
Address	:	Dow University of Health Sciences (OJHA Campus) Procurement Directorate, Library Block, SUPARCO Road, off Main University Road, Gulzar-e-Hijri, Scheme No.33, Karachi.
Method of Procurement	:	Framework Contract Valid for One Year (starting from the date of Award of Contract)
Name of Contract	:	Purchase of Drugs / Medicines / Nutrition / Contrast Media & Allied items @ DUHS (As per Annexure – B)
N.I.T No.	:	DUHS / DP / 2021 / 128; dated: 17 th March, 2021
Bid Validity	:	90 days (As per SPP Rules – 2010) (Amended 2019)
Amount of Bid Security	:	1% of total bid value
Tender Purchasing Date	:	From the date of Publishing to 13th April, 2021
Date of Submission	:	14th April, 2021 upto 11:00 Hrs
Date of Opening	:	14th April, 2021 upto 11:30 Hrs
Performance Security	:	2% of the Total Contract Value
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure as per SPPRA Rule 46(2) (Amended 2019)
Advance Payment	:	No Advance Payment will be allowed
Inspection Authority	:	Nominated Inspection Committee
Place of Inspection	:	Main Pharmacy, 2nd Floor, OICD, DUHS & Sindh Infectious Diseases Hospital & Research Centre (Nipa)
Place of Delivery	:	Main Pharmacy, 2nd Floor, OICD, DUHS & Sindh Infectious Diseases Hospital & Research Centre (Nipa)

- **Bidders are required to comply with all the clauses mentioned in the Terms and Conditions of the Bid Documents and any deviation will forbid them from competing in the tender.**

TERMS & CONDITIONS

Bid will be valid for 90 days from the date of opening for technical and financial evaluation. The bidders shall quote their prices inclusive of all applicable duties and Taxes / Logistic Charges etc. and all other expenses on free delivery to Consignee's end at Dow University of Health Sciences, Karachi basis. Final and Firm Price should be quoted in Figures & Words both.

Item No.	Nomenclature / Name of Product	Required Quantity		Price Per Unit (in Figuires)	Price Per Unit (in words)
	DETAILS OF ITEMS & QUANTITY ATTACHED AT ANNEXURE "B"				

DELIVERY PERIOD

VALIDITY

1. GENERAL CONDITIONS & INSTRUCTIONS:

- 1.1. The quoted rates should be in Pak. Rupees and must be valid for 12 months starting from the award of contract.** Orders will be placed as per requirement after receiving demand from the concern department of DUHS.
- 1.2.** The tender shall be submitted with all documents in sealed envelopes. The envelope must contain
 - 1.2.1 Tender inquiry Number on the top,
 - 1.2.2. The name of the Bidder should be affixed on the face of the envelope.
- 1.3.** The Bidder should prepare the Tender in form of **Technical** and **Financial** proposals separately. The envelope should be marked **Technical Proposal** and **Financial Proposal** in BOLD and legible letters to avoid confusion.
- 1.4.** Envelopes should be sealed and addressed to **Director Procurement, Dow University of Health Sciences, Karachi and inserted in Tender box by hand or mail on the scheduled date and time, else tender will not be entertained and would be returned unopened to the bidders.**
- 1.5.** Bidder shall provide a soft copy of technical Proposal in the form of CD/DVD/USB. All the required documents will be uploaded in JPEG format and Annexure will be uploaded in excel format (.xls). On the top of Each CD/DVD/USB the name of Item and Serial number will be mentioned with permanent Black marker. In case of discrepancy in soft copy and hard copy documents, The Hard copy document will prevail and will be considered.
- 1.6. Technical Proposal should have the following documents (Eligibility Criteria):**
 - I. **The Tender Purchase Receipt (original) must be attached along with Technical Proposal; else the bids will be rejected. For alternate offer a separate Purchase Receipt (original) shall be submitted, otherwise both Proposals will be rejected.**
 - II. Photocopy of Pay Order / Demand Draft / Call Deposit / Bank Guarantee of Security Deposit must be attached after hiding the amount in figure and words of the Pay Order / Demand Draft / Call Deposit / Bank Guarantee; otherwise the bid will not be considered.
 - III. Copy of the Bid offer without showing the rates.
 - IV. Valid Manufacturing License, Valid Drug Sales License whichever is applicable.
 - V. Valid Income Tax (FBR) Registration with Active Tax Payer Status on FBR website.
 - VI. Valid Professional Tax Certificate.
 - VII. GST Registration Certificate (if applicable).
 - VIII. Photocopy of Drug Registration certificate

- IX. GMP (Good Manufacturing Practices) and CGMP Certificate issued by Drugs Regulatory Authority Pakistan (DRAP) during last 03 years is also mandatory For Manufacturers,
- X. Bioequivalence Study and Biosimilar Studies for biological by DRAP notified LABS or WHO/JpMHLW/EMA/US FDA approved/accredited labs only.
- XI. Federal Drug Inspector Report of the Manufacturer for last three year
- XII. Original Distributor Authorization Letter which should be addressed to Director Procurement (where applicable).
- XIII. Tax Exemption Certificates if any

1.7. Financial Proposals should have the following documents:

- I. Original Pay Order / Demand Draft / Call Deposit / Bank Guarantee of Bid Security Deposit.
- II. Original copy of the Financial Proposals with Quoted price.
- III. Printed Price List of the Manufacturer / Importer indicating Trade Price and Retail Price which should be duly signed and stamped by the Authorized person of the Firm.

1.8. Only Manufacturers / Importers or their authorized distributors can participate in the Tender.

1.9. All the Bidders (Manufacturers or their Distributors) should fill the Company Profile Performa which should be filled by the Manufacturer, duly signed and stamped and should be submitted at the specified time of Tender submission along with the relevant certificate and documents otherwise the bid will be rejected. The Bid shall be evaluated on below mentioned criteria

BID EVALUATION CRITERIA FOR DRUGS/MEDICINES (FOR MANUFACTURER)

S#	Description	Marks For Evaluation	Max Marks
1	Export of Quoted Product (Attach documentary support i.e. bill of lading or letter of credit or any other document instead of just giving details on company's letter head only.)		10
A	A total of 10 countries or above	10	
B	1 Marks per country	1	
2	BIOEQUIVALENCE STUDY REPORT/BIOSIMILARITY STUDIES FOR BIOLOGICALS		20
A	Bioequivalence study/Biosimilarity Studies from any of the below mentioned labs: 1-WHO prequalified labs 2- Labs certified/audited by SRAs of ICH(International Conference on Harmonization)member countries.The firm will attach bio-equivalence certificate of the product). 3- Original manufacturer will be awarded full marks.	20	
B	2. National Drug Testing Laboratories	15	
C	3. No Bioequivalence study	0	
3	ACTIVE PHARMACEUTICAL INGREDIENT(API)SOURCE		20
A	1-Original source/Research molecule	20	
B	2-Source licensed by original or accredited by FDA/WHO/EMA	15	
C	3-Other source	1	
4	FINANCIAL CAPACITY OF THE BIDDER		10
A	ANNUAL TURNOVER OF LAST FINANCIAL YEAR 100 MILLION OR ABOVE	10	
B	BETWEEN 50 100 MILLION	5	
C	BETWEEN 25 50 MILLION	3	

D	LESS THAN 25 MILLION THE bidder shall provide requisite documents i.e. FBR documents showing the Annual sale of the firm.	1	
5	EXPERIENCE OF THE QUOTED PRODUCT SINCE JANUARY 2020		10
A	Supply of the quoted product equivalent or higher than the advertised quantity in last year	10	
B	Supply of the quoted product is less than advertised quantity in last year	5	
6	CREDIBILITY & CERTIFICATION OF MANUFACTURER		10
A	Valid ISO 17025 Certification for competence of Testing and Calibration of Labs. (2)	2	
B	Valid ISO 14001 (Environment Management System (EMS) certificate) (2)	2	
C	Valid International reputed certification FOR MANUFACTURING (WHO/UNICEF/JPMHLW/UNFPA/WFP/US-FDA/ PICS) (3)	2	
D	Waste Water Treatment Plant (attach copy of layout plan and SOPs) (2)	2	
E	Registration of firm with IQVIA Solutions (formally IMS) (3)	2	
7	Traceability of Medicine		10
A	Visible Batch and Expiry on Each Unit of Product	10	
8	Quality of Product		10
A	If sample of quoted product is declared sub-standard by DTL are less than 1% during last financial Year.	10	
B	If sample of quoted product is declared sub standard by DTL are more than 1%	5	
Total marks: 100			100

1.10. For Importer:

All the bidders (Importer or their authorized distributors) should fill the Sole Agent Performa duly signed and stamped and should be submitted at the specified time of tender submission along with the relevant documents as required in the Performa and any other Documents / Information (as mentioned in Eligibility Criteria, see 1.6).

1.11. Tenders must be completed by typing in the column provided / on separate Letter Head duly signed. Soft copy of the tender documents can be downloaded from the website of the Dow University of Health Sciences (www.duhs.edu.pk).

1.12. The tender must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it duly stamped, else the offer will not be entertained.

1.13. The rates of each item should be written in figures as well as in words. Arithmetical errors will be rectified on this basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall be corrected. In case of discrepancy the price in words will be authenticated and final.

1.14. Conditional Tenders against the Govt. Rules / policy will not be considered /entertained / accepted.

1.15. Tenders shall be accompanied by Bid Security @ 1% of total bid value in shape of Pay Order / Demand Draft / Call Deposit / Bank Guarantee in favor of **Dow University of Health Sciences, Karachi.**

1.16. All Bidders should provide at least **Two Samples** free of cost of the each quoted product. **The specifications of the quoted product will be verified by the sample provided.**

1.17. The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

- 1.18.** All the (applicable) Government taxes (Income Tax / Sindh Sales Tax (if applicable) / 0.35% Stamp Duty of the value of the contract amount will be affixed on the bills or on the contract agreement of the full contract value by the Contractors / Suppliers.
- 1.19.** If the Contractors / Suppliers require Tax exemption facility regarding non deduction of Advance Income Tax vide CR No. 1(10)WHT/2001, dated 11th April, 2002, the required documents shall be submitted. The copy of the exemption certificate issued by the concerned authority must be attached and on a copy of Bill of Entry duly attached in case bid price is on C&F basis & Tax paid Challan copy duly attested should be attached with the bill along with an undertaking on Company Letter Head.
- 1.20.** Schedule is prepared with the generic name; however the bidder must have to mention the brand name with strength Packaging form, Packaging Unit and Dosage form against the generic name.. for e.g. Tab Paracetamol 500mg (Panadol Tablet 500mg (1 Strip = 10Tab)), similarly Injection Diclofenac Sodium 75mg (Voren inj 75mg/ml Ampule (1box = 10Amp)).
- 1.21.** The dosage form, strength and pack size offered for bidding in the tender shall be those which are registered / approved by the Drugs Regulatory Authority Pakistan (DRAP)
- 1.22.** Registration number, make or origin of the country of the drug must be mentioned for each item, for which quotation is given, otherwise it will not be considered. The bidder will also provide original warranty of Manufacturer / Importer with Batch number and Quantity at the time of supply of medicines.
- 1.23.** The quoted rates once offered by the firms will not be changed during the contract period.
- 1.24.** The supplies should be in commercial pack as per drug act 1976 and delivered at the designated place of Dow University of Health Sciences, Karachi by the authorized representative of the firm at the risk and cost of the supplier. Any breakage or shortage of stock will be recovered from the supplier.
- 1.25.** All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index, else Procurement Committee reserves the right to accept or reject.
- 2. SPECIAL CONDITIONS:**
- 2.1.** The supplies shall be delivered in accordance with the Purchase orders as per following schedule of requirements
-- Locally Manufactured item shall be delivered on priority (maximum within 21 days after PO receiving)
-- Imported Items shall be delivered within 35days period.
- 2.2.** Supplier appraisal shall be performed based on the compliance to the above mentioned periods.
- 2.3.** Partial deliveries for bulk supplies shall be requested from Pharmacy Stores via email to supplier.
- 2.4.** Distributor once nominated by the manufacturer / importer will be for the whole contract period and manufacturer / importer cannot change its distributor during the contract period. In exceptional cases changes may be allowed by the competent authority of Dow University of Health Sciences.
- 2.5.** No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer is quoting itself in any tender. Failing those offers of both the manufacturer as well as other bidder shall be ignored.

- 2.6. Procurement committee / competent authority may formulate an inspection committee to inspect & conduct GMP Audit of manufacturer if required.
- 2.7. The manufacturer / importer of sub-standard adulterated spurious, counterfeit, misbranded or contaminated medicine(s) item(s) etc., may be black listed by the competent authority (as per Rule-35 and relevant rules / regulations / polices / instructions of SPPRA).
- 2.8. If goods are declared sub-standard the Manufacturer and their Distributor are equally responsible and are bound to supply additional quantity of whole batch free of cost. (in case of failure the contract will be terminated as per relevant rules / conditions etc.)
- 2.9. The successful bidder shall pay the testing fees directly to the Provincial Drug Testing Lab. for the batches to be supplied and should supply extra quantity of drug / drugs used for testing purpose.
- 2.10. The drugs shall be accompanied by the necessary warranty on Form 2-A (on non-judicial stamp paper) in accordance with the provision of the Drugs Act 1976 and rules framed there under.
- 2.11. The sample of the drugs supplied by the vendors will be drawn for test and analysis purpose under Drugs Act 1976.
- 2.12. The supply should be executed in minimum number of batches.
- 2.13. The vendors who quote dispensing items (Methylated spirit, paraffin etc.) must possess re-packing License issued from Drugs Regulatory Authority Pakistan (DRAP) or their offer will be rejected.
- 2.14. **The Technical evaluation shall also be carried out by the Technical Evaluation Committee Dow University of Health Sciences, Karachi, which shall be final, The Evaluators shall assess on clinical experience basis and Evaluation Criteria prescribed in these bidding documents.**
- 2.15. **Only those item's Financial offer will be announced / considered which were technically qualify by the Technical Evaluation Committee if any firm wants to give the separate item wise financial bid they are advised to give separate item wise sealed envelope (s) of every item and should mention the name of the item and tender serial number on the front in BOLD and legible letters to avoid confusion, else the Financial Proposal Envelope will be opened on qualified item basis and it will not be challenged by the Suppliers / Contractors to open the Financial Proposal of the disqualified items.**
- 2.16. If a sample of a batch of drug or item is declared in contravention of section 3 / 23 of drugs act 1976 on the basis of test analysis report on presence of any foreign particle seen by the competent authority, those will be destroyed and payment will not be made to the supplier. The supplier will be responsible to provide the fresh stock of standard quality within 45 days against the rejected batch. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and action will be initiated against the offending firm according to the Drugs Act. 1976 on terms and condition of the tender, whichever is applicable.
- 2.17. Manufacturer / Importer of vaccines, Sera and recombinant DNA products should submit Lot Release certificate issued by Federal Government Analyst National Control Laboratory for Biological (NCLB), WHO approved vaccines, will be considered only.
- 2.18. Manufacturers / Importers / distributors will directly supply the goods as per supply order along with Bill of Warranty and Quality Certificate of each batch.

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The DUHS Authority reserves right to decrease or delete the quantities of goods / services and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions during the contract period.

4. PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:

The DUHS Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended 2019).

5. PERFORMANCE SECURITY:

The successful bidders will have to deposit requisite security in the shape of a Pay Order / Demand Draft / Call Deposit / Bank Guarantee at **2% value of the contract amount in the favor of Dow Univeristy of Health Sciences**. The same will be released after successful completion of stores or till the finalization of contract. After the acceptance of the Tender by the Vendor, a purchase order may be issued and if offer is not accepted by the Vendor, the Bid Security shall be forfeited to the DUHS as per SPPRA Rules, 2010 (Amended 2019).

6. SHELF LIFE REQUIRED:

No supply will be accepted having expiry date less than 80% of shelf life for the National manufacturer and 70% for imported items (wherever applicable).

7. NOTIFICATION OF AWARD

Prior to expiration of the bid validity period or extended bid validity period, the Procuring agency will notify the successful bidder in writing about the acceptance of the offer delivery by hand or by registered letter or by Courier or by e-mail. The notification of award will constitute the formation of the contract.

8. PERIOD OF CONTRACT

Initially contract shall be signed for a period of one year (12 months), however, DUHS at its own discretion can extend the contract for a further period of six (06) months or till the finalization of next tender. The contractor shall be bound to provide the services for extended period without change in rate and terms & conditions.

9. CANCELATION OF CONTRACT

If the successful bidder fails to provide the satisfactory services, the DUHS shall be entitled at his option to cancel the contract and recover the damages besides forfeiture of Performance Guarantee. The DUHS shall not be liable to any risks and costs whatsoever in consequence of such cancellation of the contract.

10. TERMINATION FOR DEFAULT

DUHS without prejudice to any other remedy for breach of Contract, by written notice of default sent to the contractor, may terminate this Contract in whole or in part:

- a. if the contractor fails to deliver any or all of the services within the period(s) specified in the Contract, or within any extension thereof granted by the DUHS; or
- b. if the contractor fails to perform any other obligation(s) under the Contract; or
- c. if the contractor, in the judgment of the DUHS has engaged in corrupt or fraudulent practices in competing for or in executing the Contract.

For the purpose of this clause:

“corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the procurement process or in contract execution.

“fraudulent practice” means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of the Borrower, and includes collusive practice among Bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the Borrower of the benefits of free and open competition.

11. FORCE MAJEURE

The contractor shall not be liable for forfeiture of its performance security, liquidated damages, or termination for default if and to the extent that its delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure.

For purposes of this clause, “Force Majeure” means an event beyond the control of the Supplier and not involving the Supplier’s fault or negligence and not foreseeable. Such events may include, but are not restricted to, acts of the DUHS in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions, and freight embargoes.

If a Force Majeure situation arises, the contractor shall promptly notify the DUHS in writing of such condition and the cause thereof. Unless otherwise directed by the DUHS in writing, the Supplier shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

12. TERMINATION FOR INSOLVENCY

DUHS may at any time terminate the Contract by giving written notice to the contractor if the contractor becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the Contractor, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the DUHS.

13. TERMINATION FOR CONVENIENCE

The DUHS, by written notice sent to the Supplier, may terminate the Contract, in whole or in part, at any time for its convenience. The notice of termination shall specify that termination is for the DUHS’s convenience, the extent to which performance of the Contractor under the Contract is terminated, and the date upon which such termination becomes effective.

14. RESOLUTION OF DISPUTES

In the case of a dispute between the DUHS and the Contractor, the dispute shall be referred to the dispute resolution mechanism as defined in rule 31, 32 and 34 of the SPP Rules, 2010 (Amended 2019).

15. GOVERNING LANGUAGE

The Contract shall be written in the ENGLISH language All correspondence and other documents pertaining to the Contract which are exchanged by the parties shall be written in the English language.

16. APPLICABLE LAW

The Contract shall be governed by the Laws of Pakistan and the Courts of Karachi - Pakistan shall have exclusive jurisdiction.

17. BID EVALUATION (T.E.R):

Bid evaluation will be considered on following grounds for approval of company.

CHECK LIST FOR TECHNICAL PROPOSAL DOCUMENTS

Annexure-A

CRITERIA	YES	NO
Tender Purchase Receipt (Original)		
Photocopy of Pay Order / Demand Draft / Call Deposit / Bank Guarantee of Security Deposit should		
Copy of the Bid offer without showing the rates		
Copy of Registration National Tax Number (NTN) (Mandatory) Bidder should be active Tax Payer and Filer		
Valid Manufacturing License, Valid Drug Sales License whichever is applicable		
Valid Professional Tax Certificate		
GST Registration Certificate (if applicable)		
Copy of undertaking regarding supply of required items with stipulated time with quality certificate from the authorized laboratory		
FBR document for the Annual Sale of Firm		
Relevant experience (Documentary Evidence should be attached) for the last three years with reputable Hospitals.		
An undertaking regarding that the Firm shall not be black listed / involve in any litigation with Government Institutions. (Federal / Provincial / Local)		
Photocopy of Drug Registration Certificate		
GMP (Good Manufacturing Practices) and CGMP Certificate issued by Drugs Regulatory Authority Pakistan (DRAP)		
Bioequivalence Study and Biosmiliar Studies		
Federal Drug Inspector Report of the Manufacturer		
Original Distributor Authorization Letter		
Letter of credit/Bill of landing to prove export of Quoted Products		
FDA/WHO/EMA/other Certificate of the Source/Origin from where API is obtained		
Valid ISO Certification for Lab		
Valid ISO Certification for Environmental Management and Safety		
Affidavit for the declaration of Substandard drugs reported by any agency in past		

NOTE: **The offer will not be entertained if the required documentary evidence has not been found attached in support of above evaluation criteria.**
However any document missing as mentioned in Annexure A 1 the bidder shall submit the same within 24-hours, otherwise their bid treated as rejected.
The final decision for qualification shall be on the basis of provision of all documents and approval of samples by the committee.

18. UNDERTAKING on Non Judicial Stamp Paper

- 18.1.** I / we read / understand the conditions specified in the tender inquiry and undertake:
- 18.2.** That I / we will remain bound to supply any item as an additional quantity at the same rate on which said item I/ we have supplied during the contract period.
- 18.3.** That I / we agreed whether our tender accepted for total, partial or enhanced quantity for all or any single item.
- 18.4.** I / we also agree to supply and accept the said item at the rates for the supply of contracted quantity within the stipulated period shown in the contract.
- 18.5.** I / we understand and ensure for the supply of quality medicines. I/ we also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub-standard.
- 18.6.** I / we undertake that, if any of the information submitted in accordance to this tender inquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.
- 18.7.** I / we undertake to deposit the Drug Testing fees per batch to the Provincial/Central Drugs Testing Laboratories, the said-fees will be paid directly to POL / CDL, if the assignment given to the said laboratories.
- 18.8.** I/ we undertake that, I/ we will replace the drugs three month before its expiry.
- 18.9.** I/we undertake that I/we abide to deliver partial supplies against Purchase order if requested by Purchaser.
- 18.10.** I/ we undertake that, I/ we have never been black listed.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ **Fax #** _____ **Cell #** _____

19. TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE

I / we, M/s. _____ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2010 rules (Amended 2019) for procurement of Drugs / Medicines / Nutrition / Contrast Media and Allied items during the validity of the tender.

Signature of Vendor _____

Name of Authorized Person _____

Designation _____

Seal and Address _____

Tel No. _____ Fax No. _____ E-mail address _____

Witness

1) Name _____ Signature _____

2) Name _____ Signature _____

20. Specimen for Authorization letter by Manufacturer/Importer for their Distributor:

I/We, M/s. _____ hereby authorize M/s. _____

Address: _____ as our authorized Distributor for Dow

University of Health Sciences, Karachi for 12 months (extendable for further 6 months with mutual consent or till the finalization of next tender).

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

Signature of Manufacturer / Importer _____

Name & Designation. _____

Address: _____

Note:

- i) All the above said instructions must be read carefully for compliance; else the offer will be ignored / rejected.**
- ii) Department reserves the right to ask and verify any document from the participants related with Manufacturer / Importer of item, to assess the quality.**

CONTRACT FORM

THIS AGREEMENT made the ____ day of _____ 2021 between [name of Procuring Agency] of [country of Procuring agency] (here in after called “the Procuring agency”) of the one part and [name of Supplier] of [city and country of Supplier] (here in after called “the Supplier”) of the other part:

WHEREAS the Procuring agency invited bids for certain goods and ancillary services, viz. [brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures] (here in after called “the Contract Price”).

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:
 - (a) The Bid Form and the Price Schedule submitted by the Bidder;
 - (b) The Schedule of Requirements;
 - (c) The Technical Specifications;
 - (d) The General Conditions of Contract;
 - (e) The Special Conditions of Contract; and
 - (f) The Procuring agency’s Notification of Award.
3. In consideration of the payments to be made by the Procuring agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring agency to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Procuring agency hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed, delivered _____ by _____ the (for the Procuring Agency)

Signed, sealed, delivered _____ by _____ the (for the Supplier)

INTEGRITY PACT

DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC. PAYABLE BY THE SUPPLIERS/CONTRACTORS/CONSULTANTS.

Contract Number: _____

Dated: _____

Contract Value: _____

Contract Title: _____

[Name of Supplier/Contractor/Consultant] hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Sindh (GoS) or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

Without limiting the generality of the foregoing, **[Name of Supplier/ Contractor/ Consultant]** represents and warrants that it has fully declared the brokerage, commission, fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from Procuring Agency (PA), except that which has been expressly declared pursuant hereto.

[Name of Supplier/Contractor/Consultant] certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with PA and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

[Name of Supplier/Contractor/Consultant] accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to PA under any law, contract or other instrument, be voidable at the option of PA.

Notwithstanding any rights and remedies exercised by PA in this regard, **[Name of Supplier/Contractor/Consultant]** agrees to indemnify PA for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to PA in an amount equivalent to ten times the sum of any commission, gratification, bribe, finder's fee or kickback given by **[Name of Supplier/Contractor/Consultant]** as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from PA.

[Procuring Agency]

[Supplier /Contractor/Consultant]

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

PHARMACEUTICAL COMPANIES

PROFILE

Note.

- a. Please fill in the correct information carefully submission of wrong/ vague information may lead to disqualification of the firm.
- b. Each page of the Performa must be duly signed & stamped.

GENERAL INFORMATION

1.	Name of the company				
1.a	Year of establishment				
1.b	Form of the company Annex copy of registration <ul style="list-style-type: none"> • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify) 				
1.c	Address of the firm <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 				
1.d	Location of the firm Annex certificate <ul style="list-style-type: none"> • Industrial • Commercial • Residential • Agricultural • Other (specify) 				
1.e	Enlistment with any stock exchange (in Pakistan / overseas. If any. Annex details)				
1.f	Blacklisting / complaint against the firm (by any govt. or other org. if any)				
2.	Drugs manufacturing license number (Annex copy of Drugs manufacturing License)				
2.a	Type of activity being carried out by the company:- <ul style="list-style-type: none"> • Formulation • Repacking • Other (specify) 				
2.b	Name & Address of the companies / subsidiaries and associated companies, if any, With whom there is collaboration or joint venture	1			
		2			
		3			
2.c	Annual sales turnover of the firm in the previous 3 years (In millions)	year	Domestic sales	Export	Govt Sector
	• 1.				
	• 2.				
	• 3.				

3.	Total area of the unit (in sq ft)	
3.a	Total Covered Area (in sq ft) Annex copy of approved lay out plan by Ministry of Health, Islamabad)	
3.b	Total covered Area of production (in sq ft)	
3.c	Total covered area of quality control department (Sq ft)	
3.d	Total covered area of administration block (in Sq ft)	
3.e	Plant layout, design & finishes <ul style="list-style-type: none"> • Enable avoidance of cross contamination • Enable proper cleaning, drainage, sanitization as per written sanitation program • Enable proper ventilation, air conditioning and maintenance. 	
4.	Income Tax no (NTN) <ul style="list-style-type: none"> • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return 	
5.	Sales Tax Registration No. (if any. Applicable) Attach copy of certificate, and details of sales tax Paid during past 3 years	
6.	G M P compliance certificate & GMP audit report (attach report/ certificate)	
7.	<ul style="list-style-type: none"> • Assay procedure of all product • Reference Standard • Bio-availability/ Bio-equivalence report of all product 	
8..	Technical personnel involved in Manufacture of pharmaceutical products (Attach section wise list with qualification & experience)	
8.a	Production <ul style="list-style-type: none"> • Pharmacist • Chemist • Other technical persons 	
8.b	Quality Control <ul style="list-style-type: none"> • Pharmacist • Chemists/ biochemist/ microbiologist • Other Technical Persons 	
8.c	Product/ formulation Development Section <ul style="list-style-type: none"> • Pharmacist/chemist/other 	
9	Total Employees (including Technical staff)	
	Management	
	Production	
	Quality control	
	Research & Development Sales and Marketing Administration	
	Others	
	Total Head Count	

10	Training of personnel <ul style="list-style-type: none"> On job training schedule Schedule/program for training of technical staff Schedule/program for training of worker (Including GMP and hygiene) 	
11	Medical checkup of worker:- <ul style="list-style-type: none"> Prior to induction Annual Periodic (worker doing optical checking) 	
12	Manufacturing information	
12.a	No of registered drugs	
12.b	No of drugs being manufactured (active)	
12.c	No of PV listed items (Attach list)	
13.	Raw materials (Active ingredients) (Name of the source companies along with country of origin)	
14.	<u>Dosage form and production capacity</u>	
	<u>Dosage Forms</u> <ol style="list-style-type: none"> Solid Liquid Inject able (liquid) Inject able (Dry powder) Ointments/ Creams/ Gels Capsules I V infusions Dialysis solutions Repacking / External preparations etc. 	<u>Production capacity (per 8 hours)</u> <ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9
15	Cleanliness & maintenance of : <ul style="list-style-type: none"> Equipment – List 	
16	Emergency power supply arrangements (For at least critical areas of the unit)	
17	Drug recalls system (volunteer) & SOPs for recall (Annex details)	
18	Inspection record of the company	
	Years	Inspecting Authority
	1	
	2	
	3	
19	Market Availability and Since when (mention year) <ul style="list-style-type: none"> Products routinely manufactured Only occasionally / on request (Annex six batches certificates) 	
20	Number of distributors/ authorized Agents (Attach list indicating name, address / approx sales range of each)	
21	Source of Raw Material	

MANUFACTURING INFORMATION**STORES / WARE HOUSES**

Covered area _____

(Annex details of each store)

S. #	Criteria	Available as per SOPs, GMP or cGMP	Partial	Not available	Remarks
i.	Separate stores for: <ul style="list-style-type: none">• Raw material• Labels & packaging material and• Finished products				
ii.	Separate quarantine facilities for :- Incoming raw material Packaging materials				
iii	Cold rooms facility for: <ul style="list-style-type: none">• Vaccines, biological and other controlled temperature products• Cold chain facility				
Iv	Temperature & humidity control facility in the stores.				
v.	Identification slips for raw material: <ul style="list-style-type: none">• Approved• Rejected• Quarantine				
Vi	Source of raw materials <ul style="list-style-type: none">• Active and• Inactive (Annex list of the source companies with countries of their origin, as at SR No 16)				
Vii	Separate dispensing area & equipment				
Viii	Proper storage of materials as per storage instructions on the label				
Ix	Adequate space for the orderly storage of all materials				
X	Segregation of material as; <ul style="list-style-type: none">• Quarantine• Approved,• Rejected• Recalled• Expired material/ drugs				
Xi	Storage of materials:- <ul style="list-style-type: none">• On pallet, stands• Shelves / racks• Off the floor,• Off the walls (in all stores)				
Xii	Safe/ separate storage of inflammable / hazardous materials / chemicals				
Xiv	Separate storage facility for expired raw/ other materials				
Xv	Dispensing of materials according to prescribed SOP & GMP requirements				
Xvi	Traceability of specific batch from the distribution / sale records of finished good.				

SYRUPS / LIQUID SECTION

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area of the section _____ Batch capacity _____

S. #	Criteria	Available as per SOPs, GMP or Cgmp	Partial	Not available	Remarks
I .	Water source City water supply/ deep-well other				
ii.	Water treatment plant Multi effect, fabricated with GMP standard lines, de-ionized water				
iii.	Treated water storage capacity				
iv.	Equipment washing/ cleaning facility				
V	Mixing equipment				
Vi	Heat source (Electricity, gas o r oil)				
Vii	Storage capacity (No of containers with capacity)				
Viii	In-process production & quality control records				
Ix	Filtration equipment				
X	Water outlets system (concealed or open drain system)				
Xi	Bottles De-Carton ing Room				
Xii	Facility for Bottles; <ul style="list-style-type: none"> • Washing • Drying • Blowing 				
xiii.	Automatic Filling Line & Machines (No, Type & Capacity)				
xiv.	Caps Sealing Machines (No, Type & Capacity)				
xv.	Mode of Labeling (Manual / Automatic)				
xvi.	In Process Filling and QC Record				
xvii.	Transfer & Filling Lines Pipes (SS or Other)				
Xviii	Q C Release Certificate				

TABLETS SECTION

(Please give make, model, type, No and value of the equipment along with availability status, attach complete list)

Total covered Area _____

Batch Capacity _____

S #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not Available	Remarks
I	Mixer (wet and Dry) (type / Capacity)				
Ii	Granulator (wet and Dry) (No, Type / Capacity)				
Iii	Dryers (FB / Tray) (No, Type / Capacity)				
Iv	Quarantine: <ul style="list-style-type: none"> • Facility and Procedures for storing of granules prior to QC release for compression • Facility and procedures for storing of tables prior to QC release for packing 				
V	Compression machines (No, Type & Number)				
Vi	In process QC and compression record [Weight variation / Hardness]				
Vii	Mode of Coating being done (Film / Sugar/ Automatic/ manual)				
Viii	Film Coating Machine, if available (Number / capacity)				
iX	Coating pans (Film & sugar) (Number / capacity)				
X	Ventilation & Exhaust system for film coating section [for coating section]				
Xi	Batch Coating Capacity (In consistent with batch capacity)				
Xii	Strip Packing Machines (Number / Capacity)				
Xiii	Blister Packing Machines (Number / Capacity)				
Xiv	Printing Machines (Inject / Laser/ Other)				
Xv	QC Batch Release Certificate (prior to packing)				

CAPSULES SECTION

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
 Total covered area _____ Batch Capacity _____

S. #	Criteria	Available as per GMP, cGMP & SOPs	Partial	Not available	Remarks
I	Powder Mixer No, Type & Capacity				
II	Capsule filling Machine (Auto / semi Auto No, Type, Capacity)				
III	Temperature and humidity Control (HV AC System)				
IV	Dehumidifiers for capsules filling (if being used, type)				
V	In processing filling & QC record				
VI	Blister packing Machines Number / capacity, Make				
VII	Blister Batch & Expiry Date Printing Facility (inject, Laser / Other)				
VIII	Quarantine Facility <ul style="list-style-type: none"> • For storing of material prior to QC release for filling • For storing of Capsules prior to QC release for packing 				

DRY POWDER (ORAL)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
 Covered area _____ Batch Capacity _____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i	Powder Mixer No, Type & Capacity				
ii	Temperature and Humidity Control (HV AC System)				
iii	Filling Machine Manual / Automatic/ Semi				
iv	Bottles: <ul style="list-style-type: none"> • De Cartooning • Washing Facility • Drying Facility • Blowing Facility 				
v	In process Filling and QC Record				
vi	Labeling & Packing Manual/ Automatic				
vii	Quarantine Facilities In process / Finished				
viii	Maintenance and Cleanliness				

OINEMENTS / CREAMS / GELS/

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area _____

Batch Capacity _____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	Homogenizer / Mixing equipment (Type / capacity)				
ii.	Preparation & Mixing Equipment (Type / Capacity)				
iii.	Tube Filling / Sealing Equipment [Manual / Semi-Automatic/ Automatic]				
iv.	Temperatures / Humidity Control				
v.	Type of preparation being produced [crams, Ointment, Gels]				
vi.	Batch printing Facility (Laser/ Inject / Other)				
vii.	In process Filling Record & QC Record				
viii.	Equipment washing facility				
ix.	Batch Record				
x.	Quarantine Facility				
xi.	Maintenance of the area				

STERILE AREA
(DRY POWDERS VIALS)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)

Total covered area _____

Batch Capacity _____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	Dedicated Air Handling Unit (HV AC System) as per requirement of the area				
ii.	Positive Pressure (positive Pressure maintained in each filling room <0.05 inch of water column, Manometer				
iii.	Area. <ul style="list-style-type: none"> • Sterilization record • Fumigation record • Mopping Record 				
iv.	Vials Washing Drying Blowing & Sterilization Facilities (washing with filtered water under HEPA filter, if being washed)				
v.	Laminar Flow Hood (Over the filling machine)				
vi.	Change Rooms Air Lock & Buffers (Before filling / processing room)				
vii.	Nitrogen / Inert gas flushing of the vials/ ampoules, if required so				
viii.	Vials Filling Machine [Number, Type and capacity , & Make]				
ix.	Vials sealing Machine Number type, Capacity Make flip off cap or other				
x.	Written procedure for handling of rejected vials				
xi.	Vials batch over printing facility (Laser, Inject / Other)				
xii.	Labeling & Packing (Automatic semi-automatic Manual)				
xiii.	SOPs for the sterile area				
xiv.	Equipment Cleaning Facility / Scheme				

GENERAL / ANTIBIOTIC
(LIQUID INJECTABLE)

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list)
Total covered area _____ Batch Capacity _____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not available	Remarks
i.	Dedicated Air Handling Unit HVAC System (As per requirement of the area)				
ii.	Positive pressure Positive Pressure maintained in each filling room <0.05 inch of water col. Manometer installed				
iii.	Water Treatment Plant Multi effect Multi col, Fabricated with GMP standard SS lines & pyrogen free water				
iv.	Water Storage Facility & Capacity, If stored (SS storage tank, with sufficient capacity, kept at 80c with 24 hours circulation through loop under UV light)				
v.	Filtration of solution (aseptically, through recommended filter)				
vi.	Laminar Flow Hood for filling Machine				
vii.	Change Rooms & Buffers (Change Room, air lock and buffer room prior to filling room)				
viii.	Sterilization and de-hydrogenation of filling equipment & their parts (In autoclave prior to use)				
ix.	Bulk Solution held under positive pressure during filling				
x.	Ampoules Filling Machines (Number, Type, Capacity & Make)				
xi.	Equipment cleaning with treated water				
xii.	Aseptic batching area sterilization Facilities / Mechanism				
xiii.	Environmental monitoring program for the aseptic batching area, sterile filling room and filling line				
xiv.	Integrity monitoring System for laminar flow hood and HVAC, serving sterile area				
xv.	Ampoules Batch Printing Facility (Laser / Inject / Other)				
xvi.	Labeling & Packing (Automatic / Manual)				
xvii.	Equipment cleaning Facility/ Scheme				
xviii.	Biological indicators used in sterilization process				
xix.	Record of sterilization cycle (Temp / time)				
xx.	Optical Checking Room Facility				
xxi.	Eye Examination Record of Optical Inspectors				

xxii	Rejection Record				
xxiii	Ampoule Printing Facility (overprinting)				
xxiv	Area and Environment Monitoring Record & SOPs <ul style="list-style-type: none"> • installation, Operational & Performance of all equipment being conducted & maintained • Aseptic filling process monitoring through media fill and broth fill trial performed (biannually minimum) • sterilizers integrity checked and maintained • Calibrations of all measuring and monitoring devices being conducted / maintained regularly 				
xxv	Class of the Sterile Area (As per standard requirement of the areas)				
xxvi	Quarantine for the product waiting QC release				

QUALITY CONTROL / QUALITY ASSURANCE
EQUIPMENTS

(Please give make, model, type, no & value of the equipment along with availability status, attach complete list) covered area _____

S. #	Criteria	Available as per SOPs GMP or cGMP	Partial	Not Available	Remarks
1	UV , Spectrophotometer				
2	HPLC				
3	Moisture Analyzer				
4	PH Meter				
5	Disintegration Apparatus				
6	Dissolution Apparatus				
7	Friability Testing Apparatus				
8	Hardness tester				
9	Melting point apparatus				
10	Electric Ovens				
11	Digital balance				
12	Gas Chromatography				
13	Floury Meter				
14	Refract meter				
15	Polari meter				
16	I R Spectrophotometer				
17	Micro Lab				
18	Pyrogen Testing Apparatus / Facility				
19	Laminar Flow Hood & Sterility Testing Facility				
20	Particle Counter				
21	Colony Counter				
22	Incubators Hot & cool				

23	Electric Ovens				
24	Quality Control Procedures and Analytical Methods				
25	Analytical Record Of: <ul style="list-style-type: none"> • Active Raw Material • Inactive Material • In process products • packing & Packaging Materials • Finished Products 				
26	Shelf Life / Stability Studies				
27	Complete Batch History and Record				
28	Batch Release Certificates Record				
29	In process Q C Inspector [Appointed or Not]				
30	No of Technical personal working in the Lab with qualification (attach list) <ul style="list-style-type: none"> • Chemist • pharmacists • Biochemist • Microbiologist • Others 				
31	Quality Standards being followed <ul style="list-style-type: none"> • United State Pharmacopoeia • British Pharmacopoeia • Japanese Pharmacopoeia • Pakistan Pharmacopoeia • Chinese Pharmacopoeia • Any other / Own specifications 				
32	Retention samples of each batch in its original container				
33	Quality Control tests invariably conducted for: <ul style="list-style-type: none"> • Active • Non Active and • Packaging Materials • In process / Intermediate • Bulk and • Finished products 				
34	SOPs / Prescribed procedure for approval of vendor / source of starting materials				
35	Testing from each container of active starting material or other random sampling				
36	Procedures for releasing finished products SOP's				
37	Person responsible for release of batch (qualification & experience)				
38	Time period for retention of control samples (till expiry or one year after expiry)				
39	Other details of quality assurance/ QC procedures, if any (Annex Details)				
40	Stability tests and shelf life studies (for each products)				
41	Testing from each container of active starting material or other random sampling				

Signature _____
(With name and Designation)
Stamp of Company

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

IMPORTER / SOLE AGENT

Note.

- a. Please fill in the correct information carefully submission of wrong/ vague information may lead to black listing of the firm.
- b. Each page of the Performa must be duly signed & stamped.
- c. Company/firm agreement with principle duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	Name of the company			
2.	Year of establishment			
3.	Address of the firm <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 			
4.	Location of the Company <ul style="list-style-type: none"> • Industrial • Commercial • Residential 			
5.	Form of the company Annex copy of MOA/ registration <ul style="list-style-type: none"> • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify) 			
6.				
7.	Blacklisting / Complaint / Litigation against the firm (By any govt. or other org. if any)			
8.	Drugs sale license number, if applicable (Annex copy License)			
9.	Type of activity being carried out by the company:- <ul style="list-style-type: none"> • Manufacturing • Assembly /Repacking • Import • Other (specify) 			
10.	Name & Address of the Principal(s) companies			
11.	Capital value of the firm/sole agent; <ul style="list-style-type: none"> • Authorized Capital • Paid up capital 			
12	Annual sales turnover of the firm in the previous 3 years (In millions)	Year	Market Sale	Govt. Sector
	• 1.			
	• 2.			
	• 3.			

13.	Income Tax no (NTN) <ul style="list-style-type: none"> • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return 					
14.	Sales Tax Registration No. (if any. Applicable) Attach copy of certificate, and details of sales tax Paid during past 3 years					
15.	G M P compliance certificate & GMP audit report of the Principal(s) (Attach report/ certificate) (if applicable)					
16.	Free Sale Certificate of the items in the country of origin					
17.	Registration with MOH, Islamabad where applicable Drugs/Surgical Disposable, attach separate sheet					
18.	List of Technical personnel with qualification (Attach List)					
19.	Total Employees (Including Technical staff) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Administration</td> </tr> <tr> <td>Technical</td> </tr> <tr> <td>Management</td> </tr> <tr> <td>Sales / Marketing</td> </tr> </table>	Administration	Technical	Management	Sales / Marketing	
Administration						
Technical						
Management						
Sales / Marketing						
20.	Market Availability <ul style="list-style-type: none"> • Products routinely manufactured/imported Only occasionally / on request 					
21.	No of registered / items of the principals (In case of drugs only)					
22.	No of Thermo labile drugs (if any)					
23.	Storage Facilities [For thermo labile drugs]					
24.	Storage Facilities [For the drugs to be stored at room temperature]					
25.	Cold Chain Facility including cold room / storage and during transport					
26.	GMP Certificate of the Principals, from the country of origin					
27.	Export of the products to the countries other than Pakistan					
28.	Drug registration Certificate in the country of origin (In case of drugs only)					
29.	Emergency power supply arrangements (For at least critical area)					

Signature _____
(With name and Designation)
Stamp of Company

Ref: cGMP AUDIT PROFORMA (For GMP compliance inspection)
<https://dra.gov.pk/Home/QualityAssurance#gsc.tab=0>

Annexure “B”

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

PROCUREMENT OF DRUGS / MEDICINES / NUTRITIONS / CONTRAST MEDIA AND ALLIED ITEMS

SCHEDULE OF REQUIREMENT & BILL OF QUANTITIES (BOQ) PRICES ON FRAMEWORK CONTRACT BASIS (SPP RULE 15 (B))

DOW UNIVERSITY OF HEALTH SCIENCES MEDICINE GENERIC LIST FOR TENDER 2021

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
LVPS, ELECTROLYTES AND PLASMA EXTENDERS						
1	INJ.	BALANCED FULL ELECTROLYTE SOLUTION 1000ML		8,000	Rs. _____	Rs. _____
2	INJ.	BALANCED FULL ELECTROLYTE SOLUTION 500ML		3,500	Rs. _____	Rs. _____
3	SOL.	BICARBONATE HEMODIALYSIS SOLUTION A + B Solution		60,000	Rs. _____	Rs. _____
4	INJ.	DEXTROSE 25% 1000 ML		3,000	Rs. _____	Rs. _____
5	INJ.	DEXTROSE 25% 1000 ML (EUROCAP)		2000	Rs. _____	Rs. _____
6	INJ.	DEXTROSE 25% 500ML		8,000	Rs. _____	Rs. _____
7	INJ.	DEXTROSE 25% 500ML (EUROCAP)		4000	Rs. _____	Rs. _____
8	INJ.	DEXTROSE 25% 20 ML		15000	Rs. _____	Rs. _____
9	INJ.	DEXTROSE 25% 25 ML		60,000	Rs. _____	Rs. _____
10	INJ.	DEXTROSE 5% 50ML		56,000	Rs. _____	Rs. _____
11	INJ.	DEXTROSE 5% 50ML (EUROCAP)		50,000	Rs. _____	Rs. _____
12	INJ.	DEXTROSE 5% 100 ML		75,000	Rs. _____	Rs. _____
13	INJ.	DEXTROSE 5% 100 ML (EUROCAP)		50,000	Rs. _____	Rs. _____
14	INJ.	DEXTROSE 5% 1000 ML		32,000	Rs. _____	Rs. _____
15	INJ.	DEXTROSE 5% 1000 ML (EUROCAP)		20,000	Rs. _____	Rs. _____
16	INJ.	DEXTROSE 5% 500 ML		46,000	Rs. _____	Rs. _____
17	INJ.	DEXTROSE 5% 500 ML (EUROCAP)		40,000	Rs. _____	Rs. _____
18	INJ.	DEXTROSE WATER 10% 1000 ML		14,000	Rs. _____	Rs. _____
19	INJ.	DEXTROSE WATER 10% 1000 ML (EUROCAP)		10,000	Rs. _____	Rs. _____
20	INJ.	DEXTROSE WATER 10% 500 ML		20,000	Rs. _____	Rs. _____
21	INJ.	DEXTROSE WATER 10% 500 ML (EUROCAP)		20,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
22	INJ.	DEXTROSE WATER 4.3% + SODIUM CHLORIDE 0.18% 500 ML		25,000	Rs. _____	Rs. _____
23	INJ.	DEXTROSE WATER 4.3% + SODIUM CHLORIDE 0.18% 500 ML (EUROCAP)		20,000	Rs. _____	Rs. _____
24	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML		60,000	Rs. _____	Rs. _____
25	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML (EUROCAP)		50,000	Rs. _____	Rs. _____
26	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML		30,000	Rs. _____	Rs. _____
27	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML (EUROCAP)		20,000	Rs. _____	Rs. _____
28	INJ.	DEXTROSE WATER 3.3%+SODIUM CHLORIDE 0.3% 500ML		10,000	Rs. _____	Rs. _____
29	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500ML		21,000	Rs. _____	Rs. _____
30	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500ML (EUROCAP)		20,000	Rs. _____	Rs. _____
31	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML		20,000	Rs. _____	Rs. _____
32	INJ.	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML (EUROCAP)		10,000	Rs. _____	Rs. _____
33	INJ.	SODIUM CHLORIDE 0.45% 500ML		20,000	Rs. _____	Rs. _____
34	INJ.	SODIUM CHLORIDE 0.45% 500ML (EUROCAP)		10,000	Rs. _____	Rs. _____
35	INJ.	SODIUM CHLORIDE 0.45% 1000ML (EUROCAP)		10,000	Rs. _____	Rs. _____
36	INJ.	SODIUM CHLORIDE 0.45% 1000ML (EUROCAP)		10,000	Rs. _____	Rs. _____
37	INJ.	SODIUM CHLORIDE 0.9% 20 ML		40,000	Rs. _____	Rs. _____
38	INJ.	SODIUM CHLORIDE 0.9% 25 ML		55,000	Rs. _____	Rs. _____
39	INJ.	SODIUM CHLORIDE 0.9% 50 ML		201,000	Rs. _____	Rs. _____
40	INJ.	SODIUM CHLORIDE 0.9% 50 ML (EUROCAP)		200,000	Rs. _____	Rs. _____
41	INJ.	SODIUM CHLORIDE 0.9% 100ML		250,000	Rs. _____	Rs. _____
42	INJ.	SODIUM CHLORIDE 0.9% 100ML (EUROCAP)		500,000	Rs. _____	Rs. _____
43	INJ.	SODIUM CHLORIDE 0.9% 500ML		20,000	Rs. _____	Rs. _____
44	INJ.	SODIUM CHLORIDE 0.9% 500ML (EUROCAP)		30,000	Rs. _____	Rs. _____
45	INJ.	SODIUM CHLORIDE 0.9% 1000ML		50,000	Rs. _____	Rs. _____
46	INJ.	SODIUM CHLORIDE 0.9% 1000ML (EUROCAP)		65,000	Rs. _____	Rs. _____
47	INJ.	SODIUM CHLORIDE 0.9% 3000 ML		10,000	Rs. _____	Rs. _____
48	INJ.	LACTATED RINGER 500ML		21,000	Rs. _____	Rs. _____
49	INJ.	LACTATED RINGER 500ML (EUROCAP)		6,000	Rs. _____	Rs. _____
50	INJ.	LACTATED RINGER 1000 ML		50,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
51	INJ.	LACTATED RINGER 1000 ML (EUROCAP)		20,000	Rs. _____	Rs. _____
52	INJ.	SODIUM BICARBONATE 25 ML		40,000	Rs. _____	Rs. _____
53	INJ.	SODIUM BICARBONATE 50 ML		40,000	Rs. _____	Rs. _____
54	INJ.	SODIUM BICARBONATE 20 ML		40,000	Rs. _____	Rs. _____
55	INJ.	MANNITOL 500ML		11,000	Rs. _____	Rs. _____
56	INJ.	MODIFIED FLUID GELATIN 500ML		6,000	Rs. _____	Rs. _____
57	INJ.	POLYGELINE 500 ML		4,000	Rs. _____	Rs. _____
58	INJ.	FAT EMULSION 500ML		6,000	Rs. _____	Rs. _____
59	INJ.	AMINO ACID 5% VITAMIN 10% SORBITOL 500ML		5,000	Rs. _____	Rs. _____
60	INJ.	AMINO ACID SOLUTION 10% 500ML		5,000	Rs. _____	Rs. _____
61	INJ.	AMINO ACID SOLUTION 10% 1000ML		5,000	Rs. _____	Rs. _____
62	INJ.	AMINO ACID SOLUTION 20% 500ML		5,000	Rs. _____	Rs. _____
63	INJ.	AMINO ACID SOLUTION 20% 1000ML		5,000	Rs. _____	Rs. _____
64	INJ.	AMINO ACID SOLUTION 5% 1000ML		5,000	Rs. _____	Rs. _____
65	INJ.	AMINO ACID 8% (AMINOLEBAN OR EQUIVALENT) 500 ML		7,000	Rs. _____	Rs. _____
66	INJ.	AMINO ACID INTRAVENOUS 600MG 500 ML		7,000	Rs. _____	Rs. _____
67	INJ.	ESSENTIAL AMINOACID 7% OR NEPHROSTERIL EQUIVALENT 500 ML		5,000	Rs. _____	Rs. _____
68	INJ.	HISTIDINE-TRYPTOPHAN-KETOGLUTARATE SOLUTION 500 ML		5,000	Rs. _____	Rs. _____
69	INJ.	HISTIDINE-TRYPTOPHAN-KETOGLUTARATE SOLUTION 1000 ML		5,000	Rs. _____	Rs. _____
70	SOL.	ORGAN PRESERVATION SOLUTION FOR TRANSPLANT 500 ML		500	Rs. _____	Rs. _____
71	SOL.	ORGAN PRESERVATION SOLUTION FOR TRANSPLANT 1000 ML		500	Rs. _____	Rs. _____
72	INJ.	POTASSIUM CHLORIDE 25MEQ/25ML/25ML		70,000	Rs. _____	Rs. _____
73	INJ.	POTASSIUM CHLORIDE 20MEQ/20ML/20ML		50,000	Rs. _____	Rs. _____
74	INJ.	MAGNESIUM SULPHATE 40MEQ/10ML/10ML		30,000	Rs. _____	Rs. _____
75	INJ.	MAGNESIUM SULPHATE 8MEQ/2ML/2ML		40,000	Rs. _____	Rs. _____
76	INJ.	CALCIUM GLUCONATE 1 G/10ML/10ML		125,000	Rs. _____	Rs. _____
77	INJ.	CALCIUM CHLORIDE 20% 10ML/AMP		2,500	Rs. _____	Rs. _____
78	INJ.	HUMAN ALBUMIN 20% 50ML		13,000	Rs. _____	Rs. _____
79	INJ.	HUMAN ALBUMIN 25% 50ML		3,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
80	INJ.	HUMAN ALBUMIN 20% 100ML		6,000	Rs. _____	Rs. _____
81	INJ.	HUMAN ALBUMIN 25% 100ML		3,500	Rs. _____	Rs. _____
82	INJ.	GLYCINE 50MG/ML		1,500	Rs. _____	Rs. _____
83	INJ.	PARTIAL PARENTERAL NUTRITION 1L		500	Rs. _____	Rs. _____
84	INJ.	TOTAL PARENTERAL NUTRITION 1L		500	Rs. _____	Rs. _____
85	INJ.	PARTIAL PARENTERAL NUTRITION 2L		500	Rs. _____	Rs. _____
86	INJ.	TOTAL PARENTERAL NUTRITION 2L		500	Rs. _____	Rs. _____
87	INJ.	PARTIAL PARENTERAL NUTRITION 3L		500	Rs. _____	Rs. _____
88	INJ.	TOTAL PARENTERAL NUTRITION 3L		500	Rs. _____	Rs. _____
89	INJ.	PARTIAL PARENTERAL NUTRITION 4L		500	Rs. _____	Rs. _____
90	INJ.	TOTAL PARENTERAL NUTRITION 4L		500	Rs. _____	Rs. _____
TOXOIDS / VACCINES / IMMUNOGLOBULIN						
91	INJ.	ANTI RABIES VACCINE 0.5 ML		2,200	Rs. _____	Rs. _____
92	INJ.	ANTI SNAKE VENOM 1 MG		500	Rs. _____	Rs. _____
93	INJ.	HUMAN ANTI D IMMUNOGLOBULIN 300MCG		300	Rs. _____	Rs. _____
94	INJ.	HUMAN ANTI D IMMUNOGLOBULIN FOR ITP PATIENTS 300MCG		300	Rs. _____	Rs. _____
95	INJ.	BCG VACCINE		250	Rs. _____	Rs. _____
96	INJ.	BOTULINUM TOXIN TYPE A 100U		500	Rs. _____	Rs. _____
97	INJ.	CMV IMMUNOGLOBULIN 50ML		50	Rs. _____	Rs. _____
98	INJ.	CMV IMMUNOGLOBULIN 10ML		50	Rs. _____	Rs. _____
99	INJ.	CYTOMEGALOVIRUS HYPERIMMUNE GLOBULIN 50 ML		50	Rs. _____	Rs. _____
100	INJ.	DIPHtheria, TETANUS, ACELLULAR PERTUSSIS (DPT) 0.5ML		250	Rs. _____	Rs. _____
102	INJ.	DIPHtheria, TETANUS, ACELLULAR PERTUSSIS (DPT), HEPATITIS B RECOMBINANT, INACTIVATED POLIOMYELITIS, CONJUGATED HAEMOPHILUS INFLUENZA TYPE B VACCINE 0.5ML		250	Rs. _____	Rs. _____
103	INJ.	COMBINED DIPHtheria, TETANUS, WHOLE-CELL PERTUSSIS AND HEPATITIS B VACCINE 0.5ML		100	Rs. _____	Rs. _____
104	INJ.	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, 0.5ML		300	Rs. _____	Rs. _____
105	INJ.	HEPATITIS A VACCINE ADULT 0.5ML		200	Rs. _____	Rs. _____
106	INJ.	HEPATITIS A VACCINE PAEDS		200	Rs. _____	Rs. _____
107	INJ.	HEPATITIS B VACCINE ADULT 20MCG PFS		200	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
108	INJ.	HEPATITIS B VACCINE PAEDS 10MCG PFS		200	Rs._____	Rs._____
109	INJ.	RECOMBINANT HEPATITIS B VACCINE (PAEDS) 10MCG		400	Rs._____	Rs._____
110	INJ.	RECOMBINANT HEPATITIS B VACCINE (ADULT) 20 MCG		700	Rs._____	Rs._____
111	INJ.	HEPATITIS B IMMUNOGLOBULIN 50 IU/ML		300	Rs._____	Rs._____
112	INJ.	HEPATITIS B IMMUNOGLOBULIN P		300	Rs._____	Rs._____
113	INJ.	RECOMBINANT HEPATITIS E VACCINE		800	Rs._____	Rs._____
114	INJ.	HUMAN PAPILOMAVIRUS VACCINE 0.5ML		150	Rs._____	Rs._____
115	INJ.	HUMAN IMMUNE GLOBULIN 5% (PH4) 1G/20ML		300	Rs._____	Rs._____
116	INJ.	HUMAN IMMUNE GLOBULIN 5% (PH4) 2.5G/50ML		300	Rs._____	Rs._____
117	INJ.	HUMAN IMMUNE GLOBULIN 5% (PH4) 5G/100ML		300	Rs._____	Rs._____
118	INJ.	PENTAGLOBIN OR EQUIVALENT 100ML		500	Rs._____	Rs._____
119	INJ.	PENTAGLOBIN OR EQUIVALENT 10ML		500	Rs._____	Rs._____
120	INJ.	PENTAGLOBIN OR EQUIVALENT 50ML		500	Rs._____	Rs._____
121	INJ.	HUMAN IMMUNE GLOBULIN 10% 100ML		205	Rs._____	Rs._____
122	INJ.	HUMAN IMMUNE GLOBULIN 10% 10ML		250	Rs._____	Rs._____
123	INJ.	HUMAN IMMUNE GLOBULIN 10% 50ML		250	Rs._____	Rs._____
124	INJ.	INFLUENZA VACCINE 0.5 ML		700	Rs._____	Rs._____
125	INJ.	MENINGOCOCCAL VACCINE 0.5 ML		150	Rs._____	Rs._____
126	INJ.	MENINGOCOCCAL VACCINE CONJUGATED		250	Rs._____	Rs._____
127	INJ.	MENINGOCOCCAL (GROUP A,C,Y AND W135) POLYSACCHARIDE DIPHTHERIA TOXOID CONJUGATE VACCINE		400	Rs._____	Rs._____
128	INJ.	MMR (MEASLES, MUMPS, AND RUBELLA) VACCINE 0.5ML		700	Rs._____	Rs._____
129	INJ.	PNEUMOCOCCAL VACCINE 23 VALENT 0.5ML		400	Rs._____	Rs._____
130	INJ.	PNEUMOCOCCAL VACCINE PAEDS 0.5ML		250	Rs._____	Rs._____
131	INJ.	PNEUMOCOCCAL VACCINE POLYSACCHARIDE CONJUGATE/ 13 VALENT 0.5ML		250	Rs._____	Rs._____
132	DROP	POLIOVIRUS VACCINE ORAL DROP		1,100	Rs._____	Rs._____
133	INJ.	INJECTABLE POLIOVIRUS VACCINE		1,200	Rs._____	Rs._____
134	INJ.	ROTA VIRUS VACCINE 0.5ML		250	Rs._____	Rs._____
135	INJ.	RABIES IMMUNOGLOBULIN 300 IU		400	Rs._____	Rs._____
136	INJ.	RABIES ANTI SERUM 1000IU		1,200	Rs._____	Rs._____
137	INJ.	TETANUS TOXOID ADSORBED 0.5ML		10,200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
138	INJ.	TETANUS IMMUNOGLOBULIN 250IU		400	Rs._____	Rs._____
139	INJ.	TYPHOID VACCINE 0.5ML		300	Rs._____	Rs._____
140	INJ.	VARICELLA VACCINE 0.5ML		500	Rs._____	Rs._____
141	INJ.	VARICELLA ZOSTER IMMUNE GLOBULIN 0.5ML		50	Rs._____	Rs._____
142	INJ.	COVID VACCINE		3,000	Rs._____	Rs._____
INSULIN PREPARATIONS						
143	INJ.	DULAGLUTIDE 0.75MG/0.5ML PEN		100	Rs._____	Rs._____
144	INJ.	DULAGLUTIDE 1.5M/0.5ML PEN		100	Rs._____	Rs._____
145	INJ.	DULAGLUTIDE 3.0MG/0.5ML PEN		100	Rs._____	Rs._____
146	INJ.	DULAGLUTIDE 4.5MG/0.5ML PEN		100	Rs._____	Rs._____
147	INJ.	GLARGINE INSULIN 300 IU/ PEN		200	Rs._____	Rs._____
148	INJ.	GLARGINE INSULIN 1000 IU/10ML VIAL		550	Rs._____	Rs._____
149	INJ.	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % PENFILL 100 IU/CARTRIDGE		2,000	Rs._____	Rs._____
150	INJ.	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % 100IU/VIAL		3,000	Rs._____	Rs._____
151	INJ.	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMIN 75% 100 IU/ML CATRIDGE 3ML		200	Rs._____	Rs._____
152	INJ.	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML CATRIDGE 3ML		200	Rs._____	Rs._____
153	INJ.	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMIN 75% 100 IU/ML PREFILLED PEN 3ML		200	Rs._____	Rs._____
154	INJ.	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML PREFILLED PEN 3ML		200	Rs._____	Rs._____
155	INJ.	REGULAR HUMAN INSULIN 100IU CARTRIDRGE		200	Rs._____	Rs._____
156	INJ.	REGULAR HUMAN INSULIN 100IU/VIAL		5,200	Rs._____	Rs._____
157	INJ.	REGULAR HUMAN INSULIN INJECTION 100IU VIAL		100	Rs._____	Rs._____
158	INJ.	HUMAN NPH INSULIN 100IU/VIAL		100	Rs._____	Rs._____
159	INJ.	ISOPHANE HUMAN INSULIN 100IU/VIAL		2000	Rs._____	Rs._____
160	INJ.	LIRAGLUTIDE 1.2MG/PFP		100	Rs._____	Rs._____
161	INJ.	LIRAGLUTIDE 1.8MG/PFP		100	Rs._____	Rs._____
162	INJ.	INSULIN LISPRO 100IU/3ML PFP		100	Rs._____	Rs._____
163	INJ.	70% INSULIN DEGLUDEC ,30% INSULIN ASPART 100IU PFP		100	Rs._____	Rs._____
164	INJ.	INSULIN DEGLUDEC,LIRAGLUTIDE 100/3.6 PFP		100	Rs._____	Rs._____
165	INJ.	INSULIN ASPART 100IU PFP		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
166	INJ.	INSULIN ASPART 30%, INSULIN ASPART PROTAMINE 70% 100IU PFP		2,200	Rs._____	Rs._____
167	INJ.	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % PENFILL 100 IU/PEN		200	Rs._____	Rs._____
168	INJ.	ISOPHANE HUMAN INSULIN 100IU/CARTRIDGE		200	Rs._____	Rs._____
169	INJ.	HUMAN NPH INSULIN 100IU/VIAL		2,200	Rs._____	Rs._____
170	NEEDLE	NEEDLES FOR INSULIN PEN 30G 30G NEEDLE (ALL ASSORTED SIZES)		1000	Rs._____	Rs._____
171	NEEDLE	NEEDLES FOR INSULIN PEN 31G 31G NEEDLE (ALL ASSORTED SIZES)		1000	Rs._____	Rs._____
172	NEEDLE	NEEDLES FOR INSULIN PEN 32G 32G NEEDLE (ALL ASSORTED SIZES)		1000	Rs._____	Rs._____
173	DEVICE	INSULIN PEN DEVICE DEVICE		100	Rs._____	Rs._____
CYTOTOXIC INJECTABLES						
174	INJ.	ALEMTUZUMAB 12MG		30	Rs._____	Rs._____
175	INJ.	ARSENIC TRIOXIDE 10MG/10ML		30	Rs._____	Rs._____
176	INJ.	ASPARAGINASE 10000 IU		2,000	Rs._____	Rs._____
177	INJ.	L-ASPARAGINASE		2,000	Rs._____	Rs._____
178	INJ.	AZACITIDINE 100 MG		30	Rs._____	Rs._____
179	INJ.	BASILIXIMAB 20 MG		500	Rs._____	Rs._____
180	INJ.	BENDAMUSTINE 100 MG		200	Rs._____	Rs._____
181	INJ.	BEVACIZUMAB 100 MG		30	Rs._____	Rs._____
182	INJ.	BEVACIZUMAB 400 MG		30	Rs._____	Rs._____
183	INJ.	BLEOMYCIN 15 MG		200	Rs._____	Rs._____
184	INJ.	BORTEZOMIB 2 MG		200	Rs._____	Rs._____
185	INJ.	BORTEZOMIB 3.5MG		500	Rs._____	Rs._____
186	INJ.	BOSUTINIB 500MG		30	Rs._____	Rs._____
187	INJ.	BUSULFAN 60 MG		200	Rs._____	Rs._____
188	INJ.	BRENTUXIMAB 50 MG		200	Rs._____	Rs._____
189	INJ.	CARBOPLATIN 10 MG/ML		200	Rs._____	Rs._____
190	INJ.	CARFILZOMIB 60MG		30	Rs._____	Rs._____
191	INJ.	CARMUSTINE 100 MG		30	Rs._____	Rs._____
192	INJ.	CETUXIMAB INJ 100MG		30	Rs._____	Rs._____
193	INJ.	CHLORAMBUCIL 2MG		30	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
194	INJ.	CISPLATIN 50 MG		500	Rs. _____	Rs. _____
195	INJ.	CISPLATIN 25 MG		200	Rs. _____	Rs. _____
196	INJ.	CISPLATIN 10 MG		200	Rs. _____	Rs. _____
197	INJ.	CLADRIBINE 10 MG/ML		30	Rs. _____	Rs. _____
198	INJ.	CLOFARABINE 20 MG		30	Rs. _____	Rs. _____
199	INJ.	CYCLOPHASPHOMIDE 500MG		30	Rs. _____	Rs. _____
200	INJ.	CYCLOPHOSPHAMIDE 1 G		500	Rs. _____	Rs. _____
201	INJ.	CYCLOSPORIN 250 MG		250	Rs. _____	Rs. _____
202	INJ.	CYTARABINE 100 MG		4,000	Rs. _____	Rs. _____
203	INJ.	CYTARABINE 500 MG		2,000	Rs. _____	Rs. _____
204	INJ.	DACTINOMYCIN 0.5 MG		30	Rs. _____	Rs. _____
205	INJ.	DOXORUBICIN 10 MG/ML		30	Rs. _____	Rs. _____
206	INJ.	DOXORUBICIN 50MG		1,000	Rs. _____	Rs. _____
207	INJ.	DARATUMUMAB 100MG		30	Rs. _____	Rs. _____
208	INJ.	DENOSUMAB 60MG 60MG		30	Rs. _____	Rs. _____
209	INJ.	DENOSUMAB 120MG 120MG		30	Rs. _____	Rs. _____
210	INJ.	DAUNORUBICIN 20 MG		400	Rs. _____	Rs. _____
211	INJ.	DOCETAXEL 20 MG		30	Rs. _____	Rs. _____
212	INJ.	DACARBAZINE 200 MG		500	Rs. _____	Rs. _____
213	INJ.	DECITABINE 50MG		30	Rs. _____	Rs. _____
214	INJ.	ETOPOSIDE 100MG		1,000	Rs. _____	Rs. _____
215	INJ.	EPIRUBICIN 10MG 10MG		30	Rs. _____	Rs. _____
216	INJ.	EPIRUBICIN 50MG 50MG		30	Rs. _____	Rs. _____
217	INJ.	FLUOROURACIL 1000 MG		30	Rs. _____	Rs. _____
218	INJ.	FLUOROURACIL 250 MG		30	Rs. _____	Rs. _____
219	INJ.	FLUOROURACIL 500 MG		30	Rs. _____	Rs. _____
220	INJ.	FLUDARABINE 50 MG		200	Rs. _____	Rs. _____
221	INJ.	GEMCITABINE 1000 MG		100	Rs. _____	Rs. _____
222	INJ.	GEMCITABINE 200 MG		30	Rs. _____	Rs. _____
223	INJ.	IDARUBICIN 10 MG		2,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
224	INJ.	IDARUBICIN 5 MG		2,000	Rs. _____	Rs. _____
225	INJ.	IFOSFAMIDE 1000 MG		100	Rs. _____	Rs. _____
226	INJ.	IFOSFAMIDE 2gm 2G		100	Rs. _____	Rs. _____
227	INJ.	IRINOTECAN 100 MG		30	Rs. _____	Rs. _____
228	INJ.	MELPHALAN 50 MG		30	Rs. _____	Rs. _____
229	INJ.	MESNA 400 MG		200	Rs. _____	Rs. _____
230	INJ.	METHOTREXATE 50 MG		500	Rs. _____	Rs. _____
231	INJ.	METHOTREXATE 500 MG		2,000	Rs. _____	Rs. _____
232	INJ.	METHOTREXATE 1000 MG		2,000	Rs. _____	Rs. _____
233	INJ.	MITOMYCIN 10MG		150	Rs. _____	Rs. _____
234	INJ.	MITOXANTRONE 20 MG		30	Rs. _____	Rs. _____
235	INJ.	OXALIPLATIN 100 MG		200	Rs. _____	Rs. _____
236	INJ.	OBINUTUZUMAB 1000MG 1000MG		30	Rs. _____	Rs. _____
237	INJ.	OFATUMUMAB 1000MG 1000MG		30	Rs. _____	Rs. _____
238	INJ.	OCRELIZUMAB 300MG 300MG		30	Rs. _____	Rs. _____
239	INJ.	ONCOTIZED BCG 40 MG/ML		200	Rs. _____	Rs. _____
240	INJ.	OXALIPLATIN 50 MG		200	Rs. _____	Rs. _____
241	INJ.	PEMETREXED 100MG		30	Rs. _____	Rs. _____
242	INJ.	PEMETREXED 50MG		30	Rs. _____	Rs. _____
243	INJ.	PROTEIN BOUND PACLITEXIL 100MG		30	Rs. _____	Rs. _____
244	INJ.	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 30MG		30	Rs. _____	Rs. _____
245	INJ.	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 150 MG		200	Rs. _____	Rs. _____
246	INJ.	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 300 MG		30	Rs. _____	Rs. _____
247	INJ.	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 30MG		30	Rs. _____	Rs. _____
248	INJ.	PEG ASPARAGINASE INJECTION 3750IU		30	Rs. _____	Rs. _____
249	INJ.	PLERIXAFOR 20 MG/ML		500	Rs. _____	Rs. _____
250	INJ.	RANIBIZUMAB 0.5MG		100	Rs. _____	Rs. _____
251	INJ.	RITUXIMAB 100 MG/10ML		200	Rs. _____	Rs. _____
252	INJ.	RITUXIMAB SC 120 MG/ML		500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
253	INJ.	RITUXIMAB 500 MG		200	Rs. _____	Rs. _____
254	INJ.	ROMIPLOSTIM 250 MCG 250 MCG		100	Rs. _____	Rs. _____
255	INJ.	ROMIPLOSTIM 500 MCG 500 MCG		100	Rs. _____	Rs. _____
256	INJ.	RAMUCIRUMAB 500MG/50ML		100	Rs. _____	Rs. _____
257	INJ.	RASBURICASE 6MG		30	Rs. _____	Rs. _____
258	INJ.	SECUKINUMAB 150MG		30	Rs. _____	Rs. _____
259	INJ.	THIOTEPA 50MG 50MG		30	Rs. _____	Rs. _____
260	INJ.	TOCILIZUMAB 80 MG/4ML		2,900	Rs. _____	Rs. _____
261	INJ.	TOCILIZUMAB 162 MG/0.9ML		200	Rs. _____	Rs. _____
262	INJ.	TOCILIZUMAB 200 MG/10ML		4,200	Rs. _____	Rs. _____
263	INJ.	TOCILIZUMAB 400 MG/20ML		700	Rs. _____	Rs. _____
264	INJ.	TOPOTECAN 4MG		30	Rs. _____	Rs. _____
265	INJ.	TRASTUZUMAB 440 MG		500	Rs. _____	Rs. _____
266	INJ.	TRASTUZUMAB 600MG		30	Rs. _____	Rs. _____
267	INJ.	ULINASTATIN 100000 IU		200	Rs. _____	Rs. _____
268	INJ.	VINBLASTINE 10MG		100	Rs. _____	Rs. _____
269	INJ.	VINCRISTINE 1 MG		1,000	Rs. _____	Rs. _____
270	INJ.	VINCRISTINE 2 MG		1,000	Rs. _____	Rs. _____
271	INJ.	VINORELBINE 50 MG		30	Rs. _____	Rs. _____
272	INJ.	VENORAELEBIN 50MG		30	Rs. _____	Rs. _____
ANTIBIOTIC INJECTABLES						
273	INJ.	ACYCLOVIR 250MG		2,500	Rs. _____	Rs. _____
274	INJ.	ACYCLOVIR 500MG		11,000	Rs. _____	Rs. _____
275	INJ.	ACYCLOVIR (LYPHOLIZED) 500MG		11,000	Rs. _____	Rs. _____
276	INJ.	AMIKACIN 100MG		1,000	Rs. _____	Rs. _____
277	INJ.	AMIKACIN 250MG		2,000	Rs. _____	Rs. _____
278	INJ.	AMIKACIN 500MG		6,000	Rs. _____	Rs. _____
279	INJ.	AMOXICILLIN 1G		700	Rs. _____	Rs. _____
280	INJ.	AMOXICILLIN 500MG		700	Rs. _____	Rs. _____
281	INJ.	AMOXICILLIN 250MG		700	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
282	INJ.	AMOXICILLIN+CLAVULANIC ACID 0.6G		1,000	Rs._____	Rs._____
283	INJ.	AMOXICILLIN+CLAVULANIC ACID 1.2G		31,000	Rs._____	Rs._____
284	INJ.	LIPOSOMAL AMPHOTERICIN B 10 MG		200	Rs._____	Rs._____
285	INJ.	LIPOSOMAL AMPHOTERICIN B 50 MG		700	Rs._____	Rs._____
286	INJ.	AMPHOTERICIN B 50MG		2,000	Rs._____	Rs._____
287	INJ.	AMPICILLIN 250MG		700	Rs._____	Rs._____
288	INJ.	AMPICILLIN 500 MG		2,500	Rs._____	Rs._____
289	INJ.	AMPICILLIN125MG+CLOXACILLIN125MG		5,000	Rs._____	Rs._____
290	INJ.	AMPICILLIN 250MG+CLOXACILLIN250MG		4,000	Rs._____	Rs._____
291	INJ.	ARTEMETHER 40 MG		1,200	Rs._____	Rs._____
292	INJ.	ARTEMETHER 80MG		700	Rs._____	Rs._____
293	INJ.	ARTESUNATE 60 MG		3,500	Rs._____	Rs._____
294	INJ.	ARTESUNATE 120MG		1,000	Rs._____	Rs._____
295	INJ.	AZITHROMYCIN 500 MG		10,000	Rs._____	Rs._____
296	INJ.	BENZYL PENICILLINE 0.6MIU		2,000	Rs._____	Rs._____
297	INJ.	BENZATHINE PENICILLIN 0.6MIU		2,000	Rs._____	Rs._____
298	INJ.	BENZYL PENICILLINE 1.2MIU		2,000	Rs._____	Rs._____
299	INJ.	BENZYL PENICILLINE 1 MIU		2,000	Rs._____	Rs._____
300	INJ.	BENZATHINE PENICILLIN 1 MIU		2,000	Rs._____	Rs._____
301	INJ.	PENICILLIN G 1 MIU		2000	Rs._____	Rs._____
302	INJ.	BENZATHINE PENICILLIN 1.2MIU		2,000	Rs._____	Rs._____
303	INJ.	BENZYL PENICILLINE 2.4MIU		2,000	Rs._____	Rs._____
304	INJ.	BENZATHINE PENICILLIN 2.4MIU		2,000	Rs._____	Rs._____
305	INJ.	CASPOFUNGIN 50MG		500	Rs._____	Rs._____
306	INJ.	CASPOFUNGIN 70MG		500	Rs._____	Rs._____
307	INJ.	CEFEPIME 500MG		2,000	Rs._____	Rs._____
308	INJ.	CEFEPIME 1G		2,000	Rs._____	Rs._____
309	INJ.	CEFOPERAZONE+SULBACTAM SODIUM 1G		5,500	Rs._____	Rs._____
310	INJ.	CEFOPERAZONE SULBACTAM 2GM		10,000	Rs._____	Rs._____
311	INJ.	CEFOTAXIME SODIUM 250 MG		5,500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
312	INJ.	CEFOTAXIME SODIUM 500 MG		2,500	Rs. _____	Rs. _____
313	INJ.	CEFOTAXIME SODIUM 1G		2,000	Rs. _____	Rs. _____
314	INJ.	CEFTAZIDIME 250MG		3,500	Rs. _____	Rs. _____
315	INJ.	CEFTAZIDIME 500MG		1,000	Rs. _____	Rs. _____
316	INJ.	CEFTAZIDIME 1G		5,000	Rs. _____	Rs. _____
317	INJ.	CEFTIZOXIME 1GM		500	Rs. _____	Rs. _____
318	INJ.	CEFTRIAXONE SODIUM 250 MG		5,000	Rs. _____	Rs. _____
319	INJ.	CEFTRIAXONE SODIUM 500 MG		10,000	Rs. _____	Rs. _____
320	INJ.	CEFTRIAXONE SODIUM 1 G		200,000	Rs. _____	Rs. _____
321	INJ.	CEFTRIAXONE SODIUM 2 G		50,000	Rs. _____	Rs. _____
322	INJ.	CEFUROXIME 250 MG		2,000	Rs. _____	Rs. _____
323	INJ.	CEFUROXIME 750MG		7,000	Rs. _____	Rs. _____
324	INJ.	CEFUROXIME 1.5G		500	Rs. _____	Rs. _____
325	INJ.	CEPHRADINE 500MG		500	Rs. _____	Rs. _____
326	INJ.	CIDOFOVIR 250MG		50	Rs. _____	Rs. _____
327	INJ.	CIDOFOVIR 350MG		50	Rs. _____	Rs. _____
328	INJ.	CIPROFLOXACIN 200 MG		6,000	Rs. _____	Rs. _____
329	INJ.	CIPROFLOXACIN 400 MG		10,000	Rs. _____	Rs. _____
330	INJ.	CLARITHROMYCIN 500 MG		8,000	Rs. _____	Rs. _____
331	INJ.	CLINDAMYCIN 300MG		4,000	Rs. _____	Rs. _____
332	INJ.	CLINDAMYCIN 600MG		18,000	Rs. _____	Rs. _____
333	INJ.	CLOXACILLIN 250MG		200	Rs. _____	Rs. _____
334	INJ.	COLISTIMETHATE SODIUM 1MIU		160,000	Rs. _____	Rs. _____
335	INJ.	COLISTIMETHATE SODIUM 2MIU		60,000	Rs. _____	Rs. _____
336	INJ.	COLISTIMETHATE SODIUM 3MIU		60,000	Rs. _____	Rs. _____
337	INJ.	COLISTIMETHATE SODIUM 4.5MIU		60,000	Rs. _____	Rs. _____
338	INJ.	COLISTIMETHATE SODIUM 5MIU		60,000	Rs. _____	Rs. _____
339	INJ.	ERTAPENEM 1G		500	Rs. _____	Rs. _____
340	INJ.	FLUCONAZOLE 100MG		11,000	Rs. _____	Rs. _____
341	INJ.	FOSFOMYCIN 1000 MG		6,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
342	INJ.	FOSFOMYCIN INTRAMUSCULAR 1000 MG		5,000	Rs._____	Rs._____
343	INJ.	GANCICLOVIR 250MG		2,500	Rs._____	Rs._____
344	INJ.	GENTAMYCIN 20 MG		500	Rs._____	Rs._____
345	INJ.	GENTAMYCIN 40 MG		17,000	Rs._____	Rs._____
346	INJ.	GENTAMYCIN 80 MG		7,000	Rs._____	Rs._____
347	INJ.	IMIPENEM CILASTATIN 250		5,000	Rs._____	Rs._____
348	INJ.	IMIPENEM CILASTATIN 500		17,000	Rs._____	Rs._____
349	INJ.	LEVOFLOXACIN 500 MG		8,000	Rs._____	Rs._____
350	INJ.	LINCOMYCIN 300MG		1,000	Rs._____	Rs._____
351	INJ.	LINCOMYCIN 600MG		1,000	Rs._____	Rs._____
352	INJ.	LINEZOLID 200 MG		1,000	Rs._____	Rs._____
353	INJ.	LINEZOLID400MG		1,000	Rs._____	Rs._____
354	INJ.	LINEZOLID 600MG		8,000	Rs._____	Rs._____
355	INJ.	MEROPENEM 500MG		30,000	Rs._____	Rs._____
356	INJ.	MEROPENEM 1G		170,000	Rs._____	Rs._____
357	INJ.	METRONIDAZOLE 500MG		85,000	Rs._____	Rs._____
358	INJ.	MOXIFLOXACIN HCL 400MG		5,000	Rs._____	Rs._____
359	INJ.	PENTAMIDINE 300MG		50	Rs._____	Rs._____
360	INJ.	PIPERILLIN+TAZOBACTUM 2.25G		25,000	Rs._____	Rs._____
361	INJ.	PIPERILLIN+TAZOBACTUM 4.5 G		150,000	Rs._____	Rs._____
362	INJ.	QUININE DIHYDROCHLORIDE 2ML		150	Rs._____	Rs._____
363	INJ.	REMDESIVIR 100 MG		8,000	Rs._____	Rs._____
364	INJ.	RIFAMPICIN 600MG		1,000	Rs._____	Rs._____
365	INJ.	STREPTOMYCIN 1G		2,000	Rs._____	Rs._____
366	INJ.	SULFAMETHOXAZOLE+TRIMETHOPRIM 400MG/80MG		600	Rs._____	Rs._____
367	INJ.	TEICOPLANIN 200 MG		700	Rs._____	Rs._____
368	INJ.	TEICOPLANIN 400 MG		700	Rs._____	Rs._____
369	INJ.	TIGECYCLINE 50MG		1,000	Rs._____	Rs._____
370	INJ.	TOBRAMYCIN 20MG		1,000	Rs._____	Rs._____
371	INJ.	TOBRAMYCIN 80MG		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
372	INJ.	TOBRAMYCIN 1200MG		500	Rs. _____	Rs. _____
373	INJ.	VANCOMYCIN 500 MG		10,000	Rs. _____	Rs. _____
374	INJ.	VANCOMYCIN 1 G		60,000	Rs. _____	Rs. _____
375	INJ.	VORICONAZOLE 200 MG		2,000	Rs. _____	Rs. _____
OTHER INJECTABLES						
376	INJ.	ABCIXIMAB 2MG		50	Rs. _____	Rs. _____
377	INJ.	ACETYLCYSTEINE 1 G		4,000	Rs. _____	Rs. _____
378	INJ.	ADENOSINE 6MG		1,300	Rs. _____	Rs. _____
379	INJ.	ADENOSINE 18MG		500	Rs. _____	Rs. _____
380	INJ.	ADOTRASTUZUMAB 160MG		50	Rs. _____	Rs. _____
381	INJ.	ADOTRASTUZUMAB 100MG		50	Rs. _____	Rs. _____
382	INJ.	ADRENALINE 1MG		150,000	Rs. _____	Rs. _____
383	INJ.	AFLIBERCEPT 40MG		50	Rs. _____	Rs. _____
384	INJ.	ALPROSTADIL 20MCG		100	Rs. _____	Rs. _____
385	INJ.	ALTEPLASE 50MG		50	Rs. _____	Rs. _____
386	INJ.	AMINOPHYLLINE 250MG/10ML		4,000	Rs. _____	Rs. _____
387	INJ.	AMIODARONE HCL 150MG/3ML		10,000	Rs. _____	Rs. _____
388	INJ.	FACTOR VIIA (EPTACOG ALFA 50 KIU) 1 MG		50	Rs. _____	Rs. _____
389	INJ.	FACTOR VIII 1000IU		70	Rs. _____	Rs. _____
390	INJ.	FACTOR VIII 500IU		70	Rs. _____	Rs. _____
391	INJ.	ANTIHEMOPHILLIC FACTOR VIII (HUMAN) 250IU		50	Rs. _____	Rs. _____
392	INJ.	FACTOR IX 1500IU		50	Rs. _____	Rs. _____
393	INJ.	ARGATROBAN 250MG		200	Rs. _____	Rs. _____
394	INJ.	ANTI-THYMOCYTE GLOBULIN 25 MG		1,000	Rs. _____	Rs. _____
395	INJ.	ANTI-HUMAN T-LYMPHOCYTE IMMUNOGLOBULIN FROM RABBIT 100MG		5,000	Rs. _____	Rs. _____
396	INJ.	ANTI-HUMAN T-LYMPHOCYTE IMMUNOGLOBULIN FROM HORSE 250MG		5,000	Rs. _____	Rs. _____
397	INJ.	ATRACURIUM 25MG		55,000	Rs. _____	Rs. _____
398	INJ.	ATRACURIUM 30 MG		100,000	Rs. _____	Rs. _____
399	INJ.	ATRACURIUM 50 MG		100,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
400	INJ.	ATROPINE SULPHATE 1MG		40,000	Rs. _____	Rs. _____
401	INJ.	BERACTANT 25MG		50	Rs. _____	Rs. _____
402	INJ.	BOVICNE LIPID EXTRACT SURFACTANT 3ML		30	Rs. _____	Rs. _____
403	INJ.	BOVICNE LIPID EXTRACT SURFACTANT 4ML		30	Rs. _____	Rs. _____
404	INJ.	BOVICNE LIPID EXTRACT SURFACTANT 5ML		30	Rs. _____	Rs. _____
405	INJ.	LEVOBUPIVACAINE HCL 2.5MG		2,000	Rs. _____	Rs. _____
406	INJ.	LEVOBUPIVACAINE HCL 5MG		2,000	Rs. _____	Rs. _____
407	INJ.	LEVOBUPIVACAINE HCL 7.5MG		2,000	Rs. _____	Rs. _____
408	INJ.	BUPIVACAINE 3.75 MG		1,000	Rs. _____	Rs. _____
409	INJ.	BUPIVACAINE 5MG		5,000	Rs. _____	Rs. _____
410	INJ.	BUPIVACAINE+DEXTROSE 7.5MG		5,000	Rs. _____	Rs. _____
411	INJ.	BUPIVACAINE HYDROCHLORIDE 10ML		1,000	Rs. _____	Rs. _____
412	INJ.	SALMO-CALCITONIN.SYNTH. 200IU		150	Rs. _____	Rs. _____
413	INJ.	CAFFEINE CITRATE 20MG		500	Rs. _____	Rs. _____
414	INJ.	CALCITONIN 200IU		500	Rs. _____	Rs. _____
415	INJ.	CALCITRIOL 1MCG		200	Rs. _____	Rs. _____
416	INJ.	CARBOPROST 250MCG		50	Rs. _____	Rs. _____
417	INJ.	CIS-ATRACURIUM 10 MG/ML		5,000	Rs. _____	Rs. _____
418	INJ.	CITICOLINE 250MG		500	Rs. _____	Rs. _____
419	INJ.	DANTROLENE SODIUM 20MG		50	Rs. _____	Rs. _____
420	INJ.	DEFEROXAMINE 500MG		1,000	Rs. _____	Rs. _____
421	INJ.	DESMOPRESSIN 4MCG		200	Rs. _____	Rs. _____
422	INJ.	DEXAMETHASONE 4MG/ML		130,000	Rs. _____	Rs. _____
423	INJ.	DEXAMETHASONE 20MG/5ML		100,000	Rs. _____	Rs. _____
424	INJ.	DEXMEDETOMIDINE 100MCG		4,000	Rs. _____	Rs. _____
425	INJ.	DHEAS 60MG		30	Rs. _____	Rs. _____
426	INJ.	DIAZEPAM 10MG/2ML		5,500	Rs. _____	Rs. _____
427	INJ.	DICLOFENAC SODIUM 75 MG/3ML		250,000	Rs. _____	Rs. _____
428	INJ.	DIGOXIN 0.5MG		1,000	Rs. _____	Rs. _____
429	INJ.	DIMENHYDRINATE 50MG		35,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
430	INJ.	DINOPROSTONE 5ML		30	Rs._____	Rs._____
431	INJ.	DINOPROSTONE 10MG		30	Rs._____	Rs._____
432	INJ.	DIPYRIDAMOLE 5MG/5ML		200	Rs._____	Rs._____
433	INJ.	DIVALPROEX SODIUM 500 MG		7,000	Rs._____	Rs._____
434	INJ.	DOBUTAMINE 250MG/20ML		5,000	Rs._____	Rs._____
435	INJ.	DOBUTAMINE 250MG/5ML		10,000	Rs._____	Rs._____
436	INJ.	DOPAMINE 200MG/5ML		10,000	Rs._____	Rs._____
437	INJ.	DOPAMINE 40MG/5ML		6,000	Rs._____	Rs._____
438	INJ.	DOPAMINE 40MG/ML		5,000	Rs._____	Rs._____
439	INJ.	DROTAVERIN HCL 40 MG		40,000	Rs._____	Rs._____
440	INJ.	DROTAVERIN HCL 80MG		40,000	Rs._____	Rs._____
441	INJ.	ENOXAPARIN SODIUM 20MG		5,000	Rs._____	Rs._____
442	INJ.	ENOXAPARIN SODIUM 40MG		50,000	Rs._____	Rs._____
443	INJ.	ENOXAPARIN SODIUM 60MG		50,000	Rs._____	Rs._____
444	INJ.	ENOXAPARIN SODIUM 80MG		50,000	Rs._____	Rs._____
445	INJ.	EPHEDRINE 50 MG		200	Rs._____	Rs._____
446	INJ.	EPOETIN BETA 2000 IU/PFS		5,000	Rs._____	Rs._____
447	INJ.	EPOETIN BETA 5000 IU/PFS		5,000	Rs._____	Rs._____
448	INJ.	ERGOMETRINE 0.5MG		30	Rs._____	Rs._____
449	INJ.	ERYTHROPOEITIN 2000 IU/PFS		6,000	Rs._____	Rs._____
450	INJ.	ERYTHROPOEITIN 4000 IU/PFS		6,000	Rs._____	Rs._____
451	INJ.	ERYTHROPOEITIN 5000IU		5,000	Rs._____	Rs._____
452	INJ.	ERYTHROPOEITIN 6000 IU/PFS		6,000	Rs._____	Rs._____
453	INJ.	ERYTHROPOEITIN 10000 IU		20,000	Rs._____	Rs._____
454	INJ.	RECOMBINANT HUMAN ERYTHROPOITEIN 10000IU		20,000	Rs._____	Rs._____
455	INJ.	ESOMEPRAZOLE 40MG		2,000	Rs._____	Rs._____
456	INJ.	ETANERCEPT 50MG		50	Rs._____	Rs._____
457	INJ.	ETANERCEPT 25MG		50	Rs._____	Rs._____
458	INJ.	ETOMIDATE LIPURO 10ML		500	Rs._____	Rs._____
459	INJ.	FENTANYL 0.25 MG/5ML		3,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
460	INJ.	FERRICARBOXY MALTOSE 50MG/10ML		500	Rs._____	Rs._____
461	INJ.	FIBRINOGEN CONCENTRATE 1MG		50	Rs._____	Rs._____
462	INJ.	FILGRASTIM 300 MCG		5,500	Rs._____	Rs._____
463	INJ.	FLUMAZENIL 1000MCG		700	Rs._____	Rs._____
464	INJ.	FLUPENTHIXOLE 40MG		50	Rs._____	Rs._____
465	INJ.	FLUPHENAZINE 20MG		50	Rs._____	Rs._____
466	INJ.	FLUPHENAZINE 100MG		50	Rs._____	Rs._____
467	INJ.	FOLLITROPIN ALPHA 75IU		50	Rs._____	Rs._____
468	INJ.	FONDAPARINUX 2.5MG/0.5ML		500	Rs._____	Rs._____
469	INJ.	FUROSEMIDE 20 MG		200,000	Rs._____	Rs._____
470	INJ.	GLYCOPYROLATE 0.2MG		4,000	Rs._____	Rs._____
471	INJ.	GLYCOPYROLATE+NEOSTIGMINE (0.5/2.5MG)		12,000	Rs._____	Rs._____
472	INJ.	GOSERELIN ACETATE 3.6MG		30	Rs._____	Rs._____
473	INJ.	GRANISETRON HCL 3MG		2,000	Rs._____	Rs._____
474	INJ.	HALOPERIDOL 5MG		10,000	Rs._____	Rs._____
475	INJ.	HAEM VII P 1000 Vial		30	Rs._____	Rs._____
476	INJ.	HEPARIN 25000IU		55,000	Rs._____	Rs._____
477	INJ.	HEPARIN PRESERVATIVE FREE 0.5ML		50,000	Rs._____	Rs._____
478	INJ.	HUMAN CHORIONIC GONADOTROPIN 5000IU		1,000	Rs._____	Rs._____
479	INJ.	HUMAN CHORIONIC GONADOTROPIN 10000IU		1,000	Rs._____	Rs._____
480	INJ.	HYDRALAZINE HCL 20MG		6,000	Rs._____	Rs._____
481	INJ.	HYDROCORTISONE 100MG		30,000	Rs._____	Rs._____
482	INJ.	HYDROCORTISONE 250 MG		25,000	Rs._____	Rs._____
483	INJ.	HYDROXYPROGESTERONE 250MG		200	Rs._____	Rs._____
484	INJ.	IBANDRONIC ACID 3MG		50	Rs._____	Rs._____
485	INJ.	IBUPROFEN 400MG		1,100	Rs._____	Rs._____
486	INJ.	IBUTLIDE 1MG		30	Rs._____	Rs._____
487	INJ.	INTERLEUKIN 11 12MIU		30	Rs._____	Rs._____
488	INJ.	IRON SUCROSE COMPLEX 100 MG		10,100	Rs._____	Rs._____
489	INJ.	IRON ISOMALTOSIDE 100MG/ML		2,100	Rs._____	Rs._____
490	INJ.	IRON CARBOXYMALTOSE 50 MG		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
491	INJ.	ISOFLURANE 100 ML		5,000	Rs. _____	Rs. _____
492	INJ.	ISOSORBIDE MONONITRATE 30MG		1,000	Rs. _____	Rs. _____
493	INJ.	KETAMINE HCL 500 MG		4,000	Rs. _____	Rs. _____
494	INJ.	KETOROLAC 30MG		105,000	Rs. _____	Rs. _____
495	INJ.	LABETALOL HCL 5MG/ML		7,000	Rs. _____	Rs. _____
496	INJ.	LACOSAMIDE 10 MG/ML		400	Rs. _____	Rs. _____
497	INJ.	LEUCOVORIN 50MG		1,500	Rs. _____	Rs. _____
498	INJ.	LEUCOVORIN 100 MG		1,000	Rs. _____	Rs. _____
499	INJ.	LEUPROLIDE ACETATE 3.75 MG		500	Rs. _____	Rs. _____
500	INJ.	LEUPRORELIN ACETATE 3.75MG		500	Rs. _____	Rs. _____
501	INJ.	LEUPROLINE ACETATE 7.5 MG		100	Rs. _____	Rs. _____
502	INJ.	LEUPROLIDE ACETATE 11.25 MG		100	Rs. _____	Rs. _____
503	INJ.	LEVETIRACETAM 500MG		35,000	Rs. _____	Rs. _____
504	INJ.	LIGNOCAINE HCL 1% 10 ML		1,500	Rs. _____	Rs. _____
505	INJ.	LIGNOCAINE HCL 2% 10 ML		60,000	Rs. _____	Rs. _____
506	INJ.	LIGNOCAINE 2%, ADRENALINE 10ML		52,000	Rs. _____	Rs. _____
507	INJ.	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, CITRATE 4%		500	Rs. _____	Rs. _____
508	INJ.	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, HEPARIN, CITRATE 4%		500	Rs. _____	Rs. _____
509	INJ.	L-ORNITHINE L-ASPARTATE 5G/10ML		7,500	Rs. _____	Rs. _____
510	INJ.	LUTROPIN ALPHA 75IU		30	Rs. _____	Rs. _____
511	INJ.	MECOBALAMIN 500MCG		6,500	Rs. _____	Rs. _____
512	INJ.	MEDROXYPROGESTRONE ACETATE 150MG		200	Rs. _____	Rs. _____
513	INJ.	MEDROXYPROGESTRONE ACETATE 1000MG		200	Rs. _____	Rs. _____
514	INJ.	MEGLUMINE ANTIMONIATE 1.5G		30	Rs. _____	Rs. _____
515	INJ.	MENAPHTHONE 10MG/ML		20,000	Rs. _____	Rs. _____
516	INJ.	MENOTROPIN 75IU		30	Rs. _____	Rs. _____
517	INJ.	MENOTROPIN 150IU		30	Rs. _____	Rs. _____
518	INJ.	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 50MCG		300	Rs. _____	Rs. _____
519	INJ.	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 75MCG		300	Rs. _____	Rs. _____
520	INJ.	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 150MCG		300	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
521	INJ.	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 200MCG		300	Rs._____	Rs._____
522	INJ.	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 100MCG		300	Rs._____	Rs._____
523	INJ.	METHYLERGOTAMINE 0.2MG		100	Rs._____	Rs._____
524	INJ.	METHYLPREDNISOLONE ACETATE 40MG		5,500	Rs._____	Rs._____
525	INJ.	METHYLPREDNISOLONE ACETATE 80MG		2,500	Rs._____	Rs._____
526	INJ.	METHYLPREDNISOLONE SUCCINATE 500MG		10,000	Rs._____	Rs._____
527	INJ.	METHYLPREDNISOLONE SUCCINATE 1000MG		10,000	Rs._____	Rs._____
528	INJ.	METHYL CELLULOSE GEL		500	Rs._____	Rs._____
529	INJ.	METOCLOPROPAMIDE 10MG		205,000	Rs._____	Rs._____
530	INJ.	METOPROLOL TARTARATE 5MG		4,000	Rs._____	Rs._____
531	INJ.	MIDAZOLAM 5MG		75,000	Rs._____	Rs._____
532	INJ.	MILRINONE 10 MG		500	Rs._____	Rs._____
533	INJ.	MORHPINE 2MG		1,200	Rs._____	Rs._____
534	INJ.	NALBUPHINE 10MG		200,000	Rs._____	Rs._____
535	INJ.	NALBUPHINE 20 MG		7,000	Rs._____	Rs._____
536	INJ.	NALOXONE 0.4 MG		1,500	Rs._____	Rs._____
537	INJ.	N-BUTYL CYANOACRYLATE 0.6 ML		400	Rs._____	Rs._____
538	INJ.	NEOSTIGMINE 2.5MG		30	Rs._____	Rs._____
539	INJ.	NIMODIPINE 2MG		1,000	Rs._____	Rs._____
540	INJ.	NICOTINAMIDE 30MG, VITAMIN A 5500IU, VITAMIN B2 10MG, VITAMIN B1 10MG,VITAMIN E 10MG, ASCORBIC ACID:100MG, CALCIUM PANTOTHENATE 20MG, CALCITRIOL 500IU, CYANOCOBALAMIN 8MCG, FOLIC ACID 200MCG, PYRIDOXINE 5MG 10 ML		1,500	Rs._____	Rs._____
541	INJ.	NITROGLYCERINE 10 MG/10ML		8,000	Rs._____	Rs._____
542	INJ.	NOREPINEPHRIN BITARTARATE 4MG/4ML		70,000	Rs._____	Rs._____
543	INJ.	NOREPINEPHRIN BITARTARATE 8MG		90,000	Rs._____	Rs._____
544	INJ.	NORETHISTERONE ESTERDIOL VALERATE 50MG		30	Rs._____	Rs._____
545	INJ.	NORETHISTERONE 200MG		30	Rs._____	Rs._____
546	INJ.	OCTREOTIDE ACETATE 0.05MG		11,000	Rs._____	Rs._____
547	INJ.	OCTREOTIDE ACETATE 0.1MG		15,000	Rs._____	Rs._____
548	INJ.	OCTREOTIDE LAR 20MG		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
549	INJ.	OCTREOTIDE LAR 30MG		100	Rs._____	Rs._____
550	INJ.	OMEPRAZOLE 40MG		205,000	Rs._____	Rs._____
551	INJ.	ONDANSETRON HCL 8MG		50,500	Rs._____	Rs._____
552	INJ.	OXYTOCIN 5IU/ML		100,500	Rs._____	Rs._____
553	INJ.	PAMIDRONATE 30 MG		100	Rs._____	Rs._____
554	INJ.	PAMIDRONATE 60 MG		100	Rs._____	Rs._____
555	INJ.	PAMIDRONATE 90 MG		250	Rs._____	Rs._____
556	INJ.	PANCURANIUM 10MG		100	Rs._____	Rs._____
557	INJ.	PANTOPRAZOLE 40MG		300	Rs._____	Rs._____
558	INJ.	PAPAVERIN HCL 30MG		2,000	Rs._____	Rs._____
559	INJ.	PARACETAMOL 300MG		5,000	Rs._____	Rs._____
560	INJ.	PARACETAMOL 1 G		205,000	Rs._____	Rs._____
561	INJ.	PEG-FILGRASTIM 6MG		1,000	Rs._____	Rs._____
562	INJ.	PEG INTERFERON ALPHA 2A 180 MCG		250	Rs._____	Rs._____
563	INJ.	PEG INTERFERON ALPHA 2B 3MIU		250	Rs._____	Rs._____
564	INJ.	PETHIDINE 50MG		500	Rs._____	Rs._____
565	INJ.	PHENIRAMINE MALEATE 22.7MG		35,000	Rs._____	Rs._____
566	INJ.	PHENOBARBITAL 200MG		500	Rs._____	Rs._____
567	INJ.	PHENTOLAMINE 5MG		30	Rs._____	Rs._____
568	INJ.	PHENYLEPHRINE HYDROCHLORIDE 10MG		1,000	Rs._____	Rs._____
569	INJ.	PHENYTOIN SODIUM 250MG		3000	Rs._____	Rs._____
570	INJ.	PHLOROGLUCINOL/TRIMETHYLPHLORGLUCINOL 40 MG		5,000	Rs._____	Rs._____
571	INJ.	PHYTOMENADIONE (VITAMIN K) 10 MG		1,000	Rs._____	Rs._____
572	INJ.	PORACTANT ALFA (SURFACTANT EXTRACT) 1.5 ML		100	Rs._____	Rs._____
573	INJ.	PRALIDOXIME 20 MG		2,000	Rs._____	Rs._____
574	INJ.	PROCHLORPERAZINE 12.5MG		500	Rs._____	Rs._____
575	INJ.	PROCYCLIDINE 10 MG		500	Rs._____	Rs._____
576	INJ.	PROPOFOL 10MG		40,000	Rs._____	Rs._____
577	INJ.	PROTAMIN SULPHATE 50MG		2,500	Rs._____	Rs._____
578	INJ.	PROTHROMBIN COMPLEX CONCENTRATE 500IU		150	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
579	INJ.	ROCURONIUM 10MG		500	Rs._____	Rs._____
580	INJ.	ROPIVACAINE 0.5% INJECTION 5MG		500	Rs._____	Rs._____
581	INJ.	SET OF ANITCOGULANT INJECTIONS 1ST VIAL(FIBRINOGEN) 2ND VIAL (APROTONIN) 3RD VIAL (THROMBIN) 4TH VIAL (CALCIUM CHLORIDE) SET OF FOUT INJECTIONS		100	Rs._____	Rs._____
582	INJ.	SEVOFLORANE 250 ML NOTE:- UNDERTAKING FOR SUPPLY OF SEVOFLORANE VAPORIZER FREE OF COST AS PER HOSPITAL REQUIREMENT WITH LIFE TIME FREE SERVICES AND REPLACEMENT WARRANTY. 250ML		1,000	Rs._____	Rs._____
583	INJ.	SODIUM CHONDROITIN SULFATE/SODIUM HYALURONATE 0.5ML		1,000	Rs._____	Rs._____
584	INJ.	SODIUM HYALURONATE 10 MG		1,000	Rs._____	Rs._____
585	INJ.	SODIUM HYALURONATE 20MG		1,000	Rs._____	Rs._____
586	INJ.	SODIUM NITROPRUSSIDE 50 MG		1,000	Rs._____	Rs._____
587	INJ.	STREPTOKINASE 1500000 IU		1,500	Rs._____	Rs._____
588	INJ.	SUCCINYL CHOLINE 50MG		2,500	Rs._____	Rs._____
589	INJ.	SUXAMETHONIUM CHLORIDE 100MG		3,000	Rs._____	Rs._____
590	INJ.	TERBUTALINE 0.5MG		200	Rs._____	Rs._____
591	INJ.	TERLIPRESSIN ACETATE 1MG		6,500	Rs._____	Rs._____
592	INJ.	THIOCHOLCICOSIDE 4MG		500	Rs._____	Rs._____
593	INJ.	THIOPENTAL 500MG		500	Rs._____	Rs._____
594	INJ.	THIOPENTAL 1000MG		500	Rs._____	Rs._____
595	INJ.	TIROFIBAN 12.5 MG/50ML		1,000	Rs._____	Rs._____
596	INJ.	TRAMADOL 100 MG		103,000	Rs._____	Rs._____
597	INJ.	TRANXEMIC ACID 250MG		55,000	Rs._____	Rs._____
598	INJ.	TRANEXAMIC ACID 500 MG		60,000	Rs._____	Rs._____
599	INJ.	TRIAMCINOLONE ACETATE 40MG		2,000	Rs._____	Rs._____
600	INJ.	UROFOLLITROPIN (FSH) INJECTION 75IU		30	Rs._____	Rs._____
601	INJ.	VASOPRESSIN 1 ML		1,500	Rs._____	Rs._____
602	INJ.	VERAPAMIL HYDROCHLORIDE 5MG		2,000	Rs._____	Rs._____
603	INJ.	VITAMIN B12+VITAMIN B6+VITAMIN B1 3ML		25,000	Rs._____	Rs._____
604	INJ.	VITAMIN D3 200000IU		20,000	Rs._____	Rs._____
605	INJ.	VITAMIN D3 5 MG		10,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
606	INJ.	VITAMIN D3 600000IU		10,000	Rs. _____	Rs. _____
607	INJ.	ZOLEDRONIC ACID 4 MG		30	Rs. _____	Rs. _____
608	INJ.	ZOLEDRONIC ACID 5 MG		30	Rs. _____	Rs. _____
609	INJ.	ZUCLOPENTHIXOL 200 MG		30	Rs. _____	Rs. _____
REAGENTS AND DYES						
610	INJ.	GADOBUTROL 1MMOL/ML		500	Rs. _____	Rs. _____
611	INJ.	IOHEXOL 100 ML		500	Rs. _____	Rs. _____
612	INJ.	IOPROMIDE 1 ML		5,000	Rs. _____	Rs. _____
613	INJ.	SODIUM AMIDOTRIZOATE AND MEGLUMINE AMIDOTRIZOATE 20ML		2,000	Rs. _____	Rs. _____
NUTRITIONAL SUPPLEMENT (ORAL)						
614	Sachet	SODIUM PLOYSTRENE SULFONATE (PACK OF 20)		250 PACK	Rs. _____	Rs. _____
615	Liquid	DIABETIC NUTRITION SUPPLIMENT 250ML (Glucerna or equivalent)		200	Rs. _____	Rs. _____
616	Powder	NUTRITIONAL SUPPLEMENT (LACTOSE AND GLUTEN FREE; PROTEIN DIET FOR PATIENT AND HEALTH INDIVIDUAL) 264 G (Boost Beneprotien or equivalent)		1,000	Rs. _____	Rs. _____
617	Powder	LACTOSE FREE FORMULA MILK 350GM		200	Rs. _____	Rs. _____
618	Powder	DIABETIC NUTRITION SUPPLIMENT 400 G (Glucerna or equivalent)		2,000	Rs. _____	Rs. _____
619	Powder	NUTRITIONAL SUPPLEMENT FOR CHILDREN 400 G (Pediasure or equivalent)		400	Rs. _____	Rs. _____
620	Powder	NUTRITIONAL SUPPLEMENT FOR CHRONIC LIVER IMPAIRMENT 400 G (Aminoleban or equivalent)		400	Rs. _____	Rs. _____
621	Powder	NUTRITIONAL SUPPLEMENT FOR RENAL IMPAIR PATIENT HAVING HIGH ENERGY, LOW ELECTROLYTE AND LOW VOLUME ENTERAL FEED 400 G (Nipro HP / LP or equivalent)		400	Rs. _____	Rs. _____
622	Powder	NUTRITIONAL SUPPLEMENT (Ensure or Equivalent) (COMPLETE BALANCED NUTRITION) 400G		2,500	Rs. _____	Rs. _____
623	Liquid	NUTRITIONAL SUPPLEMENT (All Flavours) (ENSURE PLUS OR EQUIVALENT) COMPLETE BALANCED NUTRITION 250ml		500	Rs. _____	Rs. _____
624	Powder	NUTRITIONALLY COMPLETE MILK BASED IRON FORTIFIED INFANT FORMULA 400G (Nido or equivalent)		200	Rs. _____	Rs. _____
625	Powder	NUTRITIONAL SUPPLEMENT (COMPLETE PEPTIDE DIET FOR CHILD) 400GM		200	Rs. _____	Rs. _____
626	Powder	NUTRITIONAL SUPPLEMENT (COMPLETE RENAL NUTRITION FOR PEOPLE WITH KIDNEY DISEASE (NON-DIALYZED) 400GM		200	Rs. _____	Rs. _____
627	Powder	NUTRITIONAL SUPPLEMENT FOR PREGNANT WOMEN 400GM		200	Rs. _____	Rs. _____
628	Powder	NUTRITIONAL SUPPLEMENT FOR MALNUTRITION AND OTHER MEDICAL CONDITION 425G (Isocal or equivalent)		1,000	Rs. _____	Rs. _____
629	Powder	NUTRITIONAL SUPPLEMENT FOR CHILDREN 850G (Pediasure or equivalent)		200	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
630	Powder	DIABETIC NUTRITION SUPPLIMENT 850G (Glucerna or equivalent)		200	Rs._____	Rs._____
631	Powder	NUTRITIONAL SUPPLEMENT (COMPLETE BALANCED NUTRITION) 850G (Ensure or equivalent)		200	Rs._____	Rs._____
632	Powder	NUTRITIONAL SUPPLEMENT (COMPLETE PEPTIDE DIET FOR ADULT) 400GM		200	Rs._____	Rs._____
633	Powder	NUTRITIONAL SUPPLEMENT FOR MALNUTRITION AND OTHER MEDICAL CONDITION 850G (Isocal or equivalent)		500	Rs._____	Rs._____
634	Powder	POWDERED MILK FOR PREGNANT AND BREAST FEEDING WOMEN		200	Rs._____	Rs._____
635	Powder	RESOURCE DIABETES POWDER 400GM OR EQUIVALENT		500	Rs._____	Rs._____
636	Powder	NOVASOURCE LIQUID 237ML OR EQUIVALENT		500	Rs._____	Rs._____
637	Sachet	IMPACT POWDER 74GM OR EQUIVALENT (PACK OF 10)		200 PACK	Rs._____	Rs._____
638	OIL	NUTRICIA MCT OIL 500ML OR EQUIVALENT		500	Rs._____	Rs._____
TABLETS / CAPSULES						
639	TAB / CAP	ABACAVIR 300MG		500	Rs._____	Rs._____
640	TAB / CAP	ABACAVIR AND LAMIVUDINE 600MG/300MG		500	Rs._____	Rs._____
641	TAB / CAP	ABACAVIR, DOLUTEGRAVIR, AND LAMIVUDINE 600MG/50MG/300MG		500	Rs._____	Rs._____
642	TAB / CAP	ABACAVIR, LAMIVUDINE, AND ZIDOVUDINE 300MG/150MG/300MG		500	Rs._____	Rs._____
643	TAB / CAP	ACELOFENAC 100MG		2,000	Rs._____	Rs._____
644	TAB / CAP	ACETAZOLAMIDE 250MG		2,500	Rs._____	Rs._____
645	TAB / CAP	ACETYLSALICYLIC ACID 150MG		10,000	Rs._____	Rs._____
646	TAB / CAP	ACETYLSALICYLIC ACID 300MG (DISPERSABLE)		85,000	Rs._____	Rs._____
647	TAB / CAP	ACETYLSALICYLIC ACID (COATED) 75MG		90,000	Rs._____	Rs._____
648	TAB / CAP	ACETYLSALICYLIC ACID (COATED) 300MG		15,000	Rs._____	Rs._____
649	TAB / CAP	ACITRETIN 10MG		500	Rs._____	Rs._____
650	TAB / CAP	ACITRETIN 25MG		500	Rs._____	Rs._____
651	TAB / CAP	ACYCLOVIR 200 MG		3,000	Rs._____	Rs._____
652	TAB / CAP	ACYCLOVIR 400MG		50,000	Rs._____	Rs._____
653	TAB / CAP	ALBENDAZOLE 200MG		700	Rs._____	Rs._____
654	TAB / CAP	ALENDRONATE SODIUM 70MG		500	Rs._____	Rs._____
655	TAB / CAP	ALFACALCIDOL 0.5MCG		80,000	Rs._____	Rs._____
656	TAB / CAP	ALFACALCIDOL 1MCG		60,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
667	TAB / CAP	ALFUZOSINE 10MG		700	Rs._____	Rs._____
668	TAB / CAP	ALITRETINOIN 10MG		500	Rs._____	Rs._____
669	TAB / CAP	ALL TRANS RETNOIC ACID 10 MG		2,000	Rs._____	Rs._____
670	TAB / CAP	ALLOPURINOL 100 MG		11,500	Rs._____	Rs._____
671	TAB / CAP	ALLOPURINOL 300 MG		11,500	Rs._____	Rs._____
672	TAB / CAP	ALPRAZOLAM 0.25 MG		5,000	Rs._____	Rs._____
673	TAB / CAP	ALPRAZOLAM 0.5MG		8,000	Rs._____	Rs._____
674	TAB / CAP	ALPRAZOLAM 1GM		5,000	Rs._____	Rs._____
675	TAB / CAP	ALUMINIUM HYDROXIDE + MAGNESIUM HYDROXIDE + SIMETHICON (200MG/200/25MG)		5,000	Rs._____	Rs._____
676	TAB / CAP	ALUMINIUM HYDROXIDE + MAGNESIUM TRISILICATE 250MG/500MG		5,000	Rs._____	Rs._____
677	TAB / CAP	AMANTADINE SULPHATE 100 MG		2,000	Rs._____	Rs._____
678	TAB / CAP	AMIODARONE HCL 200MG		3,000	Rs._____	Rs._____
679	TAB / CAP	AMITRIPTYLINE 25MG		500	Rs._____	Rs._____
680	TAB / CAP	AMLODIPINE BESYLATE 10MG		120,000	Rs._____	Rs._____
681	TAB / CAP	AMLODIPINE BESYLATE 5MG		70,000	Rs._____	Rs._____
682	TAB / CAP	AMLODIPINE+VALSARTAN 10/160MG MG		7,000	Rs._____	Rs._____
683	TAB / CAP	AMLODIPINE+VALSARTAN 5/160MG MG		4,000	Rs._____	Rs._____
684	TAB / CAP	AMLODIPINE+VALSARTAN 5/80MG MG		15,000	Rs._____	Rs._____
685	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 10/160/12.5MG		2,000	Rs._____	Rs._____
686	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 10/160/25MG		2,000	Rs._____	Rs._____
687	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 5/160/12.5MG		1,000	Rs._____	Rs._____
688	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 5/160/25MG		1,000	Rs._____	Rs._____
689	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 5/80MG/12.5MG		1,000	Rs._____	Rs._____
690	TAB / CAP	AMLODIPINE+VALSARTAN+HCT 5/80MG/25MG		1,000	Rs._____	Rs._____
691	TAB / CAP	AMOXICILLIN 250 MG		30,000	Rs._____	Rs._____
692	TAB / CAP	AMOXICILLIN 500 MG		52,000	Rs._____	Rs._____
693	TAB / CAP	AMOXICILLIN+CLAVULANIC ACID 1000 MG		53,000	Rs._____	Rs._____
694	TAB / CAP	AMOXICILLIN+CLAVULANIC ACID 375MG		13,000	Rs._____	Rs._____
695	TAB / CAP	AMOXICILLIN+CLAVULANIC ACID 625MG		105,000	Rs._____	Rs._____
696	TAB / CAP	AMPICILLIN 250 MG		20,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
697	TAB / CAP	AMPICILLIN 500MG		20,000	Rs. _____	Rs. _____
698	TAB / CAP	ANASTROZOLE 1MG		500	Rs. _____	Rs. _____
699	TAB / CAP	APIXABAN 2.5MG		500	Rs. _____	Rs. _____
700	TAB / CAP	APIXABAN 5MG		500	Rs. _____	Rs. _____
701	TAB / CAP	APREPITANT 125 MG		500	Rs. _____	Rs. _____
702	TAB / CAP	APREPITANT 80 MG		500	Rs. _____	Rs. _____
703	TAB / CAP	APREPITANT 80 TAB (1) 125MG TAB (2) COMBO PACK		500	Rs. _____	Rs. _____
704	TAB / CAP	ARTEMETHER/LUMAFENTRINE 20/120MG		500	Rs. _____	Rs. _____
705	TAB / CAP	ARTEMETHER/LUMAFENTRINE 80/480MG		2,000	Rs. _____	Rs. _____
706	TAB / CAP	ARTEMETHER+LUMEFANTRINE 40/240MG		6,000	Rs. _____	Rs. _____
707	TAB / CAP	ASCORBIC ACID 500MG		130,000	Rs. _____	Rs. _____
708	TAB / CAP	ATAZANAVIR 100MG		500	Rs. _____	Rs. _____
709	TAB / CAP	ATAZANAVIR 150MG		500	Rs. _____	Rs. _____
710	TAB / CAP	ATAZANAVIR 200MG		500	Rs. _____	Rs. _____
711	TAB / CAP	ATAZANAVIR 300MG		500	Rs. _____	Rs. _____
712	TAB / CAP	ATAZANAVIR AND COBICISTAT 300MG/150MG		500	Rs. _____	Rs. _____
713	TAB / CAP	ATENOLOL 100MG		4,000	Rs. _____	Rs. _____
714	TAB / CAP	ATENOLOL 25MG		4,000	Rs. _____	Rs. _____
715	TAB / CAP	ATENOLOL 50MG		12,000	Rs. _____	Rs. _____
716	TAB / CAP	ATORVASTATIN 10MG		30,000	Rs. _____	Rs. _____
717	TAB / CAP	ATORVASTATIN 20MG		20,000	Rs. _____	Rs. _____
718	TAB / CAP	ATORVASTATIN 40MG		11,000	Rs. _____	Rs. _____
719	TAB / CAP	ATORVASTATIN 80MG		10,000	Rs. _____	Rs. _____
720	TAB / CAP	ATOVAQUONE 250MG		100	Rs. _____	Rs. _____
721	TAB / CAP	ATTAPULGITE 500MG		5,500	Rs. _____	Rs. _____
722	TAB / CAP	AZATHIOPRINE 50MG		1,000	Rs. _____	Rs. _____
723	TAB / CAP	AZITHROMYCIN 250MG		23,000	Rs. _____	Rs. _____
724	TAB / CAP	AZITHROMYCIN 500MG		35,000	Rs. _____	Rs. _____
725	TAB / CAP	BACLOFEN 10MG		5,500	Rs. _____	Rs. _____
726	TAB / CAP	BAMIFYLLINE 600MG		1,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
727	TAB / CAP	BARICITINIB 2MG		1,000	Rs. _____	Rs. _____
728	TAB / CAP	BARICITINIB 4MG		1,000	Rs. _____	Rs. _____
729	TAB / CAP	BERAPROST 20MCG		600	Rs. _____	Rs. _____
730	TAB / CAP	BETAHISTINE DIHYDROCHLORIDE 16MG		15,000	Rs. _____	Rs. _____
731	TAB / CAP	BETAHISTINE DIHYDROCHLORIDE 8MG		25,000	Rs. _____	Rs. _____
732	TAB / CAP	BETAMETHASONE 0.5 MG		1,000	Rs. _____	Rs. _____
733	TAB / CAP	BICALUTAMIDE 50MG		1,000	Rs. _____	Rs. _____
734	TAB / CAP	BIOTIN 1000MCG		1,000	Rs. _____	Rs. _____
735	TAB / CAP	BISACODYL 5 MG		5,500	Rs. _____	Rs. _____
736	TAB / CAP	BISOPROLOL FUMARATE 10MG		4,000	Rs. _____	Rs. _____
737	TAB / CAP	BISOPROLOL FUMARATE 2.5MG		30,000	Rs. _____	Rs. _____
738	TAB / CAP	BISOPROLOL FUMARATE 5MG		15,000	Rs. _____	Rs. _____
739	TAB / CAP	BOSANTAN 125MG		1,500	Rs. _____	Rs. _____
740	TAB / CAP	BOSANTAN 62.5MG		1,500	Rs. _____	Rs. _____
741	TAB / CAP	BROMAZEPAM 3MG		15,000	Rs. _____	Rs. _____
742	TAB / CAP	BROMOCRIPTINE 2.5 MG		500	Rs. _____	Rs. _____
743	TAB / CAP	BUPRENORPHINE 2MG		500	Rs. _____	Rs. _____
744	TAB / CAP	BUSULFAN 500MG		500	Rs. _____	Rs. _____
745	TAB / CAP	CALCITRIOL 0.25MCG		1,000	Rs. _____	Rs. _____
746	TAB / CAP	CALCIUM , VITAMIN C , VITAMIN D3, VITAMIN B6		205,000	Rs. _____	Rs. _____
747	TAB / CAP	CALCIUM ACETATE 667 MG		7,000	Rs. _____	Rs. _____
748	TAB / CAP	CALCIUM AND VITAMIN C CHEWABLE		4,000	Rs. _____	Rs. _____
749	TAB / CAP	CALCIUM CARBONATE 1250MG, VITAMIN D3 125IU		280,000	Rs. _____	Rs. _____
750	TAB / CAP	CALCIUM CARBONATE 600MG, VITAMIN D3 200IU		3,000	Rs. _____	Rs. _____
751	TAB / CAP	CALCIUM CARBONATE 750MG, VITAMIN D3 200IU		3,000	Rs. _____	Rs. _____
752	TAB / CAP	CALCIUM CARBONATE 800MG, VITAMIN D3		2,000	Rs. _____	Rs. _____
753	TAB / CAP	CALCIUM VITAMIN K2, VITAMIN D3 500MG/90MCG/800IU		3,000	Rs. _____	Rs. _____
754	TAB / CAP	CALCIUM LACTATE GLUCONATE, CALCIUM CARBONATE, VITAMIN C , VITAMIN D3, VITAMIN B8		300,000	Rs. _____	Rs. _____
755	TAB / CAP	CALCIUM VITAMIND VITAMIN C EFFERVESANT TABLET		300,000	Rs. _____	Rs. _____
756	TAB / CAP	CANDESARTAN CILEXETIL 16MG		1,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
757	TAB / CAP	CANDESARTAN CILEXETIL 4MG		3,000	Rs. _____	Rs. _____
758	TAB / CAP	CANDESARTAN CILEXETIL 8MG		1,000	Rs. _____	Rs. _____
759	TAB / CAP	CANDESARTAN CILEXETIL + HCT 16/12.5MG		3,000	Rs. _____	Rs. _____
760	TAB / CAP	CANDESARTAN CILEXETIL + HCT 8/12.5MG		1,000	Rs. _____	Rs. _____
761	TAB / CAP	CAPECITABINE 500 MG		500	Rs. _____	Rs. _____
762	TAB / CAP	CAPTOPRIL 12.5MG		7,000	Rs. _____	Rs. _____
763	TAB / CAP	CAPTOPRIL 25MG		7,000	Rs. _____	Rs. _____
764	TAB / CAP	CAPTOPRIL 50MG		3,000	Rs. _____	Rs. _____
765	TAB / CAP	CARBAMEZAPINE 200 MG		1,000	Rs. _____	Rs. _____
766	TAB / CAP	CARBIDOPA+LEVODOPA 25/250MG		10,500	Rs. _____	Rs. _____
767	TAB / CAP	CARBIMAZOLE 5MG		2,500	Rs. _____	Rs. _____
768	TAB / CAP	CARVEDILOL 12.5 MG		31,000	Rs. _____	Rs. _____
769	TAB / CAP	CARVEDILOL 25 MG		31,000	Rs. _____	Rs. _____
770	TAB / CAP	CARVEDILOL 6.25MG		30,200	Rs. _____	Rs. _____
771	TAB / CAP	CEFACTOR 500MG		1,000	Rs. _____	Rs. _____
772	TAB / CAP	CEFADROXIL 500MG		2,500	Rs. _____	Rs. _____
773	TAB / CAP	CEFIXIME 200MG		52,000	Rs. _____	Rs. _____
774	TAB / CAP	CEFIXIME 400MG		55,000	Rs. _____	Rs. _____
775	TAB / CAP	CEFPODOXIME PROXETIL 100 MG		2,000	Rs. _____	Rs. _____
776	TAB / CAP	CEFPODOXIME PROXETIL 200 MG		2,000	Rs. _____	Rs. _____
777	TAB / CAP	CEFUROXIME 250MG		3,000	Rs. _____	Rs. _____
778	TAB / CAP	CELECOXIB 100MG		11,000	Rs. _____	Rs. _____
779	TAB / CAP	CELECOXIB 200MG		7,000	Rs. _____	Rs. _____
780	TAB / CAP	CEPHALEXIN 250MG		3,000	Rs. _____	Rs. _____
781	TAB / CAP	CEPHALEXIN 500MG		3,000	Rs. _____	Rs. _____
782	TAB / CAP	CEPHRADINE 250MG		4,000	Rs. _____	Rs. _____
783	TAB / CAP	CEPHRADINE 500MG		7,000	Rs. _____	Rs. _____
784	TAB / CAP	CETRIZINE DIHYDROCHLORIDE 10MG		60,000	Rs. _____	Rs. _____
785	TAB / CAP	CHLOROQUINE PHOSPHATE 250 MG		5,500	Rs. _____	Rs. _____
786	TAB / CAP	CHLORPHENIRAMINE MALEATE 4MG		1,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
787	TAB / CAP	CHYMOTRYPSIN+TRYPSIN 1MG/6MG		1,000	Rs. _____	Rs. _____
788	TAB / CAP	CILOSTAZOLE 100MG		2,000	Rs. _____	Rs. _____
789	TAB / CAP	CILOSTAZOLE 50MG		2,000	Rs. _____	Rs. _____
790	TAB / CAP	CIMETIDINE 200 MG		1,000	Rs. _____	Rs. _____
791	TAB / CAP	CIMETIDINE 400 MG		1,000	Rs. _____	Rs. _____
792	TAB / CAP	CINACALCET HCL 30MG		500	Rs. _____	Rs. _____
793	TAB / CAP	CINITAPRIDE 1 MG		1,000	Rs. _____	Rs. _____
794	TAB / CAP	CINNARIZINE 25MG		1,500	Rs. _____	Rs. _____
795	TAB / CAP	CINNARIZINE 75 MG		1,000	Rs. _____	Rs. _____
796	TAB / CAP	CIPROFLOXACIN 250MG		105,000	Rs. _____	Rs. _____
797	TAB / CAP	CIPROFLOXACIN 500MG		105,000	Rs. _____	Rs. _____
798	TAB / CAP	CIPROFLOXACIN 750MG		105,000	Rs. _____	Rs. _____
799	TAB / CAP	CIPROFLOXACIN XL 1GM		3,000	Rs. _____	Rs. _____
800	TAB / CAP	CITALOPRAM 10MG		2,500	Rs. _____	Rs. _____
801	TAB / CAP	CITALOPRAM 20MG		1,000	Rs. _____	Rs. _____
802	TAB / CAP	CITALOPRAM 5MG		2,500	Rs. _____	Rs. _____
803	TAB / CAP	CLARITHROMYCIN 250MG		7,000	Rs. _____	Rs. _____
804	TAB / CAP	CLARITHROMYCIN 500MG		13,000	Rs. _____	Rs. _____
805	TAB / CAP	CLARITHROMYCIN XL 500MG		5,000	Rs. _____	Rs. _____
806	TAB / CAP	CLEMASTINE 1MG		2,500	Rs. _____	Rs. _____
807	TAB / CAP	CLIDINIUM BROMIDE 2.5MG, CHLORDIAZEPOXIDE 5MG 2.5MG/5MG		11,000	Rs. _____	Rs. _____
808	TAB / CAP	CLINDAMYCIN 150MG		21,500	Rs. _____	Rs. _____
809	TAB / CAP	CLINDAMYCIN 300MG		21,500	Rs. _____	Rs. _____
810	TAB / CAP	CLINDAMYCIN 600MG		21,500	Rs. _____	Rs. _____
811	TAB / CAP	CLOBAZEPAM 10MG		3,000	Rs. _____	Rs. _____
812	TAB / CAP	CLOMIPHENE CITRATE 50MG		1,000	Rs. _____	Rs. _____
813	TAB / CAP	CLOMIPRAMINE 25MG		2,500	Rs. _____	Rs. _____
814	TAB / CAP	CLONAZEPAM 0.5MG		25,000	Rs. _____	Rs. _____
815	TAB / CAP	CLONAZEPAM 2MG		25,000	Rs. _____	Rs. _____
816	TAB / CAP	CLOPIDOGREL 75MG		60,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
817	TAB / CAP	CLOPIDOGREL+ASPIRIN 75/150MG		6,000	Rs. _____	Rs. _____
818	TAB / CAP	CLOPIDOGREL+ASPIRIN 75/75MG		10,000	Rs. _____	Rs. _____
819	TAB / CAP	CLOZAPINE 100MG		2,500	Rs. _____	Rs. _____
820	TAB / CAP	CLOZAPINE 25MG		2,500	Rs. _____	Rs. _____
821	TAB / CAP	COD LIVER OIL SOFT GELATIN CAPSULE		1,000	Rs. _____	Rs. _____
822	TAB / CAP	CONJUGATED ESTROGEN 0.625MG		2,000	Rs. _____	Rs. _____
823	TAB / CAP	CRANBERRY EXTRACT 140MG		7,000	Rs. _____	Rs. _____
824	TAB / CAP	CYCLOPHOSPHAMIDE 50 MG		1,000	Rs. _____	Rs. _____
825	TAB / CAP	CYCLOSPORIN 100MG		251,000	Rs. _____	Rs. _____
826	TAB / CAP	CYCLOSPORIN 25MG		501,000	Rs. _____	Rs. _____
827	TAB / CAP	CYCLOSPORIN 50 MG		201,000	Rs. _____	Rs. _____
828	TAB / CAP	CYPROTERONE ACETATE 2MG,		1,500	Rs. _____	Rs. _____
829	TAB / CAP	CYPROTERONE ACETATE 2MG,ETHINYLOESTRADIOL 35MCG		1,500	Rs. _____	Rs. _____
830	TAB / CAP	DABIGATRAN 110MG		2,000	Rs. _____	Rs. _____
831	TAB / CAP	DACLASTAVIR 60MG		3,000	Rs. _____	Rs. _____
832	TAB / CAP	DANAZOLE 100MG		2,000	Rs. _____	Rs. _____
833	TAB / CAP	DANAZOLE 200MG		2,000	Rs. _____	Rs. _____
834	TAB / CAP	DAPAGILFLOZIN 5MG		2,500	Rs. _____	Rs. _____
835	TAB / CAP	DAPAGILFLOZIN 10MG		2,500	Rs. _____	Rs. _____
836	TAB / CAP	DAPAGILFLOZIN 2.5MG/ 1000MG METFORMIN		2,500	Rs. _____	Rs. _____
837	TAB / CAP	DAPAGILFLOZIN 5MG/ 1000MG METFORMIN		2,500	Rs. _____	Rs. _____
838	TAB / CAP	DAPAGILFLOZIN 10MG/ 1000MG METFORMIN EXTENDED RELEASE		2,500	Rs. _____	Rs. _____
839	TAB / CAP	DAPAGILFLOZIN 5MG/ 500MG METFORMIN EXTENDED RELEASE		2,500	Rs. _____	Rs. _____
840	TAB / CAP	DAPAGILFLOZIN 10MG/ 500MG METFORMIN EXTENDED RELEASE		2,500	Rs. _____	Rs. _____
841	TAB / CAP	DAPSONE 100 MG		600	Rs. _____	Rs. _____
842	TAB / CAP	DASATINIB 50 MG		5,000	Rs. _____	Rs. _____
843	TAB / CAP	DASATINIB 70MG		2,000	Rs. _____	Rs. _____
844	TAB / CAP	DASATINIB 20MG		2,000	Rs. _____	Rs. _____
845	TAB / CAP	DEFARASIROX 100MG		2,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
846	TAB / CAP	DEFARASIROX 400MG		2,000	Rs. _____	Rs. _____
847	TAB / CAP	DEFARASIROX (DISPERSABLE) 250MG		2,000	Rs. _____	Rs. _____
848	TAB / CAP	DEFARASIROX (DISPERSABLE) 500MG		2,000	Rs. _____	Rs. _____
849	TAB / CAP	DEFERPIRON 500MG		2,000	Rs. _____	Rs. _____
850	TAB / CAP	DES Loratidine 5 MG		2,000	Rs. _____	Rs. _____
851	TAB / CAP	DESMOPRESSIN 0.2MG		1,500	Rs. _____	Rs. _____
852	TAB / CAP	DEXAMETHASONE 0.5 MG		7,000	Rs. _____	Rs. _____
853	TAB / CAP	DEXAMETHASONE 4MG		2,000	Rs. _____	Rs. _____
854	TAB / CAP	DEXIBUPROFEN 100MG		2,300	Rs. _____	Rs. _____
855	TAB / CAP	DEXIBUPROFEN 200MG		2,300	Rs. _____	Rs. _____
856	TAB / CAP	DEXIBUPROFEN 400MG		2,300	Rs. _____	Rs. _____
857	TAB / CAP	DEXLANSOPRAZOLE 30MG		23,000	Rs. _____	Rs. _____
858	TAB / CAP	DEXLANSOPRAZOLE 60MG		5,000	Rs. _____	Rs. _____
859	TAB / CAP	DIAZEPAM 10MG		2,000	Rs. _____	Rs. _____
860	TAB / CAP	DIAZEPAM 5MG		2,000	Rs. _____	Rs. _____
861	TAB / CAP	DICHLOROBENZYL ALCOHOL+AMYL METACRESOL (STREPSILS OR EQUIVALENT)		8,000	Rs. _____	Rs. _____
862	TAB / CAP	DICLOFENAC POTASSIUM 50MG		23,000	Rs. _____	Rs. _____
863	TAB / CAP	DICLOFENAC SODIUM 50MG		53,000	Rs. _____	Rs. _____
864	TAB / CAP	DICLOFENAC SODIUM 75MG		13,000	Rs. _____	Rs. _____
865	TAB / CAP	DICLOFENAC SODIUM SR 100 MG		13,000	Rs. _____	Rs. _____
866	TAB / CAP	DICLOFENAC SODIUM+MISOPROSTOL 50 MG/200		11,000	Rs. _____	Rs. _____
867	TAB / CAP	DIGOXIN 0.25 MG		6,000	Rs. _____	Rs. _____
868	TAB / CAP	DIGOXIN 0.5 MG		6,000	Rs. _____	Rs. _____
869	TAB / CAP	DILOXANIDE 250MG, METRONIDAZOLE 200MG		8,000	Rs. _____	Rs. _____
870	TAB / CAP	DILOXANIDE FUROATE 500MG, METRONIDAZOLE 400MG		13,000	Rs. _____	Rs. _____
871	TAB / CAP	DILTIAZEM HCL 30MG		6,000	Rs. _____	Rs. _____
872	TAB / CAP	DILTIAZEM HCL 60MG		6,000	Rs. _____	Rs. _____
873	TAB / CAP	DILTIAZEM HCL 90MG		5,500	Rs. _____	Rs. _____
874	TAB / CAP	DILTIAZEM HCL 180MG		5,500	Rs. _____	Rs. _____
875	TAB / CAP	DIMENHYDRINATE 50MG		6,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
876	TAB / CAP	DINOPROSTONE 3MG		5,200	Rs. _____	Rs. _____
877	TAB / CAP	DIOSMIN 600MG		10,200	Rs. _____	Rs. _____
878	TAB / CAP	DIOSMIN /HISPERIDINE 450MG/50MG		2,200	Rs. _____	Rs. _____
879	TAB / CAP	DIPHENHYDRAMINE 50MG		5,200	Rs. _____	Rs. _____
880	TAB / CAP	DIPHENOXYLATE HCL 2.5MG, ATROPINE SULPHATE 0.025MG		5,200	Rs. _____	Rs. _____
881	TAB / CAP	DIVALPROEX SODIUM 250 MG		6,000	Rs. _____	Rs. _____
882	TAB / CAP	DIVALPROEX SODIUM (CONTROLLED RELEASE) 500 MG		3,000	Rs. _____	Rs. _____
883	TAB / CAP	DIVALPROEX SODIUM 500MG		6,000	Rs. _____	Rs. _____
884	TAB / CAP	DOCUSATE 50 MG 50MG		2,000	Rs. _____	Rs. _____
885	TAB / CAP	DOMPERIDONE 10 MG		135,000	Rs. _____	Rs. _____
886	TAB / CAP	DOMPERIDONE MALEATE 10 MG		51,000	Rs. _____	Rs. _____
887	TAB / CAP	DOTHIEPIN HCL 25MG		1,200	Rs. _____	Rs. _____
888	TAB / CAP	DOTHIEPIN HCL 75 MG		700	Rs. _____	Rs. _____
889	TAB / CAP	DOXAZOSIN 2 MG		10,500	Rs. _____	Rs. _____
890	TAB / CAP	DOXAZOSIN 4 MG		11,000	Rs. _____	Rs. _____
891	TAB / CAP	DOXYCYCLIN 100MG		23,000	Rs. _____	Rs. _____
892	TAB / CAP	DOXYLAMINE+PYRIDOXINE 10 MG		13,000	Rs. _____	Rs. _____
893	TAB / CAP	DROTAVARIN 40MG		30,000	Rs. _____	Rs. _____
894	TAB / CAP	DROTAVARIN 80MG		55,000	Rs. _____	Rs. _____
895	TAB / CAP	DULOXETINE HCL 20MG		10,500	Rs. _____	Rs. _____
896	TAB / CAP	DULOXETINE HCL 30 MG		11,000	Rs. _____	Rs. _____
897	TAB / CAP	DULOXETINE HCL 60MG		11,000	Rs. _____	Rs. _____
898	TAB / CAP	DUTASTEROID 0.5MG		1,500	Rs. _____	Rs. _____
899	TAB / CAP	DYDROGESTERONE 10MG		10,500	Rs. _____	Rs. _____
900	TAB / CAP	EBASTINE 10MG		11,500	Rs. _____	Rs. _____
901	TAB / CAP	EBASTINE 20MG		3,500	Rs. _____	Rs. _____
902	TAB / CAP	ELTROMBOPAG OLAMINE 25MG 25MG		2,000	Rs. _____	Rs. _____
903	TAB / CAP	ELTROMBOPAG OLAMINE 50MG 50MG		2,000	Rs. _____	Rs. _____
904	TAB / CAP	ELBASVIR 50MG+ GRAZOPREVIR 100MG			Rs. _____	Rs. _____
905	TAB / CAP	EMPAGLIFLOZIN 10MG		2,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
906	TAB / CAP	EMPAGLIFLOZIN 25MG		2,500	Rs. _____	Rs. _____
907	TAB / CAP	EMPAGLIFLOZIN 12.5MG+ METFORMIN 1000MG		2,200	Rs. _____	Rs. _____
908	TAB / CAP	EMPAGLIFLOZIN 12.5MG+ METFORMIN 500MG		2,200	Rs. _____	Rs. _____
909	TAB / CAP	EMPAGLIFLOZIN 12.5MG+ METFORMIN 850MG		2,200	Rs. _____	Rs. _____
910	TAB / CAP	EMTIRCITABINE 200MG		1,500	Rs. _____	Rs. _____
911	TAB / CAP	ENALAPRIL 10 MG		500	Rs. _____	Rs. _____
912	TAB / CAP	ENALAPRIL 5 MG		2,000	Rs. _____	Rs. _____
913	TAB / CAP	ENALAPRIL/HYDROCHLOROTHIAZIDE 10/25 MG		2,500	Rs. _____	Rs. _____
914	TAB / CAP	ENOXACIN SESQUIHYDRATE 400MG		2,500	Rs. _____	Rs. _____
915	TAB / CAP	ENTECAVIR 0.5 MG		5,500	Rs. _____	Rs. _____
916	TAB / CAP	EPERISONE HCL 50MG		10,500	Rs. _____	Rs. _____
917	TAB / CAP	ERLOTINIB 150 MG		2,500	Rs. _____	Rs. _____
918	TAB / CAP	ERYTHROMYCIN 250 MG		3,000	Rs. _____	Rs. _____
919	TAB / CAP	ERYTHROMYCIN 500 MG		3,000	Rs. _____	Rs. _____
920	TAB / CAP	ESCITALOPRAM 10MG		11,000	Rs. _____	Rs. _____
921	TAB / CAP	ESCITALOPRAM 5 MG		11,000	Rs. _____	Rs. _____
922	TAB / CAP	ESOMEPRAZOLE 20MG		205,000	Rs. _____	Rs. _____
923	TAB / CAP	ESOMEPRAZOLE 40MG		10,5000	Rs. _____	Rs. _____
924	TAB / CAP	ESTRADIOL VALERATE 2MG		2,100	Rs. _____	Rs. _____
925	TAB / CAP	ESTRADIOL VALERATE 2MG,CYPROTERONE ACETATE 1MG		2,100	Rs. _____	Rs. _____
926	TAB / CAP	ESTRADIOL VALERATE+NORGESTERAL (2MG+0.5MG)		1,100	Rs. _____	Rs. _____
927	TAB / CAP	ETHAMBUTOL 400MG		2,000	Rs. _____	Rs. _____
928	TAB / CAP	ETHAMBUTOL+RIFAMPICIN+ISONIAZID 300MG+150MG+75MG		2,000	Rs. _____	Rs. _____
929	TAB / CAP	ETHAMBUTOL+RIFAMPICIN+ISONIAZID+PYRAZINAMIDE 275MG+150MG+75MG+400MG		11,000	Rs. _____	Rs. _____
930	TAB / CAP	ETHINYL ESTRADIOL 0.02MG, DROSPIRENONE 3MG		2,000	Rs. _____	Rs. _____
931	TAB / CAP	ETHINYLESTRADIOL 0.02MG ,GESTODENE 0.075MG		2,100	Rs. _____	Rs. _____
932	TAB / CAP	ETORICOXIB 60MG		2,500	Rs. _____	Rs. _____
933	TAB / CAP	EVEROLIMUS 0.25 MG		700	Rs. _____	Rs. _____
934	TAB / CAP	EVEROLIMUS 0.75 MG		700	Rs. _____	Rs. _____
935	TAB / CAP	FAMICLOVIR 250 MG		2,200	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
936	TAB / CAP	FAMOTIDINE 20MG		10,500	Rs. _____	Rs. _____
937	TAB / CAP	FAMOTIDINE 40MG		10,500	Rs. _____	Rs. _____
938	TAB / CAP	FEBUXOSTAT 40 MG		12,000	Rs. _____	Rs. _____
939	TAB / CAP	FEBUXOSTAT 80 MG		3,000	Rs. _____	Rs. _____
940	TAB / CAP	FENOFIBRATE 200MG		1,500	Rs. _____	Rs. _____
941	TAB / CAP	FENOFIBRATE 67MG		2,500	Rs. _____	Rs. _____
942	TAB / CAP	FERROUS FUMARATE 150MG, FOLIC ACID 0.5MG		2,500	Rs. _____	Rs. _____
943	TAB / CAP	FERROUS SULPHATE 200 MG		53,000	Rs. _____	Rs. _____
944	TAB / CAP	FERROUS SULPHATE VITAMIN A VITAMIN B COMPLEX		3,000	Rs. _____	Rs. _____
945	TAB / CAP	FERROUS SULPHATE + FOLIC ACID + VITAMIN C + B COMPLEX		3,000	Rs. _____	Rs. _____
946	TAB / CAP	FERROUS SULPHATE + FOLIC ACID 300+5MG		3,000	Rs. _____	Rs. _____
947	TAB / CAP	FERROUS SULPHATE 525 (REPRESENT 105MG OF ELEMENTAL IRON), FOLIC ACID 800MCG,VIT C 500MG, B1 6MG,,B2 6MG, B6 5MG, B12 25MCG, NICOTIAMIDE 30 MG, CALCIUM PANTOTHENATE 10MG		3,000	Rs. _____	Rs. _____
948	TAB / CAP	FEXOFENADINE 120 MG		23,000	Rs. _____	Rs. _____
949	TAB / CAP	FEXOFENADINE 180 MG		3,000	Rs. _____	Rs. _____
950	TAB / CAP	FEXOFENADINE 60 MG		12,000	Rs. _____	Rs. _____
951	TAB / CAP	FEXOFENADINE/PSEUDEOEPHEDRINE 60/120MG		4,000	Rs. _____	Rs. _____
952	TAB / CAP	FINASTERIDE 5 MG		700	Rs. _____	Rs. _____
953	TAB / CAP	FLAVOXATE 100MG		2,500	Rs. _____	Rs. _____
954	TAB / CAP	FLAVOXATE 200MG		10,500	Rs. _____	Rs. _____
955	TAB / CAP	FLECAINIDE 100 MG		2,500	Rs. _____	Rs. _____
956	TAB / CAP	FLECAINIDE 50 MG		2,500	Rs. _____	Rs. _____
957	TAB / CAP	FLUCONAZOLE 150 MG		6,500	Rs. _____	Rs. _____
958	TAB / CAP	FLUCONAZOLE 200 MG		3,500	Rs. _____	Rs. _____
959	TAB / CAP	FLUCONAZOLE 50 MG		21,000	Rs. _____	Rs. _____
960	TAB / CAP	FLUDARABINE 10MG		600	Rs. _____	Rs. _____
961	TAB / CAP	FLUDROCORTISONE ACETATE 0.1MG		2,500	Rs. _____	Rs. _____
962	TAB / CAP	FLUNARIZINE 5MG		5,200	Rs. _____	Rs. _____
963	TAB / CAP	FLUOXETINE 20 MG		5,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
964	TAB / CAP	FLUPENTHIXOL 0.25 MG		2,500	Rs. _____	Rs. _____
965	TAB / CAP	FLUPHENAZINE/NORTRIPTYLINE 10/0.5 MG		2,200	Rs. _____	Rs. _____
966	TAB / CAP	FLURBIPROFEN 100 MG		15,500	Rs. _____	Rs. _____
967	TAB / CAP	FLUTAMIDA TAB 250MG		2,000	Rs. _____	Rs. _____
968	TAB / CAP	FLUVOXAMINE 100 MG		2,200	Rs. _____	Rs. _____
969	TAB / CAP	FOLIC ACID 5MG		900,000	Rs. _____	Rs. _____
970	TAB / CAP	FOLINIC ACID 15 MG		5,500	Rs. _____	Rs. _____
971	TAB / CAP	FOSAPREPITANT 250MG		2,500	Rs. _____	Rs. _____
972	TAB / CAP	FOSFOMYCIN 500MG		6,000	Rs. _____	Rs. _____
973	TAB / CAP	FOSINOPRIL 10 MG 10MG		2,500	Rs. _____	Rs. _____
974	TAB / CAP	FUROSEMIDE 20MG		13,000	Rs. _____	Rs. _____
975	TAB / CAP	FUROSEMIDE 40MG		13,000	Rs. _____	Rs. _____
976	TAB / CAP	FUROSEMIDE+AMILORIDE 40MG/5MG		6,000	Rs. _____	Rs. _____
977	TAB / CAP	FUROSEMIDE+SPIRONOLACTONE 20MG/50MG		13,000	Rs. _____	Rs. _____
978	TAB / CAP	FUROSEMIDE+SPIRONOLACTONE 40MG/50MG		13,000	Rs. _____	Rs. _____
979	TAB / CAP	FUSIDIC ACID 250MG		1,000	Rs. _____	Rs. _____
980	TAB / CAP	GABAPENTIN 100 MG		6,000	Rs. _____	Rs. _____
981	TAB / CAP	GABAPENTIN 300 MG		1,500	Rs. _____	Rs. _____
982	TAB / CAP	GEMFIBROZIL 600MG		11,000	Rs. _____	Rs. _____
983	TAB / CAP	GEMIFLOXACIN 320 MG		1,000	Rs. _____	Rs. _____
984	TAB / CAP	GINGER EXTRAC 1000MG		1,000	Rs. _____	Rs. _____
985	TAB / CAP	GLECAPREVIR 100MG +PIBRENTASVIR 40MG		700	Rs. _____	Rs. _____
986	TAB / CAP	GLIBENCLAMIDE 5MG		3,000	Rs. _____	Rs. _____
987	TAB / CAP	GLIBENCLAMIDE+METFORMIN HCL 5/500MG		1,000	Rs. _____	Rs. _____
988	TAB / CAP	GLICLAZIDE 80 MG		1,100	Rs. _____	Rs. _____
989	TAB / CAP	GLICLAZIDE MODIFIED RELEASE 30MG		11,000	Rs. _____	Rs. _____
990	TAB / CAP	GLICLAZIDE MODIFIED RELEASE 60 MG		31,000	Rs. _____	Rs. _____
991	TAB / CAP	GLIMEPIRIDE 1MG		1,500	Rs. _____	Rs. _____
992	TAB / CAP	GLIMEPIRIDE 2MG		6,000	Rs. _____	Rs. _____
993	TAB / CAP	GLIMEPIRIDE 3MG		6,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
994	TAB / CAP	GLIMEPIRIDE 4MG		4,000	Rs. _____	Rs. _____
995	TAB / CAP	GLIMEPIRIDE/METFORMIN 1MG/500MG		3,000	Rs. _____	Rs. _____
996	TAB / CAP	GLIMEPIRIDE/METFORMIN 2MG/500MG		3,000	Rs. _____	Rs. _____
997	TAB / CAP	GLIMEPIRIDE/METFORMIN 3MG/500MG		3,000	Rs. _____	Rs. _____
998	TAB / CAP	GLIMEPIRIDE/METFORMIN 4MG/500MG		3,000	Rs. _____	Rs. _____
999	TAB / CAP	GLUCOSAMINE + CHONDROITIN 500/400MG		2,500	Rs. _____	Rs. _____
1000	TAB / CAP	GLUCOSAMINE + CHONDROITIN 750/800MG		2,500	Rs. _____	Rs. _____
1001	TAB / CAP	GLUCOSAMINE SALT+5-METHYLTETRAHYDRO FOLIC ACID 600MCG		1,000	Rs. _____	Rs. _____
1002	TAB / CAP	GLYCERYL TRINITRATE 0.5 MG		30,500	Rs. _____	Rs. _____
1003	TAB / CAP	GLYCERYL TRINITRATE 2.6MG		21,000	Rs. _____	Rs. _____
1004	TAB / CAP	GLYCERYL TRINITRATE 6.4MG		11,000	Rs. _____	Rs. _____
1005	TAB / CAP	HALOPERIDOL 10MG		4,000	Rs. _____	Rs. _____
1006	TAB / CAP	HALOPERIDOL 5MG		4,000	Rs. _____	Rs. _____
1007	TAB / CAP	HONEY LOZENGES		3,000	Rs. _____	Rs. _____
1008	TAB / CAP	HYDRALAZINE HCL 25MG		50,500	Rs. _____	Rs. _____
1009	TAB / CAP	HYDROCHLOROTHIAZIDE 25MG		1,000	Rs. _____	Rs. _____
1010	TAB / CAP	HYDROXYCHLOROQUINE 200 MG		1,000	Rs. _____	Rs. _____
1011	TAB / CAP	HYDROXYUREA 500 MG		30,500	Rs. _____	Rs. _____
1012	TAB / CAP	HYDROXYZINE 10 MG		5,200	Rs. _____	Rs. _____
1013	TAB / CAP	HYDROXYZINE 25 MG		2,200	Rs. _____	Rs. _____
1014	TAB / CAP	HYOSCINE BUTYLBROMIDE 10MG		2,500	Rs. _____	Rs. _____
1015	TAB / CAP	HYOSCINE BUTYLBROMIDE+PARACETAMOL 10MG/500MG		1,000	Rs. _____	Rs. _____
1016	TAB / CAP	IBANDRONATE SODIUM 150MG		700	Rs. _____	Rs. _____
1017	TAB / CAP	IBRUTINIB 140 MG 140MG		2,500	Rs. _____	Rs. _____
1018	TAB / CAP	IBUPROFEN 200MG		2,500	Rs. _____	Rs. _____
1019	TAB / CAP	IBUPROFEN 400MG		20,000	Rs. _____	Rs. _____
1020	TAB / CAP	IBUPROFEN 200MG, CODEINE PHOSPHATE 20MG		2,500	Rs. _____	Rs. _____
1021	TAB / CAP	IBUPROFEN 200MG, PSEUDOEPHEDRINE 30MG		5,500	Rs. _____	Rs. _____
1022	TAB / CAP	IBUPROFEN 400MG, PSEUDOEPHEDRINE 60MG		15,500	Rs. _____	Rs. _____
1023	TAB / CAP	IDELALISIB 150 MG		2,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1024	TAB / CAP	IMATINIB 100MG		2,500	Rs. _____	Rs. _____
1025	TAB / CAP	IMATINIB 400MG		2,500	Rs. _____	Rs. _____
1026	TAB / CAP	IMIPRAMINE 25MG		2,500	Rs. _____	Rs. _____
1027	TAB / CAP	INDAPAMIDE 1.25MG		2,500	Rs. _____	Rs. _____
1028	TAB / CAP	INDAPAMIDE 1.5MG		1,000	Rs. _____	Rs. _____
1029	TAB / CAP	INDAPAMIDE 2.5MG		2,500	Rs. _____	Rs. _____
1030	TAB / CAP	INDAPAMIDE/AMLODIPINE 1.5/10MG		2,500	Rs. _____	Rs. _____
1031	TAB / CAP	INDAPAMIDE/AMLODIPINE 1.5/5MG		2,500	Rs. _____	Rs. _____
1032	TAB / CAP	INDOMETHACIN 25MG		2,500	Rs. _____	Rs. _____
1033	TAB / CAP	IRBESARTAN 150 MG		2,500	Rs. _____	Rs. _____
1034	TAB / CAP	IRBESARTAN 300 MG		2,500	Rs. _____	Rs. _____
1035	TAB / CAP	IRBESARTAN 300 MG/12.5MG		2,500	Rs. _____	Rs. _____
1036	TAB / CAP	IRBESARTAN 75MG		2,500	Rs. _____	Rs. _____
1037	TAB / CAP	IRBESARTAN/HCTZ 150/12.5 MG		2,500	Rs. _____	Rs. _____
1038	TAB / CAP	IRON POLYMALTOSE 100MG		3,000	Rs. _____	Rs. _____
1039	TAB / CAP	IRON+MULTIVITAMINS		101,000	Rs. _____	Rs. _____
1040	TAB / CAP	IRON+MULTIVITAMINS 500MG		2,000	Rs. _____	Rs. _____
1041	TAB / CAP	IRON+MULTIVITAMINS+FOLIC ACID 500MG (PROLONG RELEASE)		2,000	Rs. _____	Rs. _____
1042	TAB / CAP	IRON+VITAMIN B COMPLEX (PROLONG RELEASE)		6,000	Rs. _____	Rs. _____
1043	TAB / CAP	ISONIAZID 300MG		3,000	Rs. _____	Rs. _____
1044	TAB / CAP	ISOSORBIDE (DINITRATE) 10MG		2,500	Rs. _____	Rs. _____
1045	TAB / CAP	ISOSORBIDE MONONITRATE 20MG		2,500	Rs. _____	Rs. _____
1046	TAB / CAP	ISOSORBIDE MONONITRATE 40MG		2,500	Rs. _____	Rs. _____
1047	TAB / CAP	ISOSORBIDE MONONITRATE 50MG		2,500	Rs. _____	Rs. _____
1048	TAB / CAP	ISOTRETINOIN 10MG		2,500	Rs. _____	Rs. _____
1049	TAB / CAP	ISOTRETINOIN 20MG		2,500	Rs. _____	Rs. _____
1050	TAB / CAP	ITOPRIDE 50MG		252,000	Rs. _____	Rs. _____
1051	TAB / CAP	ITOPRIDE HCL 150MG		5,000	Rs. _____	Rs. _____
1052	TAB / CAP	ITRACONAZOLE 100MG		17,000	Rs. _____	Rs. _____
1053	TAB / CAP	IVABRADIN 5MG		6,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1054	TAB / CAP	IVABRADIN 7.5MG		3,000	Rs. _____	Rs. _____
1055	TAB / CAP	IVERMECTIN 6MG		2,500	Rs. _____	Rs. _____
1056	TAB / CAP	IVY LEAF EXTRACT LOZENGES		3,000	Rs. _____	Rs. _____
1057	TAB / CAP	IXAZOMIB 4MG		2,000	Rs. _____	Rs. _____
1058	TAB / CAP	KETO ANALOGUE		10,500	Rs. _____	Rs. _____
1059	TAB / CAP	KETOCONAZOLE 200MG		2,500	Rs. _____	Rs. _____
1060	TAB / CAP	LABETALOL HCL 100 MG		5,500	Rs. _____	Rs. _____
1061	TAB / CAP	LACOSAMIDE 100MG		2,500	Rs. _____	Rs. _____
1062	TAB / CAP	LACOSAMIDE 50MG		10,500	Rs. _____	Rs. _____
1063	TAB / CAP	LAMOTRIGENE 100 MG		2,500	Rs. _____	Rs. _____
1064	TAB / CAP	LAMOTRIGENE 50 MG		2,500	Rs. _____	Rs. _____
1065	TAB / CAP	LAMOTRIGINE 25 MG		2,500	Rs. _____	Rs. _____
1066	TAB / CAP	LAMIVUDINE 150MG		1,000	Rs. _____	Rs. _____
1067	TAB / CAP	LAMIVUDINE 300MG		1,000	Rs. _____	Rs. _____
1068	TAB / CAP	LAMIVUDINE AND ZIDOVUDINE 150MG/300MG		1,000	Rs. _____	Rs. _____
1069	TAB / CAP	LAMIVUDINE AND TENOFOVIR DISOPROXIL FUMARATE 300MG/300MG		1,000	Rs. _____	Rs. _____
1070	TAB / CAP	LANSOPRAZOLE 30MG 30MG		4,000	Rs. _____	Rs. _____
1071	TAB / CAP	LAPATINIB 250 MG		600	Rs. _____	Rs. _____
1072	TAB / CAP	LEFLUNOMIDE 10 MG		2,500	Rs. _____	Rs. _____
1073	TAB / CAP	LEFLUNOMIDE 20MG		2,500	Rs. _____	Rs. _____
1074	TAB / CAP	LENALIDOMIDE 25 MG		1,500	Rs. _____	Rs. _____
1075	TAB / CAP	LETROZOLE 2.5 MG		2,000	Rs. _____	Rs. _____
1076	TAB / CAP	LEVAMISOLE 40 MG		500	Rs. _____	Rs. _____
1077	TAB / CAP	LEVETIRACETAM 250MG		4,000	Rs. _____	Rs. _____
1078	TAB / CAP	LEVETIRACETAM 500MG		12,000	Rs. _____	Rs. _____
1079	TAB / CAP	LEVOCETRIZINE 5 MG		2,000	Rs. _____	Rs. _____
1080	TAB / CAP	LEVOFLOXACIN 250 MG		3,000	Rs. _____	Rs. _____
1081	TAB / CAP	LEVOFLOXACIN 500MG		7,000	Rs. _____	Rs. _____
1082	TAB / CAP	LEVOFLOXACIN 750MG		5,500	Rs. _____	Rs. _____
1083	TAB / CAP	LEVONORGESTEREL 0.75MG		500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1084	TAB / CAP	LEVONORGESTREL+ETHINYLESTRADIOL 0.5/0.03		500	Rs._____	Rs._____
1085	TAB / CAP	LEVONORGESTREL 0.15MG+ETHINYL ESTRADIOL 0.03 MG + 7 TABLETS OF FERROUS FUMARATE BP 0.75MG		2,000	Rs._____	Rs._____
1086	TAB / CAP	LEVOSULPRIDE 25MG		51,000	Rs._____	Rs._____
1087	TAB / CAP	LEVOSULPRIDE 50MG		3,000	Rs._____	Rs._____
1088	TAB / CAP	LEVOTHYROXIN 25MCG		3,000	Rs._____	Rs._____
1089	TAB / CAP	LEVOTHYROXIN 50MCG		3,000	Rs._____	Rs._____
1090	TAB / CAP	LEVOTHYROXIN 75MCG		3,000	Rs._____	Rs._____
1091	TAB / CAP	LEVOTHYROXIN 100MCG		3,000	Rs._____	Rs._____
1092	TAB / CAP	LEVOTHYROXIN 125MCG		3,000	Rs._____	Rs._____
1093	TAB / CAP	LINCOMYCIN 500 MG		3,000	Rs._____	Rs._____
1094	TAB / CAP	LINEZOLID 600MG		11,000	Rs._____	Rs._____
1095	TAB / CAP	LISINOPRIL 10MG		1,500	Rs._____	Rs._____
1096	TAB / CAP	LISINOPRIL 20MG		2,500	Rs._____	Rs._____
1097	TAB / CAP	LISINOPRIL 5MG		1,000	Rs._____	Rs._____
1098	TAB / CAP	LISINOPRIL 20MG , HYDROCHLOROTHIAZIDE 12.5MG		1,000	Rs._____	Rs._____
1099	TAB / CAP	LITHIUM CARBONATE 200MG		2,500	Rs._____	Rs._____
1100	TAB / CAP	LOMUSTINE 50 MG		2,500	Rs._____	Rs._____
1101	TAB / CAP	LOPERAMIDE 2 MG		10,500	Rs._____	Rs._____
1102	TAB / CAP	LOPINAVIR AND RITONAVIR 200MG/50MG		500	Rs._____	Rs._____
1103	TAB / CAP	LOPINAVIR AND RITONAVIR 100MG/25MG		500	Rs._____	Rs._____
1104	TAB / CAP	LORATIDINE 10MG		33,000	Rs._____	Rs._____
1105	TAB / CAP	LORAZEPAM 1MG		4,000	Rs._____	Rs._____
1106	TAB / CAP	LORAZEPAM 2MG		4,000	Rs._____	Rs._____
1107	TAB / CAP	LORNOXICAM 8 MG		2,500	Rs._____	Rs._____
1108	TAB / CAP	LOSARTAN POTASSIUM / HYDROCHLOROTHIAZIDE 50 MG/12.5 MG		2,000	Rs._____	Rs._____
1109	TAB / CAP	LOSARTAN POTASSIUM+HYDROCHLOROTHIAZIDE 50MG/25MG		2,000	Rs._____	Rs._____
1110	TAB / CAP	LOSARTAN SODIUM 100MG		5,000	Rs._____	Rs._____
1111	TAB / CAP	LOSARTAN SODIUM 25MG		4,000	Rs._____	Rs._____
1112	TAB / CAP	LOSARTAN SODIUM 50MG		6,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1113	TAB / CAP	LULIPRISTL 30 MG		2,000	Rs. _____	Rs. _____
1114	TAB / CAP	MAGNESIUM (NATURE BOUNTY) OR EQUIVALENT 500MG		1,000	Rs. _____	Rs. _____
1115	TAB / CAP	MAGNESIUM SULPHATE 500MG		2,500	Rs. _____	Rs. _____
1116	TAB / CAP	MEBENDAZOLE 100 MG		4,000	Rs. _____	Rs. _____
1117	TAB / CAP	MEBENDAZOLE 500MG		1,000	Rs. _____	Rs. _____
1118	TAB / CAP	MEBEVERINE HYDROCHLORIDE 135MG		30,500	Rs. _____	Rs. _____
1119	TAB / CAP	MEBEVERINE HYDROCHLORIDE 200MG		3,000	Rs. _____	Rs. _____
1120	TAB / CAP	MECOBALAMIN 500MCG		51,000	Rs. _____	Rs. _____
1121	TAB / CAP	MEFENAMIC ACID 250MG		21,000	Rs. _____	Rs. _____
1122	TAB / CAP	MEFENAMIC ACID 500 MG		51,000	Rs. _____	Rs. _____
1123	TAB / CAP	MEGESTROL ACETATE 160MG		2,000	Rs. _____	Rs. _____
1124	TAB / CAP	MELATONIN 1MG		1,500	Rs. _____	Rs. _____
1125	TAB / CAP	MELOXICAM 15MG		4,000	Rs. _____	Rs. _____
1126	TAB / CAP	MELOXICAM 7.5MG		51,000	Rs. _____	Rs. _____
1127	TAB / CAP	MELPHALAN 50 MG		500	Rs. _____	Rs. _____
1128	TAB / CAP	MERCAPTOPYRINE 50 MG		10,000	Rs. _____	Rs. _____
1129	TAB / CAP	MESALAZINE 400MG		2,500	Rs. _____	Rs. _____
1130	TAB / CAP	MESALAZINE 800MG		2,500	Rs. _____	Rs. _____
1131	TAB / CAP	METOLAZONE 5MG		2,500	Rs. _____	Rs. _____
1132	TAB / CAP	METFORMIN HCL (XTENDED RELEASE) 1000MG		6,000	Rs. _____	Rs. _____
1133	TAB / CAP	METFORMIN HCL 1000MG		7,000	Rs. _____	Rs. _____
1134	TAB / CAP	METFORMIN HCL 250MG		6,000	Rs. _____	Rs. _____
1135	TAB / CAP	METFORMIN HCL 500MG		62,000	Rs. _____	Rs. _____
1136	TAB / CAP	METFORMIN HCL 850MG		7,000	Rs. _____	Rs. _____
1137	TAB / CAP	METFORMIN HCL (XTENDED RELEASE) 750MG		7,000	Rs. _____	Rs. _____
1138	TAB / CAP	METHOTREXATE 2.5 MG		10,200	Rs. _____	Rs. _____
1139	TAB / CAP	METHYLDOPA 250MG		20,200	Rs. _____	Rs. _____
1140	TAB / CAP	METHYLTETRAHYDROFOLIC ACID 300MCG		2,200	Rs. _____	Rs. _____
1141	TAB / CAP	METHYLTETRAHYDROFOLIC ACID 600 MCG		2,200	Rs. _____	Rs. _____
1142	TAB / CAP	METOCLOPROPAMIDE 10 MG		11,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1143	TAB / CAP	METOCLOPROPAMIDE+SIMETHICONE+BROMELAIN+ PANCREATIN		2,500	Rs._____	Rs._____
1144	TAB / CAP	METOPINE 2.75MG, L-LYSINE 250MG, DL-CARNITINE 375MG, VITAMIN B1 30MG, VITAMIN B6 30MG, VITAMIN B12 1000MCG		2,500	Rs._____	Rs._____
1145	TAB / CAP	METOPROLOL TARTARATE SR 200MG		1,500	Rs._____	Rs._____
1146	TAB / CAP	METOPROLOL TARTARATE 100MG		1,500	Rs._____	Rs._____
1147	TAB / CAP	METOPROLOL TARTARATE 25MG		22,000	Rs._____	Rs._____
1148	TAB / CAP	METOPROLOL TARTARATE 50MG		4,000	Rs._____	Rs._____
1149	TAB / CAP	METRONIDAZOLE 200 MG		700	Rs._____	Rs._____
1150	TAB / CAP	METRONIDAZOLE 400 MG		102,000	Rs._____	Rs._____
1151	TAB / CAP	MIDAZOLAM 7.5 MG		6,000	Rs._____	Rs._____
1152	TAB / CAP	MIDOSTAURIN 50 MG		2,200	Rs._____	Rs._____
1153	TAB / CAP	MINOCYCLINE 100MG		3,000	Rs._____	Rs._____
1154	TAB / CAP	MIRABEGRON 25 MG		2,000	Rs._____	Rs._____
1155	TAB / CAP	MIRABEGRON 50 MG		1,000	Rs._____	Rs._____
1156	TAB / CAP	MISOPROSTOL 200 MCG		30,200	Rs._____	Rs._____
1157	TAB / CAP	MONTELUKAST SODIUM 10 MG		53,000	Rs._____	Rs._____
1158	TAB / CAP	MONTELUKAST SODIUM 4MG		3,000	Rs._____	Rs._____
1159	TAB / CAP	MONTELUKAST SODIUM 5MG		4,000	Rs._____	Rs._____
1160	TAB / CAP	MORPHINE 10MG 10MG		2,000	Rs._____	Rs._____
1161	TAB / CAP	MORPHINE 30MG 30MG		2,000	Rs._____	Rs._____
1162	TAB / CAP	MOXIFLOXACIN 400 MG		12,000	Rs._____	Rs._____
1163	TAB / CAP	MULTIVITAMINS WITH MINERAL		700	Rs._____	Rs._____
1164	TAB / CAP	MULTIVITAMINS WITH ZINC		120,000	Rs._____	Rs._____
1165	TAB / CAP	MYCOPHENOLATE MOFETIL 180 MG		50,000	Rs._____	Rs._____
1166	TAB / CAP	MYCOPHENOLATE MOFETIL 360MG		500,000	Rs._____	Rs._____
1167	TAB / CAP	MYCOPHENOLATE SODIUM 250MG		2,000	Rs._____	Rs._____
1168	TAB / CAP	MYCOPHENOLATE SODIUM 500 MG		200,000	Rs._____	Rs._____
1169	TAB / CAP	NAPROXEN SODIUM 250MG		6,000	Rs._____	Rs._____
1170	TAB / CAP	NAPROXEN SODIUM 500MG		3,500	Rs._____	Rs._____
1171	TAB / CAP	NAPROXEN SODIUM 550 MG		101,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1172	TAB / CAP	NEBIVOLOL 10 MG		2,500	Rs. _____	Rs. _____
1173	TAB / CAP	NEBIVOLOL 2.5 MG		6,000	Rs. _____	Rs. _____
1174	TAB / CAP	NEBIVOLOL 5MG		3,000	Rs. _____	Rs. _____
1175	TAB / CAP	NICORANDIL 10MG		2,500	Rs. _____	Rs. _____
1176	TAB / CAP	NICORANDIL 20MG		2,200	Rs. _____	Rs. _____
1177	TAB / CAP	NICOTINAMIDE 100MG, VITAMIN B2 15MG, THIAMINE HCL VITAMIN B1 5MG, VITAMIN E 30IU, ZINC OXIDE 22.5MG, ASCORBIC ACID 500MG, CYANOCOBALAMIN 12MCG, FOLIC ACID 150MCG, PYRIDOXINE 20MG		3,000	Rs. _____	Rs. _____
1178	TAB / CAP	NICOTINE 2MG		2,000	Rs. _____	Rs. _____
1179	TAB / CAP	NICOTINE 4MG		2,500	Rs. _____	Rs. _____
1180	TAB / CAP	NICOTINIC ACID 13.5MG, VITAMIN A 2500IU, VITAMIN B2 1.2MG, VITAMIN B 1.05MG, VITAMIN E 15IU, ASCORBIC ACID 60MG, CALCIFEROL 400IU, CYANOCOBALAMIN 4.5MCG, FOLINIC ACID 300MCG, PYRIDOXINE 1.05MG		2,500	Rs. _____	Rs. _____
1181	TAB / CAP	NICOTINIC ACID 36MG, VITAMIN B2 3.2MG, VITAMIN B1 2.8MG, BIOTIN 0.15MG, CYANOCOBALAMIN 2MCG, FOLIC ACID 400MCG, PYRIDOXINE 4MG, INOSITOL 10MG, PANTOTHENIC ACID 12MG		3,000	Rs. _____	Rs. _____
1182	TAB / CAP	NIFEDIPINE 20 MG		3,000	Rs. _____	Rs. _____
1183	TAB / CAP	NIFEDIPINE 30 MG		11,000	Rs. _____	Rs. _____
1184	TAB / CAP	NIFEDIPINE 60 MG		3,000	Rs. _____	Rs. _____
1185	TAB / CAP	NILOTINIB 150MG		2,500	Rs. _____	Rs. _____
1186	TAB / CAP	NILOTINIB 200 MG		2,200	Rs. _____	Rs. _____
1187	TAB / CAP	NIMESULIDE 100 MG		10,500	Rs. _____	Rs. _____
1188	TAB / CAP	NIMODIPINE 30MG		2,000	Rs. _____	Rs. _____
1189	TAB / CAP	NITAZOXANIDE 500 MG		2,200	Rs. _____	Rs. _____
1190	TAB / CAP	NITRAZEPAM 5MG		2,500	Rs. _____	Rs. _____
1191	TAB / CAP	NITROFURANTOIN 100MG		5,000	Rs. _____	Rs. _____
1192	TAB / CAP	NORETHISTERONE 5MG		20,000	Rs. _____	Rs. _____
1193	TAB / CAP	OESTROGEN CONJUGATED 0.3MG		2,000	Rs. _____	Rs. _____
1194	TAB / CAP	OFLOXACIN 200 MG		1,200	Rs. _____	Rs. _____
1195	TAB / CAP	OLANZAPINE 10MG		3,000	Rs. _____	Rs. _____
1196	TAB / CAP	OLANZAPINE 5 MG		2,500	Rs. _____	Rs. _____
1197	TAB / CAP	OLMESARTAN 10MG		2,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1198	TAB / CAP	OLMESARTAN 20MG		2,500	Rs. _____	Rs. _____
1199	TAB / CAP	OLMESARTAN 40 MG		1,500	Rs. _____	Rs. _____
1200	TAB / CAP	OLMESARTAN 5MG		2,500	Rs. _____	Rs. _____
1201	TAB / CAP	OLMESARTAN/AMLODIPINE 20MG/5MG		2,500	Rs. _____	Rs. _____
1202	TAB / CAP	OMEGA 3 FISH OIL 1200MG		1,500	Rs. _____	Rs. _____
1203	TAB / CAP	OMEPRAZOLE 20MG		60,000	Rs. _____	Rs. _____
1204	TAB / CAP	OMEPRAZOLE 40MG		100,000	Rs. _____	Rs. _____
1205	TAB / CAP	ONDANSETRON HCL 8 MG		40,500	Rs. _____	Rs. _____
1206	TAB / CAP	ORLISTAT 60 MG		2,200	Rs. _____	Rs. _____
1207	TAB / CAP	ORLISTAT 120MG		2,100	Rs. _____	Rs. _____
1208	TAB / CAP	OSELTAMIVIR PHOSPHATE 75 MG		1,500	Rs. _____	Rs. _____
1209	TAB / CAP	OSSEIN MINERAL COMPLEX 800MG		100,500	Rs. _____	Rs. _____
1210	TAB / CAP	OSSEIN MINERAL COMPLEX+VITAMIN D 830MG/400IU		10,500	Rs. _____	Rs. _____
1211	TAB / CAP	OXCARBAZEPINE 600 MG		10,500	Rs. _____	Rs. _____
1212	TAB / CAP	OXYBUTYNINE 50MG 50MG		2,200	Rs. _____	Rs. _____
1213	TAB / CAP	OXYMETHOLONE 50 MG 50MG		2,000	Rs. _____	Rs. _____
1214	TAB / CAP	PANCREALIPASE 10000IU		2,000	Rs. _____	Rs. _____
1215	TAB / CAP	PANTOPRAZOLE 40MG		20,500	Rs. _____	Rs. _____
1216	TAB / CAP	PARACETAMOL 500MG		600,000	Rs. _____	Rs. _____
1217	TAB / CAP	PARACETAMOL 300MG, TRIPROLIDINE 1.5MG, PSEUDOEPHEDRINE (HCL) 36MG		3,000	Rs. _____	Rs. _____
1218	TAB / CAP	PARACETAMOL B.P. 600MG CHLORPHENIRAMINE MALEATE 4MG PSEUDOEPHEDRINE HCL B.P. 60MG 600+4+60MG		2,000	Rs. _____	Rs. _____
1219	TAB / CAP	PARACETAMOL+CAFFINE		6,000	Rs. _____	Rs. _____
1220	TAB / CAP	PARACETAMOL + CHLORPHENIRAMINE + PSEUDOEPHEDRINE		1,500	Rs. _____	Rs. _____
1221	TAB / CAP	PARACETAMOL+ORPHENADRINE CITRATE 450MG/35MG		25,000	Rs. _____	Rs. _____
1222	TAB / CAP	PARACETAMOL+ORPHENADRINE CITRATE 650MG/50MG		155,000	Rs. _____	Rs. _____
1223	TAB / CAP	PARAZOSIN 1MG		2,500	Rs. _____	Rs. _____
1224	TAB / CAP	PARAZOSIN 2MG		2,500	Rs. _____	Rs. _____
1225	TAB / CAP	PAROXETINE 20MG		2,500	Rs. _____	Rs. _____
1226	TAB / CAP	PAROXETINE 25MG		2,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1227	TAB / CAP	PAROXETINE CONTROL RELEASE 12.5MG		2,500	Rs. _____	Rs. _____
1228	TAB / CAP	PAZOPANIB 200MG 200MG		2,000	Rs. _____	Rs. _____
1229	TAB / CAP	PAZOPANIB 400MG 400MG		2,000	Rs. _____	Rs. _____
1230	TAB / CAP	PENECILLIN V 250MG		2,000	Rs. _____	Rs. _____
1231	TAB / CAP	PERINDOPRIL 2MG		1,500	Rs. _____	Rs. _____
1232	TAB / CAP	PERINDOPRIL 4 MG		1,500	Rs. _____	Rs. _____
1233	TAB / CAP	PERINDOPRIL 8MG		2,500	Rs. _____	Rs. _____
1234	TAB / CAP	PERINDOPRIL/AMPLODIPINE 4MG/10MG		2,500	Rs. _____	Rs. _____
1235	TAB / CAP	PERINDOPRIL/AMPLODIPINE 4MG/5MG		2,500	Rs. _____	Rs. _____
1236	TAB / CAP	PERINDOPRIL/AMPLODIPINE 8MG/10MG		2,500	Rs. _____	Rs. _____
1237	TAB / CAP	PERINDOPRIL/AMPLODIPINE 8MG/5MG		2,500	Rs. _____	Rs. _____
1238	TAB / CAP	PERINDOPRIL/INDAPAMIDE 2MG/0.625MG		3,000	Rs. _____	Rs. _____
1239	TAB / CAP	PERINDOPRIL/INDAPAMIDE 5MG/1.25MG		3,000	Rs. _____	Rs. _____
1240	TAB / CAP	PHENAZOPYRIDINE HCL 100 MG		3,000	Rs. _____	Rs. _____
1241	TAB / CAP	PHENIRAMINE MALEATE 25 MG		6,000	Rs. _____	Rs. _____
1242	TAB / CAP	PHENOBARBITAL 30MG		2,500	Rs. _____	Rs. _____
1243	TAB / CAP	PHENYTOIN 300MG		2,300	Rs. _____	Rs. _____
1244	TAB / CAP	PHLOROGLUCINOL 80MG		2,200	Rs. _____	Rs. _____
1245	TAB / CAP	PHLOROGLUCINOL+TRIMETHYLPHLOROGLUCINOL 40MG/0.04MG		5,500	Rs. _____	Rs. _____
1246	TAB / CAP	PIOGLITAZONE 15 MG		1,500	Rs. _____	Rs. _____
1247	TAB / CAP	PIOGLITAZONE 30MG		1,000	Rs. _____	Rs. _____
1248	TAB / CAP	PIPEMIDIC ACID 400MG		1,500	Rs. _____	Rs. _____
1249	TAB / CAP	PIRFENIDONE 200 MG		2,200	Rs. _____	Rs. _____
1250	TAB / CAP	PIRIBEDIL 50MG		2,000	Rs. _____	Rs. _____
1251	TAB / CAP	PIROXICAM 10MG		2,200	Rs. _____	Rs. _____
1252	TAB / CAP	PIROXICAM 20 MG		5,200	Rs. _____	Rs. _____
1253	TAB / CAP	PIROXICAM BETA CYCLODEXTRIN 20MG		30,500	Rs. _____	Rs. _____
1254	TAB / CAP	PITAVISTATIN 1MG		500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1255	TAB / CAP	PITAVISTATIN 2MG		1,000	Rs. _____	Rs. _____
1256	TAB / CAP	PITAVISTATIN 4MG		1,000	Rs. _____	Rs. _____
1257	TAB / CAP	PONATINIB 45 MG		2,000	Rs. _____	Rs. _____
1258	TAB / CAP	POTASSIUM CHLORIDE 500MG		11,000	Rs. _____	Rs. _____
1259	TAB / CAP	POTASSIUM CITRATE 1080 MG		11,000	Rs. _____	Rs. _____
1260	TAB / CAP	POTASSIUM PHOSPHATE 500MG		10,500	Rs. _____	Rs. _____
1261	TAB / CAP	PREDNISOLONE 5MG		260,000	Rs. _____	Rs. _____
1262	TAB / CAP	PREDNISOLONE ENTERIC COATED 5 MG		105,000	Rs. _____	Rs. _____
1263	TAB / CAP	PREGABALIN 25MG		2,500	Rs. _____	Rs. _____
1264	TAB / CAP	PREGABALIN 50 MG		16,000	Rs. _____	Rs. _____
1265	TAB / CAP	PREGABALIN 75MG		16,000	Rs. _____	Rs. _____
1266	TAB / CAP	PRIMAQUINE 30MG		16,000	Rs. _____	Rs. _____
1267	TAB / CAP	PRIMAQUINE 15MG		3,000	Rs. _____	Rs. _____
1268	TAB / CAP	PROCAINAMIDE 250MG		3,000	Rs. _____	Rs. _____
1269	TAB / CAP	PROCARBAZINE 50 MG		1,500	Rs. _____	Rs. _____
1270	TAB / CAP	PROCHLORPERAZINE 5MG		6,000	Rs. _____	Rs. _____
1271	TAB / CAP	PROCYCLIDINE 5MG		6,000	Rs. _____	Rs. _____
1272	TAB / CAP	PROPRANOLOL 10MG		55,000	Rs. _____	Rs. _____
1273	TAB / CAP	PROPRANOLOL 40MG		7,000	Rs. _____	Rs. _____
1274	TAB / CAP	PROPYLTHIOURACIL 50MG		3,000	Rs. _____	Rs. _____
1275	TAB / CAP	PYRANTEL PAMOATE 250MG		2,000	Rs. _____	Rs. _____
1276	TAB / CAP	PYRAZINAMIDE 500MG		2,000	Rs. _____	Rs. _____
1277	TAB / CAP	PYRIDOSTIGMINE 60MG		2,500	Rs. _____	Rs. _____
1278	TAB / CAP	PYRIDOXINE 50MG		11,500	Rs. _____	Rs. _____
1279	TAB / CAP	PYRIDOXINE + MECLIZINE 50MG/25MG		6,500	Rs. _____	Rs. _____
1280	TAB / CAP	PYRIMETHAMINE 25MG		2,500	Rs. _____	Rs. _____
1281	TAB / CAP	QUETIAPINE 25MG		6,000	Rs. _____	Rs. _____
1282	TAB / CAP	QUETIAPINE 100MG		1,500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1283	TAB / CAP	RABEPRAZOLE SODIUM 20 MG		1,000	Rs. _____	Rs. _____
1284	TAB / CAP	RALOXIFENE 60 MG		2,000	Rs. _____	Rs. _____
1285	TAB / CAP	RAMIPRIL 10MG		1,000	Rs. _____	Rs. _____
1286	TAB / CAP	RAMIPRIL 2.5MG		6,000	Rs. _____	Rs. _____
1287	TAB / CAP	RAMIPRIL 5MG		3,000	Rs. _____	Rs. _____
1288	TAB / CAP	RANOLAZINE 500 MG 500MG		3,000	Rs. _____	Rs. _____
1289	TAB / CAP	RETINOL (VITAMIN A) 4000 IU, BETACAROTENE 1000 IU, COLECALCIFEROL (VIT.D) 400 IU, TOCOPHEROL (VITAMIN E) 30 IU, ASCORBIC ACID (VITAMIN C) 90 MG, THIAMINE MONONITRATE (VITAMIN B1) 3 MG, RIBOFLAVIN (VITAMIN B2) 3.4MG, PYRIDOXINE HYDROCHLORIDE (VITAMIN B6) 3MG, CYANOCOBALAMIN (VITAMIN B12), FOLIC ACID 0.4MG, BIOTIN (VITAMIN H) 30MCG, PANTOTHENIC ACID 10MG, PHOSPHORUS 31MG, IODINE 150MCG, MAGNESIUM 100MG, COPPER 2MG, ZINC 15MG, MANGANESE 5MG, SELENIUM 10MCG, MOLYBDENUM 15MCG, CHROMIUM 15MCG, POTASSIUM 7.5MG, CHLORIDE 7.5MG.		3,000	Rs. _____	Rs. _____
1290	TAB / CAP	REBAMIPIDE 100MG		700	Rs. _____	Rs. _____
1291	TAB / CAP	RIBAVIRIN 200MG		2,500	Rs. _____	Rs. _____
1292	TAB / CAP	RIBAVIRIN 400MG		2,500	Rs. _____	Rs. _____
1293	TAB / CAP	RIBAVIRIN 500MG		2,500	Rs. _____	Rs. _____
1294	TAB / CAP	RIBAVIRIN 600MG		2,500	Rs. _____	Rs. _____
1295	TAB / CAP	RIFAMPICIN 300MG		2,500	Rs. _____	Rs. _____
1296	TAB / CAP	RIFAMPICIN+ISONIAZID 450MG		11,000	Rs. _____	Rs. _____
1297	TAB / CAP	RIFAMPICIN+ISONIAZID 300MG		11,000	Rs. _____	Rs. _____
1298	TAB / CAP	RIFAXIMIN 550 MG		8,000	Rs. _____	Rs. _____
1299	TAB / CAP	RIFIXAMIN 200MG		13,000	Rs. _____	Rs. _____
1300	TAB / CAP	RISPERIDONE 1MG		4,000	Rs. _____	Rs. _____
1301	TAB / CAP	RISPERIDONE 2MG		1,500	Rs. _____	Rs. _____
1302	TAB / CAP	RISPERIDONE 3MG		3,000	Rs. _____	Rs. _____
1303	TAB / CAP	RISPERIDONE 4MG		3,000	Rs. _____	Rs. _____
1304	TAB / CAP	RIVAROXABAN 10 MG		4,000	Rs. _____	Rs. _____
1305	TAB / CAP	RIVAROXABAN 2.5MG		2,500	Rs. _____	Rs. _____
1306	TAB / CAP	RIVAROXABAN 20 MG		3,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1307	TAB / CAP	RIVAROXABAN 5MG		2,500	Rs. _____	Rs. _____
1308	TAB / CAP	RIVASTIGMINE 3MG 3MG		2,500	Rs. _____	Rs. _____
1309	TAB / CAP	RIVASTIGMINE 6MG 6MG		2,500	Rs. _____	Rs. _____
1310	TAB / CAP	ROPINROLE 0.25MG 0.25MG		2,500	Rs. _____	Rs. _____
1311	TAB / CAP	ROPINROLE 1MG 1MG		3,000	Rs. _____	Rs. _____
1312	TAB / CAP	ROPINROLE 2MG 2MG		2,500	Rs. _____	Rs. _____
1313	TAB / CAP	ROSUVASTATIN 10 MG		14,000	Rs. _____	Rs. _____
1314	TAB / CAP	ROSUVASTATIN 20 MG		12,000	Rs. _____	Rs. _____
1315	TAB / CAP	ROSUVASTATIN 5MG		7,000	Rs. _____	Rs. _____
1316	TAB / CAP	RUXOLITINIB 15 MG		2,500	Rs. _____	Rs. _____
1317	TAB / CAP	SACUBITRIL + VALSARTAN 50MG		2,500	Rs. _____	Rs. _____
1318	TAB / CAP	SACUBITRIL + VALSARTAN 100MG		2,500	Rs. _____	Rs. _____
1319	TAB / CAP	SACUBITRIL + VALSARTAN 200MG		2,500	Rs. _____	Rs. _____
1320	TAB / CAP	SALBUTAMOL 2MG		1,500	Rs. _____	Rs. _____
1321	TAB / CAP	SALBUTAMOL 4MG		1,500	Rs. _____	Rs. _____
1322	TAB / CAP	SECNIDAZOLE 1000MG		1,000	Rs. _____	Rs. _____
1323	TAB / CAP	SENNA EXTRACT 8.6 MG		1,000	Rs. _____	Rs. _____
1324	TAB / CAP	SERRATIOPEPTIDASE 10MG		51,000	Rs. _____	Rs. _____
1325	TAB / CAP	SERRATIOPEPTIDASE 5MG		6,000	Rs. _____	Rs. _____
1326	TAB / CAP	SERTRALINE HCL 100MG		2,500	Rs. _____	Rs. _____
1327	TAB / CAP	SERTRALINE HCL 50MG		8,000	Rs. _____	Rs. _____
1328	TAB / CAP	SEVELAMER HYDROCHLORIDE 400MG		12,000	Rs. _____	Rs. _____
1329	TAB / CAP	SEVELAMER HYDROCHLORIDE 800MG		12,000	Rs. _____	Rs. _____
1330	TAB / CAP	SILDENAFIL 100MG		2,500	Rs. _____	Rs. _____
1331	TAB / CAP	SILDENAFIL 50MG		2,500	Rs. _____	Rs. _____
1332	TAB / CAP	SILDOSIN 4MG		1,000	Rs. _____	Rs. _____
1333	TAB / CAP	SILDOSIN 8MG		1,000	Rs. _____	Rs. _____
1334	TAB / CAP	SILYMARIN 200MG		2,000	Rs. _____	Rs. _____
1335	TAB / CAP	SIMVASTATIN 10 MG		3,000	Rs. _____	Rs. _____
1336	TAB / CAP	SIMVASTATIN 20 MG		3,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1337	TAB / CAP	SIROLIMUS 1 MG		1,500	Rs._____	Rs._____
1338	TAB / CAP	SIROLIMUS 2MG		1,500	Rs._____	Rs._____
1339	TAB / CAP	SITAGLIPTIN 100MG		12,000	Rs._____	Rs._____
1340	TAB / CAP	SITAGLIPTIN 50MG		12,000	Rs._____	Rs._____
1341	TAB / CAP	SITAGLIPTIN 25MG		10,500	Rs._____	Rs._____
1342	TAB / CAP	SITAGLIPTIN 50MG+METFORMIN 1000MG		11,000	Rs._____	Rs._____
1343	TAB / CAP	SITAGLIPTIN 50MG+METFORMIN 500MG		11,000	Rs._____	Rs._____
1344	TAB / CAP	SITAGLIPTIN 25MG+METFORMIN 500MG		11,000	Rs._____	Rs._____
1345	TAB / CAP	SODIUM BICARBONATE 300MG		300,000	Rs._____	Rs._____
1346	TAB / CAP	SODIUM PICOSULFATE 5MG		11,000	Rs._____	Rs._____
1347	TAB / CAP	SOFOSBUVIR 400MG		2,500	Rs._____	Rs._____
1348	TAB / CAP	SOFOSBUVIR 400MG +VELPATASVIR 100MG		2,500	Rs._____	Rs._____
1349	TAB / CAP	SOFOSBUVIR 400MG +VELPATASVIR 100MG+VOXILAPREVIR 100MG		25,000	Rs._____	Rs._____
1350	TAB / CAP	SOFOSBUVIR 400MG +LEDIPASVIR 90MG		2,500	Rs._____	Rs._____
1351	TAB / CAP	SOFOSBUVIR 200MG +LEDIPASVIR 45MG		2,500	Rs._____	Rs._____
1352	TAB / CAP	SOLIFENACIN 10MG		3,000	Rs._____	Rs._____
1353	TAB / CAP	SOLIFENACIN 5MG		1,500	Rs._____	Rs._____
1354	TAB / CAP	SOLIFENACIN + TAMSULOSIN 5MG/0.4MG		2,500	Rs._____	Rs._____
1355	TAB / CAP	SORAFENIB 400 MG		3,000	Rs._____	Rs._____
1356	TAB / CAP	SORAFENIB 200MG		3,000	Rs._____	Rs._____
1357	TAB / CAP	SPIRONOLACTONE 100MG		7,000	Rs._____	Rs._____
1358	TAB / CAP	SPIRONOLACTONE 25MG		7,000	Rs._____	Rs._____
1359	TAB / CAP	SPIRONOLACTONE + HYDROCHLOROTHIAZIDE 25/25 MG		7,000	Rs._____	Rs._____
1360	TAB / CAP	SUCRALFATE 1000MG		3,000	Rs._____	Rs._____
1361	TAB / CAP	SUCRALFATE 500 MG		3,000	Rs._____	Rs._____
1362	TAB / CAP	SULFAMETHOXAZOLE+TRIMETHOPRIM 400/80		16,000	Rs._____	Rs._____
1363	TAB / CAP	SULFAMETHOXAZOLE+TRIMETHOPRIM 800MG/160MG		15,000	Rs._____	Rs._____
1364	TAB / CAP	SULFOLAX 5MG		2,500	Rs._____	Rs._____
1365	TAB / CAP	SULPHASALZINE 100MG		2,500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1366	TAB / CAP	SUMATRIPTAN SUCCINATE 50 MG		2,500	Rs._____	Rs._____
1367	TAB / CAP	SUNATINIB 50 MG		2,500	Rs._____	Rs._____
1368	TAB / CAP	TACROLIMUS 0.5MG		50,500	Rs._____	Rs._____
1369	TAB / CAP	TACROLIMUS 1MG		300,500	Rs._____	Rs._____
1370	TAB / CAP	TACROLIMUS 2MG		10,500	Rs._____	Rs._____
1371	TAB / CAP	TACROLIMUS 5MG		10,500	Rs._____	Rs._____
1372	TAB / CAP	TACROLIMUS EXTENDED RELEASE 1MG		2,500	Rs._____	Rs._____
1373	TAB / CAP	TEMAZEPAM 10MG		2,500	Rs._____	Rs._____
1374	TAB / CAP	TEMAZEPAM 30MG		2,500	Rs._____	Rs._____
1375	TAB / CAP	TAMOXIFEN 10 MG		2,500	Rs._____	Rs._____
1376	TAB / CAP	TAMOXIFEN 20 MG		2,500	Rs._____	Rs._____
1377	TAB / CAP	TAMSULOSIN 0.4 MG		23,000	Rs._____	Rs._____
1378	TAB / CAP	TAMSULOSIN+DUTASTERIDE		8,500	Rs._____	Rs._____
1379	TAB / CAP	TEGAFUR/URACIL 100/224MG		3,000	Rs._____	Rs._____
1380	TAB / CAP	TELBIVUDINE 600MG		1,000	Rs._____	Rs._____
1381	TAB / CAP	TELMISARTAN 40 MG 40MG		3,000	Rs._____	Rs._____
1382	TAB / CAP	TELMISARTAN 80 MG 80MG		2,500	Rs._____	Rs._____
1383	TAB / CAP	TEMOZOLOMIDE 100 MG		2,500	Rs._____	Rs._____
1384	TAB / CAP	TENOFOVIR ALAFENAMIDE 25MG		1,500	Rs._____	Rs._____
1385	TAB / CAP	TENOFOVIR DISOPROXIL FUMERATE 300MG		1,500	Rs._____	Rs._____
1386	TAB / CAP	TERBINAFINE HCL 125 MG		2,000	Rs._____	Rs._____
1387	TAB / CAP	TERBINAFINE HCL 250MG		3,000	Rs._____	Rs._____
1388	TAB / CAP	TERBUTALINE 2.5MG		1,500	Rs._____	Rs._____
1389	TAB / CAP	THALIDOMIDE 100MG		2,500	Rs._____	Rs._____
1390	TAB / CAP	THEOPHYLLINE 150MG		3,000	Rs._____	Rs._____
1391	TAB / CAP	THEOPHYLLINE 350MG		3,000	Rs._____	Rs._____
1392	TAB / CAP	THEOPHYLLINE PROLONGED RELEASE TABLETS		3,000	Rs._____	Rs._____
1393	TAB / CAP	TERAZOSIN 1MG		2,000	Rs._____	Rs._____
1394	TAB / CAP	TERAZOSIN 2MG		2,000	Rs._____	Rs._____
1395	TAB / CAP	TERAZOSIN 5MG		1,500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1396	TAB / CAP	THIOLCHICOSIDE 4 MG		5,000	Rs._____	Rs._____
1397	TAB / CAP	THIOGUANINE 40MG		2,500	Rs._____	Rs._____
1398	TAB / CAP	THYROXIN SODIUM 50 MCG		101,000	Rs._____	Rs._____
1399	TAB / CAP	TIANEPTINE 12.5MG 12.5MG		2,500	Rs._____	Rs._____
1400	TAB / CAP	TIBOLONE 2.5 MG 2.5MG		2,500	Rs._____	Rs._____
1401	TAB / CAP	TICAGRELOR 90MG 90MG		2,500	Rs._____	Rs._____
1402	TAB / CAP	TINIDAZOLE 500 MG 500MG		3,000	Rs._____	Rs._____
1403	TAB / CAP	TIZANIDINE 2MG		21,000	Rs._____	Rs._____
1404	TAB / CAP	TIZANIDINE 4MG		20,500	Rs._____	Rs._____
1405	TAB / CAP	TOLBUTEROL 1 MG		3,000	Rs._____	Rs._____
1406	TAB / CAP	TOLBUTEROL 2 MG		3,000	Rs._____	Rs._____
1407	TAB / CAP	TOLTERIDINE 2 MG		2,500	Rs._____	Rs._____
1408	TAB / CAP	TOLTERIDINE 4 MG		2,500	Rs._____	Rs._____
1409	TAB / CAP	TOPIRAMATE 100MG		2,500	Rs._____	Rs._____
1410	TAB / CAP	TOPIRAMATE 25 MG		5,500	Rs._____	Rs._____
1411	TAB / CAP	TOPIRAMATE 50 MG		4,000	Rs._____	Rs._____
1412	TAB / CAP	TRAMADOL 100MG		10,000	Rs._____	Rs._____
1413	TAB / CAP	TRAMADOL 50MG		17,000	Rs._____	Rs._____
1414	TAB / CAP	TRAMADOL+PARACETAMOL 37.5MG/325MG		31,000	Rs._____	Rs._____
1415	TAB / CAP	TRANEXAMIC ACID 250 MG		3,500	Rs._____	Rs._____
1416	TAB / CAP	TRANEXAMIC ACID 500 MG		23,000	Rs._____	Rs._____
1417	TAB / CAP	TRIFLUOPERAZINE 5 MG		2,500	Rs._____	Rs._____
1418	TAB / CAP	TRIHENYDYL 2MG		2,500	Rs._____	Rs._____
1419	TAB / CAP	TRIMETAZINE MR 35MG		2,500	Rs._____	Rs._____
1420	TAB / CAP	TRIMETAZIDINE 35MG		1,500	Rs._____	Rs._____
1421	TAB / CAP	TRIMETAZIDINE 20 MG		2,500	Rs._____	Rs._____
1422	TAB / CAP	TULOBUOTEROL 1MG		1,500	Rs._____	Rs._____
1423	TAB / CAP	URODEOXYCHLOIC ACID 250MG		3,500	Rs._____	Rs._____
1424	TAB / CAP	URODEOXYCHLOIC ACID 500MG		3,500	Rs._____	Rs._____
1425	TAB / CAP	VALACYCLOVIR 500 MG		1,500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1426	TAB / CAP	VALGANCYCLOVIR 450MG		15,200	Rs._____	Rs._____
1427	TAB / CAP	VALSARTAN 80MG		8,000	Rs._____	Rs._____
1428	TAB / CAP	VALSARTAN 160MG		5,000	Rs._____	Rs._____
1429	TAB / CAP	VALSARTAN 160MG , HYDROCHLOROTHIAZIDE 25MG		3,000	Rs._____	Rs._____
1430	TAB / CAP	VALSARTAN+HYDROCHLOROTHIAZIDE (80/12.5)		2,000	Rs._____	Rs._____
1431	TAB / CAP	VENETOCLAX 100 MG		2,000	Rs._____	Rs._____
1432	TAB / CAP	VENLAFAXINE 37.5 MG		2,000	Rs._____	Rs._____
1433	TAB / CAP	VENLAFAXINE 75 MG		2,000	Rs._____	Rs._____
1434	TAB / CAP	VERAPAMIL HYDROCHLORIDE 240MG		1,000	Rs._____	Rs._____
1435	TAB / CAP	VERAPAMIL HYDROCHLORIDE 40MG		4,000	Rs._____	Rs._____
1436	TAB / CAP	VERAPAMIL HYDROCHLORIDE 80MG		2,000	Rs._____	Rs._____
1437	TAB / CAP	VIGABATRIN 500 MG		2,500	Rs._____	Rs._____
1438	TAB / CAP	VILDAGLIPTIN 50MG		6,000	Rs._____	Rs._____
1439	TAB / CAP	VILDAGLIPTIN 50MG AND METFORMIN 1000MG		7,000	Rs._____	Rs._____
1440	TAB / CAP	VILDAGLIPTIN 50MG AND METFORMIN 850MG		4,000	Rs._____	Rs._____
1441	TAB / CAP	VILDAGLIPTIN 50MG AND METFORMIN 500MG		4,000	Rs._____	Rs._____
1442	TAB / CAP	VIMTAIN B COMPLEX		3,000	Rs._____	Rs._____
1443	TAB / CAP	VITAMIN A 2500IU ,VITAMIN C 60MG,VITAMIN D 1000IU,VITAMIN E 50IU,VITAMIN K 30MCG,THIAMIN 1.5MG,RIBOFLAVIN 1.7MG,NIACIN 20MG,VITAMIN B6 3MG,FOLIC ACID 400MCG,VITAMIN B12 25MCG,BIOTIN 30MCG,PANTOTHENIC ACID 10MG,CALCIUM 220MG,PHOSPHORUS 20MG,IODINE 150MCG,MAGNESIUM 50MG,ZINC 11MG,SELENIUM 19MCG,COPPER 0.5MG,MANGANESE 2.3MG,CHROMIUM 50MCG,MOLYBDENUM 45MCG,CHLORIDE 72MG,POTASSIUM 80MG,NICKEL 5MCG,SILICON 2MG,VANADIUM 10MCG,LUTEIN 250MCG,LYCOPENE 300MCG 1 TAB		3,000	Rs._____	Rs._____
1444	TAB / CAP	VITAMIN B12 1000MCG		3,000	Rs._____	Rs._____
1445	TAB / CAP	VITAMIN B12 500MCG		3,000	Rs._____	Rs._____
1446	TAB / CAP	VITAMIN B12+VITAMIN B6+VITAMIN B1		31,000	Rs._____	Rs._____
1447	TAB / CAP	VITAMIN B2, VITAMIN B1, BIOTIN, CYANOCOBALAMIN, FOLIC ACID, PYRIDOXINE, INOSITOL, PANTOTHENIC ACID, NICOTINIC ACID		3,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1448	TAB / CAP	VITAMIN C 750MG, NICOTINAMIDE 100MG, VITAMIN E 30IU, CALCIUM PANTOTHENATE 20MG, VITAMIN B1 15MG, VITAMIN B2 10MG, VITAMIN B6 5MG, VITAMIN B12 4MCG, FOLIC ACID 150MCG		3,000	Rs._____	Rs._____
1449	TAB / CAP	VITAMIN D3 400IU		3,000	Rs._____	Rs._____
1450	TAB / CAP	VITAMIN D3 1000IU		3,000	Rs._____	Rs._____
1451	TAB / CAP	VITAMIN D3 200000IU		3,000	Rs._____	Rs._____
1452	TAB / CAP	VITAMIN D3 800IU,CALCIUM 600MG		3,000	Rs._____	Rs._____
1453	TAB / CAP	VITAMIN E 1000MG		3,000	Rs._____	Rs._____
1454	TAB / CAP	VITAMIN E 200MG		16,000	Rs._____	Rs._____
1455	TAB / CAP	VITAMIN E 400MG		21,000	Rs._____	Rs._____
1456	TAB / CAP	VITAMIN E 600MG		21,000	Rs._____	Rs._____
1457	TAB / CAP	VITMAIN E,C AND ZINC 1 TAB		3,000	Rs._____	Rs._____
1458	TAB / CAP	VORICONAZOLE 200MG		8,000	Rs._____	Rs._____
1459	TAB / CAP	WARFARIN 1MG		4,000	Rs._____	Rs._____
1460	TAB / CAP	WARFARIN 2.5 MG		3,000	Rs._____	Rs._____
1461	TAB / CAP	WARFARIN 5MG		3,000	Rs._____	Rs._____
1462	TAB / CAP	ZIDOVUDINE 100MG		1,000	Rs._____	Rs._____
1463	TAB / CAP	ZIDOVUDINE 300MG		1,000	Rs._____	Rs._____
1464	TAB / CAP	ZINC 22.5MG, VITAMIN E 30IU, VITAMIN C 500MG, FOLIC ACID 150MCG, VITAMIN B1 15MG, VITAMIN B2 15MG, NICOTINAMIDE 100MG, VITAMIN B6 20MG, VITAMIN B12 12MCG, PANTOTHENIC ACID 20MG		3,000	Rs._____	Rs._____
1465	TAB / CAP	ZINC SULFATE 20 MG		11,000	Rs._____	Rs._____
1466	TAB / CAP	ZINGIBER OFFICINALE SP + VITAMIN B6 (PYRIDOXINE)		3,000	Rs._____	Rs._____
1467	TAB / CAP	ZOLMITRIPTAN 2.5 MG		4,000	Rs._____	Rs._____
1468	TAB / CAP	ZOLPIDEM HEMITARTRATE 10 MG		2,500	Rs._____	Rs._____
1469	TAB / CAP	ZUCLOPENTHIXOL 10 MG		2,500	Rs._____	Rs._____
1470	TAB / CAP	ZUCLOPENTHIXOL 2 MG		2,500	Rs._____	Rs._____
1471	TAB / CAP	ZUCLOPENTHIXOL 5 MG		2,500	Rs._____	Rs._____

ORAL POWDERS

1472	ORAL POWDER/ GRANUES	BACILLUS CLAUSII 2BILLION/5ML Oral Susp Amp		2,000	Rs._____	Rs._____
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	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1473	ORAL POWDER/ GRANUES	MYO INOSITOL, FOLIC ACID		1,500	Rs._____	Rs._____
1474	ORAL POWDER/ GRANUES	LACTOBACILLUS RHAMNOSUS ROSELL/ 1 BILLION CFU LYOPHILIZED SACCHAOMYCES BOULARD 125MG ZINC ENRICHED YEAST EQUIVALNT TO ELEMENTAL ZINC 4MG		1,200	Rs._____	Rs._____
1475	ORAL POWDER/ GRANUES	LACTOBACILLUS RHAMNOSUS SACHET		1,500	Rs._____	Rs._____
1476	ORAL POWDER/ GRANUES	ORAL REHYDRATION SALT LOW OSMOLAR FOR 1 LITER OF WATER SACHET		22,000	Rs._____	Rs._____
1477	ORAL POWDER/ GRANUES	POLYETHYLENE GLYCOL SACHET		3,200	Rs._____	Rs._____
1478	ORAL POWDER/ GRANUES	PARACETAMOL 500MG, PSEUDOEPHEDRINE 30MG, MEPYRAMINE MALEATE 13MG, PHENIRAMINE MALEATE 13MG SACHET		1,200	Rs._____	Rs._____
1479	ORAL POWDER/ GRANUES	PSYLLIUM HUSK CONTAINER		1,500	Rs._____	Rs._____
1480	ORAL POWDER/ GRANUES	WHEAT DEXTRIN AND GREEN TEA EXTRACT CONTAINER		1,200	Rs._____	Rs._____
1481	ORAL POWDER/ GRANUES	CRANBERRY EXTRACT SACHET		60,000	Rs._____	Rs._____
1482	ORAL POWDER/ GRANUES	CRANBERRY EXTRACT, URSOLIA SACHET		1,100	Rs._____	Rs._____
1483	ORAL POWDER/ GRANUES	DIOCTAHEDRAL SMECTITE SACHET		55,000	Rs._____	Rs._____
1484	ORAL POWDER/ GRANUES	OMEPRAZOLE+ SODIUM BICARBONATE SACHET		15,000	Rs._____	Rs._____
1485	ORAL POWDER/ GRANUES	ACETYLCYSTEINE 200 MG		22,000	Rs._____	Rs._____
1486	ORAL POWDER/ GRANUES	PROBIOTIC SACHET 2G		700	Rs._____	Rs._____
1487	ORAL POWDER/ GRANUES	STRONTIUM RANELATE 2G		1,000	Rs._____	Rs._____
1488	ORAL POWDER/ GRANUES	FOSFOMYCIN 3000 MG		3,000	Rs._____	Rs._____
1489	ORAL POWDER/ GRANUES	L-ORNITHINE L-ASPARTATE 3G		4,000	Rs._____	Rs._____
1490	ORAL POWDER/ GRANUES	MONTELUKAST SODIUM 4 MG		11,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1491	ORAL POWDER/ GRANUES	SODIUM POLYSTYRENE SULFONATE 450 G		51,000	Rs._____	Rs._____
1492	ORAL POWDER/ GRANUES	PSYLLIUM HUSK SACHET		12,000	Rs._____	Rs._____
1493	ORAL POWDER/ GRANUES	SACCHAROMYCES BOULARDII SACHET		15,000	Rs._____	Rs._____
1494	ORAL POWDER/ GRANUES	SODIUM BICARBONATE 1.716GM, SODIUM CITRATE 0.613GM, CITRIC ACID 0.702GM, TARTARIC ACID 0.858GM SACHET		11,000	Rs._____	Rs._____
1495	ORAL POWDER/ GRANUES	WHEAT DEXTRIN AND GREEN TEA EXTRACT SACHET		2,500	Rs._____	Rs._____
1496	ORAL POWDER/ GRANUES	CRANBERRY EXTRACT + ELDERBERRY EXTRACT SACHET		30,500	Rs._____	Rs._____
1497	ORAL POWDER/ GRANUES	ORAL REHYDRATION SALT FOR 500ML OF WATER SACHET		3,000	Rs._____	Rs._____
1498	ORAL POWDER/ GRANUES	RICE BASED ORS SACHET		3,000	Rs._____	Rs._____
1499	ORAL POWDER/ GRANUES	COLESTYRAMINE 4G SACHET		1,500	Rs._____	Rs._____
ORAL LIQUIDS						
1500	SYRUP	ABACAVIR 20MG/ML		10	Rs._____	Rs._____
1501	SYRUP	ACEFYLLINE+DIPHENHYDRAMINE COUGH 45MG/8MG PER 5ML 125ML		2,000	Rs._____	Rs._____
1502	SUSPENSION	OXETHAZAINE 10MG, MAGNESIUM OXIDES AND HYDROXIDES 98MG, ALUMINIUM HYDROXIDE AND OXIDE 291MG 120 ML		2,000	Rs._____	Rs._____
1503	SUSPENSION	ALUMINA,MAGNESIA,SIMETHICONE 120ML		1,000	Rs._____	Rs._____
1504	SYRUP	DIPHENHYDRAMINE+AMINOPHYLLINE+AMMONIUM CHLORIDE+MENTHOL		1,000	Rs._____	Rs._____
1505	SYRUP	AMINOPHYLLINE+AMMONIUM CHLORIDE COUGH EXPECTORANT 120ML		1,000	Rs._____	Rs._____
1506	SYRUP	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE 120ML		1,500	Rs._____	Rs._____
1507	SYRUP	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE (SUGAR FREE) 120ML		2,000	Rs._____	Rs._____
1508	SYRUP	AMOXICILLIN 125 MG/5ML		400	Rs._____	Rs._____
1509	SYRUP	AMOXICILLIN 250 MG/5ML		700	Rs._____	Rs._____
1510	SUSPENSION	AMOXICILLIN+CLAVULANIC ACID 156MG/5ML		600	Rs._____	Rs._____
1511	SUSPENSION	AMOXICILLIN+CLAVULANIC ACID 312MG/5ML		2,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1512	SUSPENSION	AMOXICILLIN+CLAVULANIC ACID 400MG/57MG		700	Rs._____	Rs._____
1513	SUSPENSION	AMOXICILLIN+CLAVULANIC ACID 62.5MG/ML		1,200	Rs._____	Rs._____
1514	DRY-SUSPENSION	ARTEMETHER 15MG, LUMEFANTRINE 90MG 30ML		400	Rs._____	Rs._____
1515	DRY-SUSPENSION	ARTEMETHER 15MG, LUMEFANTRINE 90MG/5ML 60ML		400	Rs._____	Rs._____
1516	SUSPENSION	AZITHROMYCIN 200 MG/5ML 30ML		1,500	Rs._____	Rs._____
1517	DRY-SUSPENSION	AZITHROMYCIN 200MG/5ML 15ML		1,000	Rs._____	Rs._____
1518	SYRUP	CALCIUM PENTOTHENATE 120ML		1,000	Rs._____	Rs._____
1519	SYRUP	CARBAMEZAPINE 100MG/5ML		1,000	Rs._____	Rs._____
1520	ORAL DROP	CEPHALEXIN 100MG/5ML		1,000	Rs._____	Rs._____
1521	SYRUP	CEPHALEXIN 125MG/5ML		1,000	Rs._____	Rs._____
1522	SYRUP	CEPHALEXIN 250MG/5ML		1,000	Rs._____	Rs._____
1523	DRY-SUSPENSION	CEFACLOR 125MG/5ML		1,000	Rs._____	Rs._____
1524	DRY-SUSPENSION	CEFACLOR 250ML/5ML		1,000	Rs._____	Rs._____
1525	DRY-SUSPENSION	CEFACLOR 50 MG/ML		1,000	Rs._____	Rs._____
1526	DRY-SUSPENSION	CEFIXIME 100MG/5ML		1,000	Rs._____	Rs._____
1527	DRY-SUSPENSION	CEFIXIME 200MG/5ML		1,000	Rs._____	Rs._____
1528	SUSPENSION	CEFPODOXIME PROXETIL 40MG/5ML 50ML		1,000	Rs._____	Rs._____
1529	DRY-SUSPENSION	CEFADROXIL 125MG/5ML		1,000	Rs._____	Rs._____
1530	DRY-SUSPENSION	CEPHRADINE 125MG/5ML		1,000	Rs._____	Rs._____
1531	DRY-SUSPENSION	CEPHRADINE 250MG		1,000	Rs._____	Rs._____
1532	SYRUP	CETRIZINE DIHYDROCHLORIDE 1 MG/ML 60ML		2,000	Rs._____	Rs._____
1533	SYRUP	CHLORAL HYDRATE 500MG/5ML		1,000	Rs._____	Rs._____
1534	SYRUP	CHLOROQUINE SULPHATE 68MG/5ML		1,000	Rs._____	Rs._____
1535	SYRUP	CHLORPHENIRAMINE MALEATE 2MG/5ML		1,000	Rs._____	Rs._____
1536	DRY-SUSPENSION	CIPROFLOXACIN 125 MG/5ML		1,000	Rs._____	Rs._____
1537	DRY-SUSPENSION	CIPROFLOXACIN 250MG/5ML		1,000	Rs._____	Rs._____
1538	SUSPENSION	CLARITHROMYCIN 125 MG/5ML		1,000	Rs._____	Rs._____
1539	SYRUP	CLARITHROMYCIN 250MG/5ML		1,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1540	ORAL LIQUID	CLONAZEPAM 2.5 MG/ML		1,000	Rs._____	Rs._____
1541		CRANBERRY EXTRACT, URSOLIA,VIT C 120ML		1,000	Rs._____	Rs._____
1542	SUSPENSION	MAGNESIUM HYDROXIDE MIXTURE+LIQUID PARAFFIN 120ML		1,500	Rs._____	Rs._____
1543	SYRUP	CYCLOSPORIN 100 MG/ML		1,000	Rs._____	Rs._____
1544	SYRUP	THIAMINE HCL 10MG, CYANOCOBALAMIN 0.1MCG, CYPROHEPTADINE 1.5MG, PYRIDOXINE 10MG, LYSINE 150MG, CARNITINE 150MG SEHAT 120ML		1,000	Rs._____	Rs._____
1545	SYRUP	DEXTROMETHORPHAN HBR+DIPHENHYDRAMINE HCL 120ML		1,500	Rs._____	Rs._____
1546	SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 10MG, PSEUDOEPHEDRINE HYDROCHLORIDE 30MG, CHLORPHENIRAMINE MALEATE 2MG 120ML		1,000	Rs._____	Rs._____
1547	ORAL LIQUID	DIMENHYDRINATE 12.5 MG/4ML		1,500	Rs._____	Rs._____
1548	ORAL LIQUID	B-COMPLEX 120 ML		1,000	Rs._____	Rs._____
1549	ORAL LIQUID	DISODIUM HYDROGEN CITRATE 1.32G/5ML		1,000	Rs._____	Rs._____
1550	SUSPENSION	DOMPERIDONE 5MG/5ML		1,000	Rs._____	Rs._____
1551	SYRUP	FAMOTIDINE 20MG/5ML		1,000	Rs._____	Rs._____
1552	SYRUP	FERROUS SULPHATE 131 MG (REPRESENTS 26.25MG OF ELEMENTAL IRON), VIT C 125MG, B1 1.5MG, B2 1.5MG, B6 1.25MG, B12 6.25MCG, NICOTINAMIDE 7.5MG AND DEXPANTHENOL 2.5MG 120ML		1,000	Rs._____	Rs._____
1553	DROP	HALOPERIDOL 0.5MG		600	Rs._____	Rs._____
1554	ORAL LIQUID	HALOPERIDOL 2 MG/ML		600	Rs._____	Rs._____
1555	SYRUP	HYOSCINE BUTYLBROMIDE		700	Rs._____	Rs._____
1556	SYRUP	IBUPROFEN 100MG/5ML		2,500	Rs._____	Rs._____
1557	SYRUP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 120ML		1,000	Rs._____	Rs._____
1558	SYRUP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 60ML		1,000	Rs._____	Rs._____
1559	SYRUP	IRON+MULTIVITAMINS 120ML		1,000	Rs._____	Rs._____
1560	SYRUP	IRONPOLYMALTOSE 120ML		1,000	Rs._____	Rs._____
1561	SYRUP	IRON+VITAMIN B COMPLEX		1,000	Rs._____	Rs._____
1562	SYRUP	KETOTIFEN 1MG/5ML		1,000	Rs._____	Rs._____
1562	SYRUP	LACTULOSE 240ML		13,000	Rs._____	Rs._____
1563	SYRUP	LACTULOSE 3.35G/5ML 120ML		13,000	Rs._____	Rs._____
1564	SYRUP	LORATIDINE 1MG/ML		1,000	Rs._____	Rs._____
1565	SYRUP	DESLORATIDINE 0.5MG/5ML 60ML		1,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1566	SYRUP	L-ORNITHINE L-ASPARTATE 300MG/5ML		1,000	Rs._____	Rs._____
1567	SYRUP	MEBENDAZOLE 100 MG/5ML		1,000	Rs._____	Rs._____
1568	SYRUP	MEFENAMIC ACID 100 MG/5ML		1,000	Rs._____	Rs._____
1569	SYRUP	MEFENAMIC ACID 50 MG/5ML		1,000	Rs._____	Rs._____
1570	SYRUP	METOPINE+VITAMIN B6+VITAMIN B12 1ML/ML		1,000	Rs._____	Rs._____
1571	SUSPENSION	METRONIDAZOLE 200MG/5ML		1,000	Rs._____	Rs._____
1572	SUSPENSION	METRONIDAZOLE/DILOXANIDE 90ML		1,000	Rs._____	Rs._____
1573	SUSPENSION	DILOXANIDE FUROATE, METRONIDAZOLE 90ML		1,000	Rs._____	Rs._____
1574	SYRUP	ELEMENTAL ZINC 20MG		2,500	Rs._____	Rs._____
1575	DROP	IVY LEAF EXTRACT+PRIMULA+THYME 20ML DROP		1,000	Rs._____	Rs._____
1576	SYRUP	IVY LEAF EXTRACT+PRIMULA+THYME 120ML		1,000	Rs._____	Rs._____
1577	SYRUP	IVY LEAF EXTRACT+PRIMULA+THYME+ DEXTROMETHORPHAN 120ML		1,000	Rs._____	Rs._____
1578	SYRUP	NICOTINIC ACID 13.5MG, VITAMIN A 2500IU,VITAMIN B2 1.2MG, VITAMIN B 1.05MG, VITAMIN E 15IU, ASCORBIC ACID 60MG, CALCIFEROL 400IU, CYANOCOBALAMIN 4.5MCG,FOLINIC ACID 300MCG, PYRIDOXINE 1.05MG PER 5ML		1,000	Rs._____	Rs._____
1579	SYRUP	VITAMIN A 0.9 MG OR 3000 IU,VITAMIN D 10 MCG OR 400 IU,VITAMIN B1 1.5 MG,VITAMIN B2 1.2 MG,VITAMIN B6 1MG,VITAMIN B12 3MCG,VITAMIN C 50MG,NICOTINAMIDE 10 MG PER 5ML		1,000	Rs._____	Rs._____
1580	SYRUP	VITAMIN A 0.9MG,VITAMIN D 10MCG,VITAMIN B1 1.5MG,VITAMIN B2 1.2MG,VITAMIN B6 1MG,VITAMIN B12 3MCG,VITAMIN C 50MG,NICOTINAMIDE 10MG,PANTHENOL 5MG,IRON 3MG,IODINE 75MCG,CALCIUM 40MG,PHOSPHORUS 43MG,MANGANESE 0.5MG,MAGNESIUM 3MG,ZINC 0.5MG,CHOLINE 5MG,INOSITOL 5MG PER 5ML		1,000	Rs._____	Rs._____
1581	SYRUP	NALIDIXIC ACID 250MG/60ML		1,000	Rs._____	Rs._____
1582	ORAL DROP	NICOTINAMIDE 10MG,VITAMIN A 1.5MG, VITAMIN B2 1.2MG, VITAMIN B1 1.5MG, ASCORBIC ACID 50MG, CALCIFEROL 10MCG, PYRIDOXINE 0.5MG/6ML 10ML		1,000	Rs._____	Rs._____
1583	SYRUP	NICOTINAMIDE 16.66MG, RIBOFLAVIN (VITAMIN B2) 1.66MG, THIAMINE HCL (VITAMIN B1) 4.16MG, ASCORBIC ACID 75MG, CYANOCOBALAMIN 8.33MCG, PYRIDOXINE 1.666MG 120 ML		3,500	Rs._____	Rs._____
1584	ORAL DROP	NYSTATIN 30ML		11,000	Rs._____	Rs._____
1585	ORAL LIQUID	ORAL REHYDRATION SOLUTION 500ML		1,500	Rs._____	Rs._____
1586	SYRUP	OSSEIN MINERAL COMPLEX 250MG, VITAMIN-D 400IU/5ML SYRUP 60ML		1,000	Rs._____	Rs._____
1587	ORAL DROP	PARACETAMOL 80MG/0.8ML		1,500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1588	SYRUP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 120ML		1,000	Rs._____	Rs._____
1589	SYRUP	PARACETAMOL 120MG/5ML		2,500	Rs._____	Rs._____
1590	SYRUP	PARACETAMOL 160MG/5ML		2,500	Rs._____	Rs._____
1591	SYRUP	PARACETAMOL+CHLORPHENIRAMINE		1,000	Rs._____	Rs._____
1592	SYRUP	PARACETAMOL 250MG/5ML		1,000	Rs._____	Rs._____
1593	SYRUP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 60ML		1,000	Rs._____	Rs._____
1594	SYRUP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG PER 5ML		1,000	Rs._____	Rs._____
1595	SYRUP	PHENIRAMINE MALEATE 15MG		1,000	Rs._____	Rs._____
1596	SYRUP	PHOLCODEIN+ALCOHOL+PROMETHAZINE		1,000	Rs._____	Rs._____
1597	SYRUP	PIZOTIFEN 0.25MG		1,000	Rs._____	Rs._____
1598	SYRUP	PROMETHAZINE 5MG		1,000	Rs._____	Rs._____
1599	SYRUP	RISPERIDONE 30ML		1,000	Rs._____	Rs._____
1600	SYRUP	SALBUTAMOL 2MG/5ML		550	Rs._____	Rs._____
1601	SYRUP	GUAIPHENESIN 50MG,SALBUTAMOL SULPHATE 1MG 120ML		1,000	Rs._____	Rs._____
1602	SYRUP	SODIUM ALGINATE+POTASSIUM BICARBONATE 120ML		1,000	Rs._____	Rs._____
1603	SYRUP	SODIUM ALGINATE+SODIUM BICARBONATE 120ML		4,000	Rs._____	Rs._____
1604	SYRUP	SODIUM IRON EDETATE 55MG/10ML		1,000	Rs._____	Rs._____
1605	SYRUP	SODIUM PICOSULFATE 5MG/ML		1,000	Rs._____	Rs._____
1606	SUSPENSION	SUCRALFATE 1G/5ML		4,000	Rs._____	Rs._____
1607	ORAL DROP	SULFOLAX 1ML/ML		1,000	Rs._____	Rs._____
1608	SYRUP	TERBUTALINE 0.3MG/ML		1,000	Rs._____	Rs._____
1609	SYRUP	TERBUTALINE+GUAIFENICIN		1,000	Rs._____	Rs._____
1610	SYRUP	SODIUM VALPROATE 250MG/5ML		1,000	Rs._____	Rs._____
1611	SYRUP	VALPROATE/DIVALPROEX 250MG/5ML		1,000	Rs._____	Rs._____
1612	ORAL DROP	VITAMIN-A 2666 IU/DROP		1,000	Rs._____	Rs._____
1613	ORAL DROP	VITAMIN D3 400IU/DROP		1,000	Rs._____	Rs._____
1614	SYRUP	VITAMIN D3 1000IU/10ML 120ML		1,000	Rs._____	Rs._____
1615	SYRUP	SODIUM PICOSULFATE 7.5MG/ML		1,000	Rs._____	Rs._____
1616	ORAL LIQUID	CALCIUM CARBONATE ANTACID 120ML		700	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1617	ORAL DROPS	VITAMIN ACD & E DROPS		700	Rs._____	Rs._____
1618	ORAL LIQUID	IRON BISGLYCINATE AND FOLIC ACID +ZINC 120ML		700	Rs._____	Rs._____
1619	SYRUP	LEVOCITRIZINE 2.5MG/5ML 60ML		1,000	Rs._____	Rs._____
1620	SYRUP	PRUNE JUICE		200	Rs._____	Rs._____
1621	SYRUP	PRUNE JUICE & SENNA		200	Rs._____	Rs._____
MISCELLANOUS						
1622	IMPLANTS	CONTRACEPTIVE IMPLANTS 75MG		10	Rs._____	Rs._____
1623	DEVICE	CONDOM (CONTRACEPTIVE) CONDOM		60	Rs._____	Rs._____
1624	IUCD	MULTILOAD O R EQUIVALENT IUCD		10	Rs._____	Rs._____
1625	IUCD	PROTECT 5 IMPLANT OR EQUIVALENT IUCD		10	Rs._____	Rs._____
1626	IUCD	SAFE LOAD OR EQUIVALENT IUCD		10	Rs._____	Rs._____
1627	DEVICE	INTRAUTERINE DEVICE CONTAING COPPER IUD		10	Rs._____	Rs._____
1628	DEVICE	MINERAL OIL IUD IUD		10	Rs._____	Rs._____
1629	DEVICE	MULTILOAD IUD IUD		10	Rs._____	Rs._____
1630	FLOSS	DENTAL FLOSS 1 PACKET		120	Rs._____	Rs._____
1631	FLOSS	DENTAL FLOSS (MINT) 1 PACKET		240	Rs._____	Rs._____
1632	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY 100GM		240	Rs._____	Rs._____
1633	TOOTH PASTE	TOOTHPASTE FOR CAVITY PROTECTION 100GM		240	Rs._____	Rs._____
1634	TOOTH PASTE	TOOTHPASTE WITH FLOURIDE 100GM		240	Rs._____	Rs._____
1635	MOUTH WASH	BENZYADMINE HYDROCHLORIDE 0.15%, CHLORHEXIDINE GLUCONATE 0.2% 140 ML		120	Rs._____	Rs._____
1636	MOUTH WASH	BENZYADMINE HYDROCHLORIDE 0.15%, CHLORHEXIDINE GLUCONATE 0.2% 140ML		120	Rs._____	Rs._____
1637	MOUTH WASH	BENZYDAMINE 200 ML		1,000	Rs._____	Rs._____
1638	MOUTH WASH	CHLORHEXIDINE 200 ML		120	Rs._____	Rs._____
1639	MOUTH WASH	CHLORHEXIDINE GLUCONATE 200 ML		600	Rs._____	Rs._____
1640	MOUTH WASH	CHLORHEXIDINE 300 ML		3,000	Rs._____	Rs._____
1641	MOUTH WASH	SENSITIVITY RELIEF MOUTH WASH 300ML		240	Rs._____	Rs._____
1642	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 30G		20	Rs._____	Rs._____
1643	TOOTH PASTE	TRANEXAMIC ACID 40GM		240	Rs._____	Rs._____
1644	TOOTH PASTE	PERMETHOL 40GM		120	Rs._____	Rs._____
1645	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 50G		260	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1646	TOOTH PASTE	TEETH WHITENING TOOTH PASTE (POTASSIUM NITRATE, SODIUM FLUORIDE) 50GM		220	Rs._____	Rs._____
1647	MOUTH WASH	POVIDONE-IODINE 60 ML		110	Rs._____	Rs._____
1648	TOOTH PASTE	STANNOUS FLUORIDE 70G		220	Rs._____	Rs._____
1649	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY WITH EUCALYPTUS & FENNEL EXTRACT 70GM		600	Rs._____	Rs._____
1650	TOOTH BRUSH	TOOTH BRUSH HARD		1,000	Rs._____	Rs._____
1651	TOOTH BRUSH	TOOTH BRUSH SOFT		1,000	Rs._____	Rs._____
1652	ORAL HYGIENE KIT	Oral Hygiene Kit: It should contain 1 Tooth Brush (SOFT), 1 Small Tooth Paste (60G), 1 Soap, 1 Comb, 1 Tissue Paper Box 1 Packet		2,000	Rs._____	Rs._____

INHALERS & NASAL PREPARATIONS

1653	NASAL SPARY	BECLOMETHASONE 100MCG		600	Rs._____	Rs._____
1654	INHALERS	SALBUTAMOL+BECLOMETHASONE DIPROPIONATE DOUBLE STRENGTH		600	Rs._____	Rs._____
1655	INHALERS	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (100/6)		700	Rs._____	Rs._____
1656	INHALERS	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (200/6)		700	Rs._____	Rs._____
1657	INHALERS	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 100/6)		200	Rs._____	Rs._____
1658	INHALERS	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 200/6)		200	Rs._____	Rs._____
1659	INHALERS	BECLOMETHASONE DIPROPIONATE 250MCG/INHALER		200	Rs._____	Rs._____
1660	NEBULIZER LIQUID	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL 2ML		11,000	Rs._____	Rs._____
1661	NEBULIZER LIQUID	BECLOMETHASONE 0.8MG		11,000	Rs._____	Rs._____
1662	INHALERS	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL SINGLE STRENGTH		200	Rs._____	Rs._____
1663	CAPSULE, ROTA	BUDESONIDE+FORMETROL FUROATE 200MCG/6MCG		5,000	Rs._____	Rs._____
1664	CAPSULE, ROTA	BUDESONIDE+FORMETROL FUROATE 400MCG/12MCG		7000	Rs._____	Rs._____
1665	NASAL SPARY	SALMO-CALCITONIN.SYNTH. 200 IU		200	Rs._____	Rs._____
1666	NASAL SPARY	FLUNISOLIDE		330	Rs._____	Rs._____
1667	NASAL SPARY	FLUTICASONE FUROATE NASAL SPRAY 0.05% W/W		1,000	Rs._____	Rs._____
1668	NASAL SPARY	FLUTICASONE PROPIONATE NASAL SPRAY 0.05%		1,000	Rs._____	Rs._____
1669	INHALERS	SALMETEROL+FLUTICASONE (25/125)		1,000	Rs._____	Rs._____
1670	INHALERS	SALMETEROL+FLUTICASONE (25/500)		1,000	Rs._____	Rs._____
1671	INHALERS	SALMETEROL+FLUTICASONE 25/250		1,000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1672	INHALERS	SALMETEROL+FLUTICASONE 50/100		1,000	Rs._____	Rs._____
1673	INHALERS	SALMETEROL+FLUTICASONE 50/250		1,000	Rs._____	Rs._____
1674	INHALERS	SALMETEROL+FLUTICASONE 50/500MCG		1,000	Rs._____	Rs._____
1675	ROTA CAPSULE	INDACATEROL MALEATE CAP 150MCG		1,000	Rs._____	Rs._____
1676	ROTA CAPSULE	INDACATEROL MALEATE CAP 300MCG		1,000	Rs._____	Rs._____
1677	INHALERS	SALBUTAMOL 100MCG		2,000	Rs._____	Rs._____
1678	NEBULIZER LIQUID	SALBUTAMOL 5MG/ML		10,000	Rs._____	Rs._____
1679	ROTA CAPSULE	IPRATROPIUM BROMIDE 40MCG, SALBUTAMOL 200MCG		1,000	Rs._____	Rs._____
1680	NEBULIZER LIQUID	IPRATROPIUM BROMIDE 500MCG/20ML		100,000	Rs._____	Rs._____
1681	NEBULIZER LIQUID	IPRATROPIUM BROMIDE 500MCG/2ML		55,000	Rs._____	Rs._____
1682	INHALERS	IPRATROPIUM BROMIDE HFA AEROSOL INH 20MCG		1,000	Rs._____	Rs._____
1683	NASAL SPARY	MOMETASONE FUROATE 50 MCG		1,000	Rs._____	Rs._____
1684	NASAL DROPS	NORMAL SALINE 0.9% 30ML		2,000	Rs._____	Rs._____
1685	DEVICE FOR INHALATION	REVOLIZER		1,000	Rs._____	Rs._____
1686	NASAL SPARY	SODIUM CROMOGLYCATE+XYLOMETAZOLINE 15ML		1,000	Rs._____	Rs._____
1687	CAPSULE, ROTA	TIOTROPIUM BROMIDE 18MCG		10,000	Rs._____	Rs._____
1688	NASAL DROPS	XYLOMETAZOLINE HCL 0.05% 15 ML		1,000	Rs._____	Rs._____
1689	NASAL DROPS	XYLOMETAZOLINE HCL 0.1% 15ML		2,000	Rs._____	Rs._____
1690	NASAL SPARY	XYLOMETAZOLINE HCL 0.1% 20 ML		1,000	Rs._____	Rs._____
1691	DEVICE FOR INHALATION	AEROCHAMBER DEVICE		1,000	Rs._____	Rs._____

OPHTHALMIC DROPS / OINTMENTS

1692	EYE OINT	ACYCLOVIR EYE 4.5 G/TUBE		400	Rs._____	Rs._____
1693	EYE,EAR, NOSE DROPS	BETAMETHASONE+NEOMYCIN 7.5 ML/BOTTLE		400	Rs._____	Rs._____
1694	EYE,EAR, NOSE DROPS	BETAMETHASONE SODIUM PHOSPHATE 7.5ML/BOTTLE		400	Rs._____	Rs._____
1695	CREAM	BETAMETHASONE+NEOMYCIN 15G/TUBE		200	Rs._____	Rs._____
1696	OINTMENT	BETAMETHASONE+NEOMYCIN 15G/TUBE		200	Rs._____	Rs._____
1697	EYE DROPS	CHLORAMPHENICOL 0.5% 10 ML/BOTTLE		200	Rs._____	Rs._____
1698	EYE OINT	CHLORAMPHENICOL 0.5% 5G/TUBE		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1699	EYE DROPS	CYCLOPENTOLATE HYDROCHLORIDE 1% 15ML/BOTTLE		400	Rs._____	Rs._____
1700	EYE DROPS	DEXAMETHASONE 0.1% 10ML/BOTTLE		400	Rs._____	Rs._____
1701	EYE OINTMENT	TOBRAMYCIN+DEXAMETHASONE 3.5G/TUBE		400	Rs._____	Rs._____
1702	EYE DROPS	TOBRAMYCIN+DEXAMETHASONE 5 ML/BOTTLE		400	Rs._____	Rs._____
1703	EAR DROPS	CIPROFLOXACIN+DEXAMETHASONE 5ML/BOTTLE		400	Rs._____	Rs._____
1704	EAR DROPS	TOBRAMYCIN+DEXAMETHASONE 5ML/BOTTLE		200	Rs._____	Rs._____
1705	EAR DROPS	MOXIFLOXACIN+DEXAMETHASONE 5ML/BOTTLE		1,000	Rs._____	Rs._____
1706	EYE DROPS	DORZOLAMIDE 5ML/BOTTLE		1,000	Rs._____	Rs._____
1707	EYE DROPS	DORZOLAMIDE+BRINZOLAMAIDE 5ML/BOTTLE		1,000	Rs._____	Rs._____
1708	EYE OINT	FUSIDIC ACID 5G/TUBE		400	Rs._____	Rs._____
1709	EYE DROPS	FLUOROMETHOLONE 5ML/BOTTLE		400	Rs._____	Rs._____
1710	EYE DROPS	LATANOPROST 0.01% 5ML/BOTTLE		600	Rs._____	Rs._____
1711	EYE DROPS	LATANOPROST+TRAVOPROST 5ML/BOTTLE		600	Rs._____	Rs._____
1712	EYE DROPS	MOXIFLOXACIN 5 ML/BOTTLE		1,000	Rs._____	Rs._____
1713	EYE DROPS	MOXIFLOXACIN HCL 5ML/BOTTLE		200	Rs._____	Rs._____
1714	EYE DROPS	NATAMYCIN 5% 5ML/BOTTLE		200	Rs._____	Rs._____
1715	EYE DROPS	POLYVINYL ALCOHOL+POVIDONE 10ML/BOTTLE		1,000	Rs._____	Rs._____
1716	EYE DROPS	NEPAFENAC SODIUM 0.1% 5ML/BOTTLE		400	Rs._____	Rs._____
1717	EAR DROPS	OFLOXACIN 5ML/BOTTLE		400	Rs._____	Rs._____
1718	EYE DROPS	OFLOXACIN 0.3% 5ML/BOTTLE		200	Rs._____	Rs._____
1719	EYE DROPS	OLOPTADINE 5ML/BOTTLE		400	Rs._____	Rs._____
1720	EYE DROPS	PHENYLEPHRINE HYDROCHLORIDE 10% 5ML/BOTTLE		400	Rs._____	Rs._____
1721	EYE DROPS	PILOCARPINE 5ML/BOTTLE		400	Rs._____	Rs._____
1722	EYE DROPS	POLYACRYLIC ACID 5 ML/BOTTLE		400	Rs._____	Rs._____
1723	EAR DROPS	POLYMYXIN+NEOMYCIN+HYDROCORTISONE 5 ML/BOTTLE		400	Rs._____	Rs._____
1724	EAR DROPS	POLYMYXIN SULPHATE+PROPYLENE GLYCOL+LIGNOCAINE 5ML/BOTTLE		400	Rs._____	Rs._____
1725	EYE OINTMENT	POLYMYXIN B+MYCITRACIN EYE OINTMENT 6G/TUBE		400	Rs._____	Rs._____
1726	EYE OINTMENT	SULPHACETAMIDE + PREDNISOLONE 3.5GM OINT		400	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1727	EYE DROPS	SULFACETAMIDE+PREDNISOLONE 5 ML/BOTTLE		400	Rs._____	Rs._____
1728	EYE DROPS	PREDNISOLONE ACETATE 1% 5ML/BOTTLE		400	Rs._____	Rs._____
1729	EYE DROPS	SULPHACETAMIDE + PREDNISOLONE 5ML/DROP		400	Rs._____	Rs._____
1730	EYE DROPS	PROPARACAINE 15 ML/BOTTLE		400	Rs._____	Rs._____
1731	EYE DROPS	SODIUM HYALURONATE 5ML/BOTTLE		400	Rs._____	Rs._____
1732	EYE OINTMENT	TOBRAMYCIN 3.5 G/TUBE		400	Rs._____	Rs._____
1733	EYE DROPS	TIMOLOL 0.5% 5ML/BOTTLE		400	Rs._____	Rs._____
1734	EYE DROPS	TROPICAMIDE 15ML/BOTTLE		400	Rs._____	Rs._____
1735	EYE DROPS	TRAVAPOST`40MCG		400	Rs._____	Rs._____
1736	EYE DROPS	BRINZOLAMIDE 10MG, BRIMONIDINE TARTRATE 2MG (EQUIV. TO 1.3MG BRIMONIDINE)		400	Rs._____	Rs._____
1737	EYE DROPS	BRINZOLAMIDE		400	Rs._____	Rs._____
1738	EYE DROPS	BETAXOLOL HCL. 2.8MG EQUIVALENT TO 2.5MG BETAXOLOL BASE		400	Rs._____	Rs._____
1739	EYE DROPS	CIPROFLOXACIN HCL. (MONOHYDRATE) 3.5MG EQUIVALENT TO 0.33% CIPROFLOXACIN HCL. (ANHYDR.) & 0.30% CIPROFLOXACIN (FREE BASE)		400	Rs._____	Rs._____
1740	EYE DROPS	EMEDASTINE DIFUMARATE 0.0884% (EQUIVALENT TO 0.05% EMEDASTINE)		400	Rs._____	Rs._____
TOPICAL PREPARATIONS						
1741	OINTMENT	ACYCLOVIR 5% 5 G/TUBE		200	Rs._____	Rs._____
1742	CREAM	ZINC OXIDE+BENZALKONIUM 20G/TUBE		1,000	Rs._____	Rs._____
1743	CREAM	BETAMETHASONE + GENTAMYCIN		200	Rs._____	Rs._____
1744	CREAM	BETAMETHASONE+NEOMYCIN 15G/TUBE		200	Rs._____	Rs._____
1745	OINTMENT	BETAMETHASONE+NEOMYCIN 15G/TUBE		200	Rs._____	Rs._____
1746	CREAM	FUSIDIC ACID+BETAMETHASONE 15G/TUBE		200	Rs._____	Rs._____
1747	OINTMENT	BETAMETHASONE+SALICYLIC ACID 15GM/TUBE		200	Rs._____	Rs._____
1748	LOTION	BETAMETHASONE 0.1% 60ML/BOTTLE		200	Rs._____	Rs._____
1749	LOTION	BETAMETHASONE VALERATE 0.05% 60ML/BOTTLE		200	Rs._____	Rs._____
1750	CREAM	BETAMETHASONE CREAM 0.1% 10G		200	Rs._____	Rs._____
1751	CREAM	BETAMETHASONE CREAM 0.1% 20G		200	Rs._____	Rs._____
1752	CREAM	BETAMETHASONE CREAM 0.1% 15G		200	Rs._____	Rs._____
1753	OINTMENT	BETAMETHASONE OINTMENT0.1% 20GM		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1754	OINTMENT	BETAMETHASONE OINTMENT0.1% 5GM		200	Rs._____	Rs._____
1755	OINTMENT	BETAMETHASONE 0.05% , CALCIPOTRIOL 0.005% OINTMENT15G		200	Rs._____	Rs._____
1756	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS 40G/TUBE		200	Rs._____	Rs._____
1757	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS VAGINAL CREAM 2% 20G		200	Rs._____	Rs._____
1758	GEL	CLINDAMYCIN PHOSPHATE 1% GEL		200	Rs._____	Rs._____
1759	GEL	CLINDAMYCIN+TRETINOIN 20 G/TUBE		200	Rs._____	Rs._____
1760	CREAM	CLOBETASOL + NEOMYCIN 10 G/TUBE		200	Rs._____	Rs._____
1761	OINTMENT	CLOBETASOL PROPIONATE 10 G/TUBE		200	Rs._____	Rs._____
1762	OINTMENT	CLOBETASOL PROPIONATE ,NYSTATIN , NEOMYCIN SULPHATE 15GM/TUBE		200	Rs._____	Rs._____
1763	CREAM	CLOBETASOL PROPIONATE 20 G/CREAM		200	Rs._____	Rs._____
1764	OINTMENT	CLOBETASOL PROPIONATE 20 G/OINT		200	Rs._____	Rs._____
1765	CREAM	CLOBETASOL + NEOMYCIN 20 G/TUBE		200	Rs._____	Rs._____
1766	OINTMENT	CLOBETASOL + NEOMYCIN 20 G/TUBE		200	Rs._____	Rs._____
1767	TOPICAL SOLUTION	CLOBETASOL PROPIONATE 20 ML/BOTTLE		200	Rs._____	Rs._____
1768	VAGINAL TABLETS	CLOTRIMAZOLE 0.1G		1,000	Rs._____	Rs._____
1769	VAGINAL TABLETS	CLOTRIMAZOLE 0.5G		1,000	Rs._____	Rs._____
1770	VAGINAL CREAM	CLOTRIMAZOLE 10G/TUBE		200	Rs._____	Rs._____
1771	VAGINAL CREAM	CLOTRIMAZOLE 5 G/TUBE		1,000	Rs._____	Rs._____
1772	VAGINAL CREAM	CLOTRIMAZOLE 5GM WITH APPLICATOR 5 G/TUBE		400	Rs._____	Rs._____
1773	CREAM	HYDROCORTISONE + CLOTRIMAZOLE 20 G/TUBE		1,000	Rs._____	Rs._____
1774	CREAM	CLOTRIMAZOLE 20G/TUBE		400	Rs._____	Rs._____
1775	CREAM	CLOTRIMAZOLE + HYDROCORTISONE 20GM/TUBE		200	Rs._____	Rs._____
1776	LOTION	CLOTRIMAZOLE 60ML/BOTTLE		200	Rs._____	Rs._____
1777	CREAM	FLUTICASONE PROPIONATE 0.05% 5GM/TUBE		200	Rs._____	Rs._____
1778	OINTMENT	FLUTICASONE PROPIONATE 0.05% 5GM/TUBE		200	Rs._____	Rs._____
1779	CREAM	FUSIDIC ACID 2% 15 G/TUBE		4000	Rs._____	Rs._____
1780	CREAM	FUSIDIC ACID+BETAMETHASONE 15G/TUBE		200	Rs._____	Rs._____
1781	CREAM	FUSIDIC ACID+HYDROCORTISONE 15G/TUBE		200	Rs._____	Rs._____
1782	LOTION	HYDROCRTISONE LOTION 2.5% 60ML		400	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1783	CREAM	FUCIDIC ACID+HYDROCORTISONE ACETATE 15G/TUBE		2000	Rs._____	Rs._____
1784	OINTMENT	FUCIDIC ACID+HYDROCORTISONE ACETATE 15G/TUBE		200	Rs._____	Rs._____
1785	CREAM	HYDROCORTISONE 1% 10GM/TUBE		400	Rs._____	Rs._____
1786	CREAM	HYDROCORTISONE 1% 5GM/TUBE		400	Rs._____	Rs._____
1787	GEL	HEPARIN SODIUM TOPICAL,CEPAE, ALLANTOIN 20G/TUBE		200	Rs._____	Rs._____
1788	CREAM	IBUPROFEN 30G/TUBE		200	Rs._____	Rs._____
1789	SHAMPOO	KETOCONAZOLE SHAMPOO 2% 60ML		200	Rs._____	Rs._____
1790	LOTION	KETOCONAZOLE 60ML/BOTTLE		200	Rs._____	Rs._____
1791	CREAM	KETOCONAZOLE 2% 10GM/CREAM		200	Rs._____	Rs._____
1792	CREAM	LIGNOCAINE 5% 30G		200	Rs._____	Rs._____
1793	CREAM	LIGNOCAIN 2.5%, PRILOCAINE 2.5%		200	Rs._____	Rs._____
1794	CREAM	LIGNOCAINE 2% 15G/TUBE		200	Rs._____	Rs._____
1795	TOPICAL SOLUTION	LIGNOCAINE HCL 4%		2,000	Rs._____	Rs._____
1796	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 20 G/TUBE		200	Rs._____	Rs._____
1797	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 5 G/TUBE		200	Rs._____	Rs._____
1798	CREAM	MOMETASONE FUROATE CREAM 0.1% 5GM		200	Rs._____	Rs._____
1799	LOTION	MOMETASONE FUROATE LOTION 0.1% 20ML		200	Rs._____	Rs._____
1800	OINTMENT	MOMETASONE FUROATE OINTMENT0.1% 5GM		200	Rs._____	Rs._____
1801	CREAM	PREDNICARBATE 0.25% 20GM/TUBE		200	Rs._____	Rs._____
1802	LOTION	PREDNICARBATE LOTION 20GM		200	Rs._____	Rs._____
1803	CREAM	SUN SCNREEN SPF 40 30GM/TUBE		200	Rs._____	Rs._____
1804	LOTION	SUN SCNREEN SPF 60 88ML/BOTTLE		200	Rs._____	Rs._____
1805	GEL	SUN SCNREEN SPF 40 GEL 45ML		200	Rs._____	Rs._____
1806	CREAM	TERBINAFINE HCL 1% 10 G/TUBE		400	Rs._____	Rs._____
1807	CREAM	TERBINAFINE HCL 0.05% 10G/TUBE		400	Rs._____	Rs._____
1808	GEL	ISOTRETINOIN 10GM/TUBE		400	Rs._____	Rs._____
1809	GEL	ISOTRETINOIN 0.05%, ERYTHROMYCIN 2% 10GM/TUBE		200	Rs._____	Rs._____
1810	GEL	ISOTRETINOIN GEL 0.05% 10GM		400	Rs._____	Rs._____
1811	CREAM	TRIAMCINOLONE ACETONIDE, NEOMYCIN SULFATE, GRAMICIDIN AND NYSTATIN, 10G/TUBE		200	Rs._____	Rs._____
1812	OINTMENT	TRIAMCINOLONE ACETATE 15G/TUBE		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1813	OINTMENT	TRIAMCINOLONE ACETATE 5 G/TUBE		1,000	Rs._____	Rs._____
1814	CREAM	SILVER SULFADIAZINE 1% 15G/TUBE		1,000	Rs._____	Rs._____
1815	CREAM	SILVER SULFADIAZINE 1% 25G/TUBE		1,000	Rs._____	Rs._____
1816	CREAM	SILVER SULFADIAZINE 50G/TUBE		1,000	Rs._____	Rs._____
1817	CREAM	EFLORNITHINE HYDROCHLORIDE 15GM/TUBE		200	Rs._____	Rs._____
1818	CREAM	FLUOCINOLONE ACETONIDE 0.025%, NEOMYCIN SULPHATE 0.50% 15GM/TUBE		200	Rs._____	Rs._____
1819	CREAM	HALCINONIDE 60GM/TUBE		200	Rs._____	Rs._____
1820	CREAM	ISOCONAZOLE 10G/TUBE		200	Rs._____	Rs._____
1821	CREAM	ISOCONAZOLE+DIFLUCORTOLONE VALERATE 10G/TUBE		1,000	Rs._____	Rs._____
1822	OINTMENT	BACITRACIN+NEOMYCIN SULPHATE+POLYMYXIN B SULPHATE+LIDOCAINE 14.17G/TUBE		200	Rs._____	Rs._____
1823	OINTMENT	POLYMYXIN B+BACITRACIN 20G/TUBE		4,000	Rs._____	Rs._____
1824	OINTMENT	POLYMYXIN B+BACITRACIN+LIGNOCAINE 20G/TUBE		1,000	Rs._____	Rs._____
1825	CREAM	ITRACONAZOLE 20GM/TUBE		1,000	Rs._____	Rs._____
1826	OINTMENT	METHYLSALICYLATE 5% W/W, IODINE 4% W/W 28GM/TUBE		200	Rs._____	Rs._____
1827	BALM	METHYLSALICYLATE 12.17%, MENTHOL, EUCALYPTOL, THYMOL, OLEORESIN OF CAPSICUM 50GM/TUBE		200	Rs._____	Rs._____
1828	OINTMENT	MUPIROCIN 15 G/TUBE		400	Rs._____	Rs._____
1829	OINTMENT	TACROLIMUS MONOHYDRATE OINTMENT 0.1%		400	Rs._____	Rs._____
1830	OINTMENT	TACROLIMUS 0.01%		400	Rs._____	Rs._____
1831	OINTMENT	TACROLIMUS 0.03%		400	Rs._____	Rs._____
1832	CREAM	TACROLIMUS 0.1%		400	Rs._____	Rs._____
1833	CREAM	TACROLIMUS 0.03%		400	Rs._____	Rs._____
1834	CREAM	TAZAROTENE 0.1% CREAM		200	Rs._____	Rs._____
1835	GEL	TAZAROTENE 0.1% 30GM GEL/TUBE		200	Rs._____	Rs._____
1836	ORAL GEL	MICONAZOLE 20 G		1,000	Rs._____	Rs._____
1837	ENEMA	SODIUM CITRATE+SODIUM LAURYL SULPHATE+GLYCERINE 10ML/BOTTLE		200	Rs._____	Rs._____
1838	GEL	DICLOFENAC SODIUM 20G/TUBE		4,000	Rs._____	Rs._____
1839	ENEMA	SODIUM BIPHOSPHATE 19.2GM, SODIUM PHOSPHATE 7.2GM, SODIUM CONTENTS 4.5GM 120ML/BOTTLE		200	Rs._____	Rs._____
1840	ENEMA	SODIUM BIPHOSPHATE+SODIUM PHOSPHATE 120ML/BOTTLE		10,000	Rs._____	Rs._____
1841	CREAM	TRIAMCINOLONE ACETONIDE, NEOMYCIN SULFATE, GRAMICIDIN AND NYSTATIN, 10G/TUBE		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1842	OINTMENT	TRIAMCINOLONE ACETATE 15G/TUBE		200	Rs. _____	Rs. _____
1843	OINTMENT	TRIAMCINOLONE ACETATE 5 G/TUBE		1,000	Rs. _____	Rs. _____
1844	GEL	CHLORHEXIDINE 4% W/W 10GM/TUBE		200	Rs. _____	Rs. _____
1845	MOUTH WASH	POVIDONE-IODINE 60 ML/BOTTLE		100	Rs. _____	Rs. _____
1846	GEL	POVIDONE-IODINE 20GM/TUBE		400	Rs. _____	Rs. _____
1847	SCRUB	POVIDONE-IODINE 450 ML/BOTTLE		1,000	Rs. _____	Rs. _____
1848	TOPICAL SOLUTION	POVIDONE-IODINE 450 ML/BOTTLE		6,000	Rs. _____	Rs. _____
1849	TOPICAL SOLUTION	POVIDONE-IODINE 60ML/BOTTLE		3,000	Rs. _____	Rs. _____
1850	TOPICAL SOLUTION	GENTIAN VOILET ANTISEPTIC 25ML		400	Rs. _____	Rs. _____
1851	TOPICAL SOLUTION	GENTIAN VOILET ANTISEPTIC 450ML/BOTTLE		400	Rs. _____	Rs. _____
1852	TOPICAL SOLUTION	BENZOIN COMPOUND 30 ML/BOTTLE		1,000	Rs. _____	Rs. _____
1853	LOTION	MINOXIDIL LOTION 2.5% 60ML		100	Rs. _____	Rs. _____
1854	CREAM	PERMETHRIN 5% 30 G/TUBE		400	Rs. _____	Rs. _____
1855	LOTION	PERMETHRIN 5% 50 MG/ML		400	Rs. _____	Rs. _____
1856	LOTION	PERMETHRIN 5% 60 ML/BOTTLE		400	Rs. _____	Rs. _____
1857	TOPICAL POWDER	NEOMYCIN SULPHATE + BACITRACIN 20 G/CONTAINER		1,000	Rs. _____	Rs. _____
1858	JELLY	WHITE SOFT PARAFFIN 30 G/CONTAINER		400	Rs. _____	Rs. _____
1859	OINTMENT	PETROLEUM JELLY 300G/BOTTLE		4,000	Rs. _____	Rs. _____
1860	OINTMENT	PETROLEUM JELLY 50 ML/BOTTLE		4,000	Rs. _____	Rs. _____
1861	OINTMENT	PETROLEUM JELLY 500G/BOTTLE		4,000	Rs. _____	Rs. _____
1862	OIL	OLIVE OIL 120ML/BOTTLE		1,000	Rs. _____	Rs. _____
1863	OIL	CASTOR OIL 120ML/BOTTLE		1,000	Rs. _____	Rs. _____
1864	OIL	OLIVE OIL 250ML/BOTTLE		1,000	Rs. _____	Rs. _____
1865	LIQUID	GLYCERIN 300GM/CONTAINER		1,000	Rs. _____	Rs. _____
1866	LIQUID	GLYCERIN 25GM/CONTAINER		1,000	Rs. _____	Rs. _____
1867	OINTMENT	GLYCERINE 70% W/W 150GM/JAR		1,000	Rs. _____	Rs. _____
1868	CREAM	ANTISEPTIC HEALING CREAM 60G/CONTAINER		2,000	Rs. _____	Rs. _____
1869	SHAMPOO	CICLOPIROX OLAMINE 60ML/BOTTLE		1,000	Rs. _____	Rs. _____
1870	SOAP	SOAP FOR ACNE 65GM/SOAP		200	Rs. _____	Rs. _____
1871	SOAP	SOAP FOR DRY SKIN AND SENSITIVE SKIN 65GM/SOAP		200	Rs. _____	Rs. _____
1872	SOAP	SULFONATED SURFACTANT BLEND OF VEGETABLE OIL 6.3% SOAP 65GM/SOAP		200	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1873	SHAMPOO	KETOCONAZOLE SHAMPOO 2% 60ML		200	Rs. _____	Rs. _____
1874	SOAP	DOVE SOAP Bar		400	Rs. _____	Rs. _____
1875	SHAMPOO	COAL TAR 1% 200ML		400	Rs. _____	Rs. _____
1876	PESSARY	PROGESTERONE 200 MG		1,000	Rs. _____	Rs. _____
1877	PESSARY	PROGESTERONE 400 MG		2,000	Rs. _____	Rs. _____
1878	SUPPOSITORY	DICLOFENAC SODIUM 100MG		20,000	Rs. _____	Rs. _____
1879	SUPPOSITORY	DICLOFENAC SODIUM 25MG		400	Rs. _____	Rs. _____
1880	SUPPOSITORY	DICLOFENAC SODIUM 50MG		20,000	Rs. _____	Rs. _____
1881	SUPPOSITORY	PARACETAMOL 125 MG		2,000	Rs. _____	Rs. _____
1882	SUPPOSITORY	PARACETAMOL 250 MG		2,000	Rs. _____	Rs. _____
1883	SUPPOSITORY	GLYCERIN ADULT 1 SUPP		40,000	Rs. _____	Rs. _____
1884	SUPPOSITORY	GLYCERIN PAEDS 1 SUPP		40,000	Rs. _____	Rs. _____
1885	VAGINAL TABLETS	CLOTRIMAZOLE 0.1G		2000	Rs. _____	Rs. _____
1886	VAGINAL TABLETS	CLOTRIMAZOLE 0.5G		1,000	Rs. _____	Rs. _____
1887	VAGINAL TABLETS	DINOPROSTONE 3 MG		10,000	Rs. _____	Rs. _____
1888	LIQUID	ROSE WATER 250ML		2,000	Rs. _____	Rs. _____
1889	LIQUID	LIQUID PARAFFIN 120ML		2,000	Rs. _____	Rs. _____
1890	LOTION	CALAMIN LOTION 120ML		2,000	Rs. _____	Rs. _____
1891	OIL	COCONUT OIL		2,000	Rs. _____	Rs. _____
1892	ORAL GEL	LIGNOCAINE (BASE) 0.60% W/W, MENTHOL 0.06% W/W, EUCALYPTOL 0.10% V/W, CETYLPYRIDINIUM CHLORIDE 0.02% W/W, ETHANOL 33% V/W 20G/TUBE		2,000	Rs. _____	Rs. _____
1893	ORAL GEL	METRONIDAZOLE 20G/TUBE		1,000	Rs. _____	Rs. _____
1894	TOPICAL SOLUTION	ETHYL ESTERS OF IODINATED FATTY ACIDS OF POPPY SEED OIL 10 ML		200	Rs. _____	Rs. _____
1895	GEL	CHLORHEXIDINE 4% W/W 10GM/TUBE		1,000	Rs. _____	Rs. _____
1896	OINTMENT /BALM	CAMPHOR+EUCALYPTUS OIL+MENTHOL 1 BOTTLE		2,000	Rs. _____	Rs. _____
1897	OINTMENT/ GEL/ CREAM	KETOPROFEN 2.5% 30G/TUBE		1,000	Rs. _____	Rs. _____
1898	SOAP	ACNE AID 65G BAR OR EQUIVALENT		400	Rs. _____	Rs. _____
1899	TAB/CAP	SOTALOL 80MG		2,000	Rs. _____	Rs. _____
1900	TAB/CAP	SOTALOL 120MG		2,000	Rs. _____	Rs. _____
1901	TAB/CAP	SOTALOL 160MG		2,000	Rs. _____	Rs. _____
1902	TAB/CAP	APIXABAN 2.5MG		2,000	Rs. _____	Rs. _____
1903	TAB/CAP	APIXABAN 5MG		2,000	Rs. _____	Rs. _____
1904	TAB/CAP	MEXILETINE HYDROCHLORIDE 150MG		2,000	Rs. _____	Rs. _____
1905	TAB/CAP	MEXILETINE HYDROCHLORIDE 200MG		2,000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1906	TAB/CAP	MEXILETINE HYDROCHLORIDE 250MG		2,000	Rs._____	Rs._____
1907	TAB/CAP	METOPROLOL SUCCINATE 25MG		2,000	Rs._____	Rs._____
1908	TAB/CAP	METOPROLOL SUCCINATE 50MG		2,000	Rs._____	Rs._____
1909	TAB/CAP	METOPROLOL SUCCINATE 100MG		2,000	Rs._____	Rs._____
1910	TAB/CAP	METOPROLOL SUCCINATE 200MG		2,000	Rs._____	Rs._____
1911	LOTION	BENZYL BENZOATE 25% W/V 450ML		2,000	Rs._____	Rs._____
1912	INJ	JETEPAR OR EQUIVALENT 10ML		2,000	Rs._____	Rs._____
1913	INJ	Lidocaine HCL (USP) Epinephrine Bitartrate (USP) (1:100,000) 1.8ml x 50cartridges (Dental Cartridges)		1,000	Rs._____	Rs._____
1914	POWDER	NUTRITIONAL SUPPLIMENT IMMUNE MODULATING FORMULA 74GM/SACHET 74GM/SACHET		2,000	Rs._____	Rs._____
CONTRAST MEDIA FOR RADIOLOGY DEPARTMENT						
1915	Inj.	Gadopentate Dimeglumine Contrast for MRI system 15 ml must be approved / registered by FDA (USA) & MHRA (UK)		3,300	Rs._____	Rs._____
1916	Inj.	Gadodiamide Contrast for MRI system 7.5 ml must be approved / registered by FDA (USA) & MHRA (UK)		7,700	Rs._____	Rs._____
1917	Inj.	Non-Ionic contrast for CT scanner 350/370 1-ml/100 ml, must be approved / registered by FDA (USA) & MHRA (UK)		22,500	Rs._____	Rs._____
1918	Inj.	Non-Ionic contrast for CT scanner 350/370 1-ml/50 ml, must be approved / registered by FDA (USA) & MHRA (UK)		5,500	Rs._____	Rs._____
1919	Inj.	Sodium Amindotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 100ml		550	Rs._____	Rs._____
1920	Inj.	Sodium Amindotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 20ml		11,000	Rs._____	Rs._____
1921	Liquid	Diatrizoate Maglumine + Diatrizoate Sodium Solution 4.8mg+0.21 mg sodium & 367mg iodine 100ml liquid		110	Rs._____	Rs._____
1922	Pow	Barium Sulfate 98% w/w 340gm (E-Z-HD / Vizumax - HD) or equivalent		1,100	Rs._____	Rs._____
1923	Gel	Ultrasound Gel 260 gm		3,300	Rs._____	Rs._____
1924	Gel	Ultrasound Gel 5kg Can		500 Can	Rs._____	Rs._____
1925	Roll	Ultrasound Roll 110mm x 20m		6,250	Rs._____	Rs._____