

BIDDING DOCUMENTS

TENDER NO: DUHS / DP / 2022 / 205; Dated: 20TH AUGUST, 2022

PROCUREMENT OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA / SURGICAL DISP. & ALLIED ITEMS

**ON FRAMEWORK CONTRACT BASIS
AS PER RULE 15(B) SPP RULES, 2010 (AMMENDED upto date)**



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

NOTICE INVITING TENDER (NIT)
NO. DUHS/DP/2022/205; Dated: 20th August, 2022

Dow University of Health Sciences (DUHS), Karachi invites sealed bids on FRAMEWORK CONTRACT BASIS for the **Procurement of Drugs / Medicines / Nutrition / Contrast Media / Surgical Disp. & Allied Items** for various health facilities of DUHS on DDP basis in Pak Rupees from original Manufacturers / Importers or their authorized Dealers / Distributors having registration with Federal Board of Revenue (FBR) for Income Tax and Sales Tax (where applicable).

Tender Fee	Rs. 2,000/- (Rupees two thousand only) Non-Refundable in shape of Pay Order / Demand Draft / CDR in favor of Dow University of Health Sciences, Karachi
Bidding Procedure	Single Stage – Two Envelope Procedure shall be applied
Bid Security	1% of the total bid value in the form of CDR / Bank Guarantee / Demand Draft / Pay Order in favor of Dow University of Health Sciences with the Financial Bid.
Purchasing Date & Time	From the date of publishing to 19 th September, 2022
Bids Delivery Date & Time	20 th September, 2022 up to 11:30 AM
Bid Opening Date & Time	20 th September, 2022 at 12:00 NOON

Bidding Document containing detailed terms & conditions can be obtained against pay Order / Demand Draft of Rs. 2,000/- (non-refundable) being tender fee in favour of Dow University of Health Sciences during office hours. No tender shall be sold on the date of opening of bid. Tender Notice and bidding documents are also available on the websites of Dow University of Health Sciences (www.duhs.edu.pk) and Sindh Public Procurement Regulatory Authority (www.ppms.ppr.sindh.gov.pk), in this situation, bidder is required to enclose Pay Order / Demand Draft / CDR of tender fee (Rs. 2000/-) with their bid, which must be issued by a scheduled bank within the tender purchasing date. DUHS may issue the clarifications or amendments in respect of the bidding documents which will be uploaded on the both websites, DUHS will not be responsible of any confusion or misunderstanding in this regard.

In case of any unforeseen situation or government holiday resulting in closure of office on the date of opening, bids shall be submitted / opened on next working day at the given time and venue.

The Bidder shall submit an original and one copy of the bid, clearly marking each “ORIGINAL BID” and “COPY OF BID,” as appropriate.

The Dow University of Health Sciences, Karachi (DUHS) reserves the right to reject any or all the bids subject to the relevant provisions of SPP Rules 2010 (Amended upto date).

Address for Purchasing of bidding documents, submission and opening of bids:

Office of the Manger Supply Chain, Procurement Directorate at Library Block, Dow University of Health Sciences (Ojha Campus), SUPARCO Road, off Main University Road, Gulzar-e-Hijri, Scheme No. 33, Karachi.

Phone No: +92-21-38771111 (Ext. 4434), Email: mohsin.memon@duhs.edu.pk

Director Procurement
Dow University of Health Sciences, Karachi

BID DATA SHEET (BDS)

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 Contract Agreement) As per Rule 15(B) SPP Rules, 2010 (Ammended upto date)
Name of Contract	:	Procurement of Drugs / Medicines / Nutrition / Contrast Media / Surgical Disp. & Allied Items
N.I.T No.	:	DUHS / DP / 2022 / 205; Dated: 20 th August, 2022
Bid Validity	:	90 days – As per SPP Rules – 2010 (Amended upto date)
Amount of Bid Security	:	1% of Total Bid Value
Tender Purchasing Date	:	From the date of Publishing to 19th September, 2022
Date of Submission	:	20th September, 2022 upto 11:30 A.M.
Date of Opening	:	20th September, 2022 at 12:00 NOON
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)

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

TERMS & CONDITIONS

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 on DDP basis. Final and Firm Price in Figures & Words both

A. BID FORM / PRICE SCHEDULE

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

DELIVERY PERIOD

VALIDITY

B. DELIEVERY SCHEDULE

- 1. The goods shall be delivered to consignee's end as per following Delivery Schedule:**
 - 1.1 Locally Manufactured goods / items shall be delivered on priority within 21 days after PO receiving.
 - 1.2 Imported goods / items shall be delivered within 35 days period after PO receiving.
 - 1.3 Supplier appraisal shall be performed based on the compliance to the above mentioned periods.
 - 1.4 Partial deliveries for bulk supplies shall be requested from the relevant Warehouse / Pharmacy Stores via email to supplier.

C. GENERAL CONDITIONS & INSTRUCTIONS

- 1. Obtaining of Bidding Document**
 - 1.1 Bidding Document containing detailed terms & conditions can be obtained from Procurement Directorate at Library Block, SUPARCO Road, off Main University Road, Gulzar-e-Hijri, Scheme No. 33, Karachi against non-refundable payment through Pay Order / Demand Draft of Rs. 2,000/- being tender fee in favour of Dow University of Health Sciences, Karachi (DUHS) w.e.f. date of publication of NIT in the print media, till the date mentioned in the Bid Data Sheet. No tender document shall be sold on the date of opening of bid.
 - 1.2 Bidding Document can also be downloaded from the Official website of DUHS i.e. www.duhs.edu.pk or Sindh Public Procurement Authority i.e. www.ppsms.pprasinhd.gov.pk, in this situation, the bidder is required to enclose bidding documents cost of Rs. 2,000/- non-refundable as a Pay Order / Demand Draft / CDR in favour of Dow University of Health Sciences Karachi.
- 2. Bidding Procedure**
 - 2.1 Bids are invited as per Single Stage – Two Envelope Procedure in accordance with rule sub rule 2 of rule 46 of the Sindh Public Procurement Rules, 2010 (Amended upto date).
- 3. Instructions to Bidders & General Conditions of Contract**
 - 3.1 Bidder must read all the contents of NIT as well as Bidding Documents and understand all the requirements.
 - 3.2 Bidder must ensure that the Bid Form is filled in all respect, without any confusion.
 - 3.3 The Bid Form(s) shall be inserted in the Financial Bid / Proposal. However, a copy of the same shall be inserted in the Technical Bid / Proposal after hiding the amount.
 - 3.4 Bid Security shall be inserted in the Financial bid / Proposal. However, a copy of the same shall be inserted in the Technical Bid / Proposal after hiding the amount.
 - 3.5 There should not be any over-writing, double writing, crossed, additional conditions.
 - 3.6 Each document/paper submitted by the bidder shall be signed/stamped by the bidder on the face of document.

- 3.7 Bidder shall prepare two separate envelopes for Technical as well as Financial Bid / Proposal.
- 3.8 Bidder shall examine the Bid Evaluation Criteria and insert appropriate document in the Technical / Financial Bid / Proposal accordingly.
- 3.9 Bidder(s) must write the “**TECHNICAL BID / PROPOSAL**” and “**FINANCIAL BID / PROPOSAL**” on the face of relevant sealed envelopes containing relevant bid/offer in it.
- 3.10 Only Manufacturers / Importers or their authorized distributors can participate in the Tender.
- 3.11 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 (as mentioned in Eligibility / Qualificaiton Criteria – see Clause 4) otherwise the bid will be rejected.
- 3.12 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 / Qualificaiton Criteria – see Clause 4).
- 3.13 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.
- 3.14 Conditional Tenders against the Govt. Rules / policy will not be considered /entertained / accepted.
- 3.15 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.
- 3.16 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.
- 3.17 All the (applicable) Government taxes (Income Tax / Sales Tax (if applicable) / 0.35% Stamp Duty of the value of the contract amount will be affixed on the bills / purchase order or on the contract agreement of the full contract value by the Contractors / Suppliers.
- 3.18 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.
- 3.19 Schedule of requirement / BoQ is prepared with the generic name; however the bidder must have to mention the brand name with strenght 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)).
- 3.20 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)
- 3.21 Registration number, make and 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.
- 3.22 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.
- 3.23 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.
- 3.24 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.
- 3.25 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.
- 3.26 Procurement committee / competent authority may formulate an inspection committee to inspect & conduct GMP Audit of manufacturer if required.
- 3.27 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).

- 3.28 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.)
- 3.29 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.
- 3.30 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.
- 3.31 The sample of the drugs supplied by the vendors will be drawn for test and analysis purpose under Drugs Act 1976.
- 3.32 The supply should be executed in minimum number of batches.
- 3.33 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.
- 3.34 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.
- 3.35 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.
- 3.36 Manufacturers / Importers / distributors will directly supply the goods as per supply order along with Bill of Warranty and Quality Certificate of each batch.
- 4 Eligibility / Qualificaiton Criteria:** Bidder which meets the following **Mandatory Eligibility / Qualification Criteria** would be declared responsive for further evaluation as per the Evaluation Criteria specified in this bidding document. Verifiable documentary proof for all following requirements is a mandatory requirement, noncompliance will lead to disqualification.
- 4.1 Technical Bid / Proposal should have the following documents**
- 4.1.1 Bidder shall complete all the terms & conditions of this Bidding Document and attach the valid documentary evidence in support of eligibility / qualification and evaluation criteria and conformity with required terms and conditions given in the Bidding Documents.
- 4.1.2 The Tender Purchase Receipt (original) / Pay Order of tender fee.
- 4.1.3 Technical Proposals on Bidder's Letterhead.
- 4.1.4 Original Distributor Authorization Letter which duly addressed to Director Procurement (where applicable).
- 4.1.5 Copy of CNIC of signatory of the Bid Forms
- 4.1.6 Compliance to bid validity period
- 4.1.7 Compliance to payment terms and conditions.
- 4.1.8 Valid Income Tax (FBR) Registration with Active Tax Payer Status on FBR website
- 4.1.9 Valid General Sales Tax (GST-FBR) Registration with Active Tax Payer Status on FBR website (If applicable).
- 4.1.10 Valid / latest Professional Tax Certificate.
- 4.1.11 Tax Exemption Certificates, if any.
- 4.1.12 Undertaking duly signed and stamped on non-judicial stamp paper of Rs. 100/- duly notarized (Page No. 17 of bidding documents).
- 4.1.13 Terms and Conditions Certificate (Page 18 of bidding documents) on bidder's letterhead duly signed and stamped.
- 4.1.14 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
- 4.1.15 Copy of the Financial Proposal / Bid offer without showing the rates.
- 4.1.16 Valid Manufacturing License, Valid Drug Sales License whichever is applicable.
- 4.1.17 Photocopy of Drug Registration Certificate.
- 4.1.18 Manufacturers shall submit the copy of the GMP (Good Manufacturing Practices) and CGMP Certificate issued by Drugs Regulatory Authority Pakistan (DRAP) during last 03 years.

- 4.1.19 Bioequivalence Study and Biosimilar Studies for biological by DRAP notified LABS or WHO/JpMHLW/EMA/US FDA approved/accredited labs. (Where applicable).
- 4.1.20 Federal Drug Inspector Report of the Manufacturer for last three year.
- 4.1.21 Undertaking regarding supply of required items with stipulated time with copy of quality certificate from the authorized laboratory.
- 4.2 **Financial Bid / Proposals should have the following documents**
- 4.2.1 Original Pay Order / Demand Draft / Call Deposit / Bank Guarantee of Bid Security.
- 4.2.2 Original copy of the Financial Bid / Proposals with Quoted Price on Bidder's Letterhead.
- 4.2.3 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.

5 Validity of Bids

- 5.1 Bids shall remain valid for ninety (90) days w.e.f. date of opening of Technical Bids / Proposals. The bids without or less than Ninety (90) days validity will be rejected.

6 Language of Bids

- 6.1 The bid prepared by the bidder, as well as all correspondence and documents relating to the bid exchanged by the bidder and the Procuring Agency shall be in English. Supporting documents and printed literature furnished by the bidder may be in another language provided these are accompanied by an accurate translation of the relevant passages in English, in which case for purposes of interpretation of the Bid, the translated version shall prevail.

7 Cost of Tendering

- 7.1 The bidder shall bear all costs associated with the preparation and submission of its documents, while DUHS, in no case shall be responsible or liable for those costs, regardless of the conduct or outcome of the tendering process.

8 Clarifications of Tendering Documents

- 8.1 A prospective bidder requiring any clarification(s) may notify to DUHS or an Officer authorized on its behalf in writing. The DUHS or concerned Officer authorized on its behalf will respond to any request for clarification, which is received well before 05 working days or more to the deadline set for the submission of bids. Copies of DUHS response will be forwarded to prospective bidders (if not already clarified in the tender document or deemed necessary for the bidder).

9 Amendment of Tender Document

- 9.1 At any time prior to the deadline for submission of bids, the DUHS may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective bidder, modify the tender document by issuing corrigendum / addendum.
- 9.2 Any corrigendum / addendum thus issued shall form eternal part of the tender document. To offer bidders a reasonable time frame in which to take a corrigendum / addendum into account in preparing their bids, the DUHS may at its discretion extend the deadline for submission of bids.

10 Bid Prices

- 10.1 Price / bid offer should be quoted in Pak Rupees as per given format.
- 10.2 Price / bid offer must be valid for 12 months from the date of contract agreement. However, Order(s) will be placed as per the requirement after receiving the demand from the concerned department of DUHS from time to time during the contract period.
- 10.3 The price / bid offer quoted will be firm, final and clearly written / typed without any ambiguity.
- 10.4 The price / bid offer will not be changed during the contract period.
- 10.5 The bid price should include all the government taxes, as per prevailing taxation rates of provincial / federal / local governments etc. (e.g., SST/GST, Income Tax, Withholding Tax etc.).
- 10.6 If there is no mention of taxes or calculation error, the offered/quoted price will be considered as inclusive of all prevailing taxes/duties. The benefit of exemption from or reduction in the Income Tax / SST / GST or other taxes during the contract period shall be passed on to the Procuring Agency.
- 10.7 The price / bid offer shall be entered against each item / material / good for the whole duration of contract period.
- 10.8 The bidder shall deem to have obtained all related information as to the requirements thereto which may affect the bid offer / price if required.

11 Sealing and Marking of Bids

- 11.1 The envelopes shall:
- (a) bear the name and address of the Bidder;
 - (b) bear the specific identification Name and Number of this bidding process indicated in the Bid Data Sheet; and
 - (c) bear the Procuring Agency's name and and a statement: **"DO NOT OPEN BEFORE [instert the time and date specified in the Bid Data Sheet]."**
- 11.2 If all envelopes are not sealed and marked as required, the Procuring Agency will assume no responsibility for the misplacement or premature opening of the bid.

12 Late Bids

- 12.1 Any bid received by the Procuring agency after the deadline for submission of bids prescribed by the Procuring agency will be rejected and returned unopened to the Bidder.

13 Modification and Withdrawal of Bids

- 13.1 The Bidder may modify or withdraw its bid after the bid's submission, provided that written notice of the modification, including substitution or withdrawal of the bids, is received by the Procuring agency prior to the deadline prescribed for submission of bids.
- 13.2 No bid may be modified after the deadline for submission of bids.
- 13.3 No bid may be withdrawn in the interval between the deadline for submission of bids and the expiration of the period of bid validity specified by the Bidder. Withdrawal of a bid during this interval may result in the Bidder's forfeiture of its bid security.

14 Submission of Bids/Offers: -

- 14.1 Sealed bids/offers both the proposals i.e. Technical Proposal and Financial Proposal to be dropped in the tender box placed at the Procurement Directorate at Library Block, SUPARCO Road, off Main University Road, Gulzar-e-Hijri, Scheme No. 33, Karachi **upto date & time specified in the bid data sheet**. The sealed bids/offers may also submit by mail, addressed to Director Procurement on above address, however, under any circumstances, whatsoever, the sealed bids/offers shall be reached before the deadline for submission of bid. Any bid submitted / received late due to any reason whatsoever, shall not be considered at any stage and shall be returned un-opened. Any claim against the bids received late shall not be considered at any stage.
- 14.2 The Bidder shall submit an original and one copy of the bid, clearly marking each "ORIGINAL BID" and "COPY OF BID," as appropriate.
- 14.3 **Bidder shall provide a soft copy of Technical Bid / Proposal containing the valid documentary evidence in support of eligibility / qualification and evaluation criteria and conformity with required terms and conditions in the form of CD/DVD/USB. All the required documents will be provided in JPEG / PDF format and Annexure(s) will be provided in MS Excel Format (.xls) such as technical details of the offered products. On the top of Each CD/DVD/USB the name of bidder will be mentioned with permanent Black marker. In case of discrepancy in soft copy and hard copy documents, the Hard Copy Documents will prevail and will be considered.**
- 14.4 Bidders are advised in their own interest to take all precautionary measures for delivery of sealed bids before the deadline for submission of bid.

15 Opening of Bids

- 15.1 The Technical Bids / Proposals shall be opened within one hour of deadline for submission of offer/bid in presence of the authorized representative(s) of the bidder(s), if they wish to present at the time of opening of bids.
- 15.2 In case of the date of opening of tender declared as Public Holiday by the Government of Sindh or Federal Government or non-working day due to any reason, the next official working day shall be deemed to be the date for submission and opening of tenders/bids/offers, accordingly. The time and venue shall remain same.
- 15.3 The envelope marked Financial Bid / Proposal shall be retained unopened in the custody of DUHS.
- 15.4 After the evaluation and approval of the Technical Bids / Proposals, the Financial Bids / Proposals shall be opened of the technically accepted / qualified bids having the minimum qualifying points / marks of 70% or more, at a time, date and venue announced and communicated to the bidders in advance.

- 15.5 The opening of Financial Bids / Proposals may be extended by the DUHS, however, same shall be informed through posting of Notice on the Notice Board at outside main gate of DUHS, but the bids shall be opened within the bid validity period.

16 Evaluation of Bids

- 16.1 The Evaluation of Bid shall be carried out by the Technical Evaluation Committee. The evaluators shall assess on clinical experience basis and Evaluation Criteria prescribed in these bidding documents.
- 16.2 The Committee may seeks the clarification from the bidder in writing or oral as the case may be, in case of committee deemed fit, however any clarification shall not be change the sanctity of original bid;
- 16.3 The Bids/Offeres shall be evaluated conformity to the technical specifications of the goods and the requirements of terms & conditions of the bidding document based on the record / documentary evidence submitted by the bidder.

16.4 Technical Bids / Proposals Evaluation

- 16.4.1 The bids not responsive to the technical specifications of the goods and MANDATORY ELIGIBILITY / QUALIFICATION CRITERIA provided at **Clause-4** of bidding documents shall not be eligible for further Technical Evaluation.
- 16.4.2 Conditional Bids, Telegraphic Bids, Bids not accompanied by Bid Security of required amount and form, bids received after specific date and time and bids of Black Listed firms shall be treated as rejected / non-responsive.
- 16.4.3 **If a bidder elects to submit alternative bid without enclosing a separate Bid Security of requisite amount and form, Bid Form and valid Manufacturer Authorization, all such original and alternative bids will be rejected as nonresponsive.**
- 16.4.4 **The bids shall be evaluated and compared on ITEMIZED BASIS. However, Only single brand of the same dosage form with multiple strength will be selected in Tender inorder to ensure patient adherence and to manage compatibility issued of IV dilutions**
- 16.4.5 **Bids are invited as per Single Stage – Two Envelope Procedure** in accordance with sub rule 2 of rule 46 of the Sindh Public Procurement Rules, 2010 (Amended upto date). In case, any bidder encloses the financial bid within the technical bid, the same shall be rejected summarily.
- 16.4.6 The following merit point system for weighing evaluation factors / criteria will be applied for technical proposals.
- 16.4.7 Bidders achieving **minimum 70% points / marks** will be considered only for further process besides compliance of all mandatory clauses. Valid documentary evidence must be attached in support of your claim.

BID EVALUATION CRITERIA FOR GROUP – A

S#	Description	Marks for Evaluation	Max Marks
1	PRODUCT'S PAST EXPERIENCE		20
1.1	The product has experience with minimum 200 bedded Hospital. Satisfactory performance report (regarding efficacy of the product) issued from the concerned authority of the minimum 200 Bed Hospital must be attached <i>(2 marks for each certificate)</i>	20	
1.5	Procuring agency has evidence of poor quality of the product OR offered product not conforming to the required technical specifications	Technically Rejected/ Disqualify	
2	ACTIVE PHARMACEUTICAL INGREDIENT(API) SOURCE <i>(Credible documentary evidence must be provided)</i>		20
2.1	Original Source / Research Molecule (Accredited by FDA/WHO/EMA/Equivalent)	20	
2.2	Source Licensed by Original or Accredited by FDA/WHO/EMA	15	
2.3	Other Source of API	5	
3	CREDIBILITY & CERTIFICATION OF MANUFACTURER <i>(Credible documentary evidence must be provided)</i>		15
3.1	Valid ISO 17025 Certification for competence of Testing and Calibration of Labs.	4	
3.2	Valid ISO 14001 (Environment Management System (EMS) certificate	3	
3.3	Valid International reputed certification for manufacturing (WHO/UNICEF/JPMHLW/UNFPA/WFP/US-FDA/ PICS)	5	
3.4	Waste Water Treatment Plant (attach copy of layout plan and SOPs)	3	
4	ACTIVE PHARMACEUTICAL MANUFACTURING PLANT		15
4.1	Valid cGMP Certificate of API Plant of last one year	15	
5.	Quality of Product <i>(Undertaking / Affidavit on PKR 100 stamp paper must be submitted in this regard)</i>		10
5.1	If no Batch of Quoted Product is declared sub-standard by DTL during the year 2021.	10	
5.2	If one Batch of Quoted Product are declared substandard by DTL during the year 2021.	07	
5.3	If one or more Batches of Quoted Product are declared substandard by DTL during the year 2021.	04	
6	FINANCIAL STRENGTH OF BIDDER – Average Annual Turnover during the last 03 fiscal years <i>(Audited Statements of Accounts or Income Tax Return Forms must be attached as supporting documents)</i>		15
6.1	Above PKR 100 million	15	
6.2	Above PKR 50 million	10	
6.3	Above PKR 25 million	05	
6.4	Less than PKR 25 million	02	
7	Product Recall		5
7.1	No Recall in past two years	5	
7.1	One Recall in past two years	3	
7.3	More than one Recall in past two years	0	
TOTAL MARKS			100

BID EVALUATION CRITERIA FOR GROUP – B

S#	Description	Marks for Evaluation	Max Marks
1	PRODUCT'S PAST EXPERIENCE		24
1.1	The product has experience with minimum 200 bedded Hospital. Satisfactory performance report (regarding efficacy of the product) issued from the concerned authority of the minimum 200 Bed Hospital must be attached <i>(2 marks for each certificate)</i>	24	
1.2	Procuring agency has evidence of poor quality of the product OR offered product not conforming to the required technical specifications	Technically Rejected/ Disqualify	
2	FINANCIAL STRENGTH OF BIDDER – Average Annual Turnover during the last 03 fiscal years (Audited Statements of Accounts or Income Tax Return Forms must be attached as supporting documents)		16
2.1	Above PKR 100 million	16	
2.2	Above PKR 50 million	10	
2.3	Above PKR 25 million	05	
2.4	Less than PKR 25 million	02	
3	CERTIFICATIONS		36
3.1	Valid Quality Certification of WHO / US FDA/ EMA / EU MDD / EC / CE / JpMHLW	12	
3.2	Valid ISO13485 Quality Management System	12	
3.3	Valid ISO56002 OR ISO9001 OR OHSAS18001 for occupational safety or equivalent	12	
4	EXPORT OF QUOTED PRODUCT		24
4.1	EU / US / Britain / Japan / Canada (2 mark each)	14	
4.2	Valid Free Sales Certificate in the country of origin	10	
TOTAL MARKS			100

16.5 **Financial Bids / Proposal Evaluation**

- 16.5.1 Technically qualified/successful bidder(s) shall be eligible for Financial Proposal(s). The Financial bids shall be opened in the presence of the Bidders at the scheduled date, time and venue communicated in advance.
- 16.5.2 Only those Financial Proposals will be announced / considered which were technically qualified by the Committee. Therefore, bidders are advised to give separate sealed envelope (s) of every quoted item and should mention the name of the item and tender serial number on the front of the sealed envelope in BOLD and legible letters to avoid confusion, otherwise, the Financial Proposal Envelope will be opened on qualified item basis and it will not be challenged by the bidder that procuring agency has opened the Financial Proposal of the disqualified items besides qualified items.
- 16.5.3 Financial Bids / Proposals of Technically disqualified / non-responsive / rejected bidders will not be opened and sealed envelope shall be returned to the bidder.
- 16.5.4 Bids not accompanied by the Bid Security of required amount and form shall be rejected.
- 16.5.5 Procuring Agency shall not be responsible for any erroneous calculation of taxes and all differences arising out shall be fully borne by the respective Bidder.

17 **Announcement of Bid Evaluation Report**

- 17.1 Bids/Offeres including Technical Proposal/Financial Proposals to be evaluated by the Committee constituted by the DUHS for the purpose.
- 17.2 The Bid Evaluation Report shall be announced and shall be hoisted on websites of the Authority and Procuring Agency and intimated to all the bidders at least three (3) working days prior to the award of Contract.

18 **Award of Contract**

- 18.1 The responsive / qualified bidder whose offered rate is found lowest amongst other technically qualified bidders shall be considered for acceptance of the offer provided that it fulfills the laid down terms and conditions of the tender, irrespective of their score in the previous step.
- 18.2 In case of tie among two or more bidders in financial bid with identical offered rate, the contract shall be awarded to the bidder who shall obtain the highest points / marks in technical evaluation report.

18.3 DUHS reserve rights to cancel any/all bids, subject to the relevant provisions of SPP Rules 2010 (Amended upto date).

19 Signing of Contract

19.1 In case of award, the bidder shall sign the contract on appropriate stamp paper. All charges including payment of duty shall be borne by the bidder / contractor.

20 Period of Contract

20.1 Contract shall be signed for a period of one year (12 months) starting from the date of signing of contract. 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 goods & services for extended period without change in rate and terms & conditions.

21 Bid Security

21.1 The Bidder shall enclose the Bid Security not less than 1% of the total bid value in the shape of Deposit at Call or Pay Order or Demand Draft or a Bank Guarantee in favour of Dow University of Health Sciences, Karachi issued by a scheduled bank in Pakistan valid for a period of 28 days beyond the bid validity period. The Bid Security shall be attached with the Financial Proposal. Photocopy of the Bid Security shall be attached with the Technical Proposal after hiding the amount.

21.2 The Bid Security of unsuccessful bidder shall be returned after award of contract or within one week of expiry of bid.

21.3 The Bid Security of successful bidder shall be returned after receipt of Performance Security / Guarantee. However, the successful bidder can adjust the Bid Security towards Performance Guarantee, in this situation, the successful bidder shall submit the balance amount on account of Performance Guarantee.

22 Purchaser's Right to Vary Quantities

22.1 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 & Bill of Quantities without any change in unit price or other terms and conditions during the contract period.

23 Purchaser's Right to Accept any Bid and Reject any or All Bids

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

24 Performance Security

24.1 The successful bidders will have to deposit performance security in the shape of a Pay Order / Demand Draft / Call Deposit / Bank Guarantee **not less than 2% value of the contract** amount in the favor of Dow University of Health Sciences. The same will be released after successful completion of supply of the stores or till the finalization of contract.

24.2 The Performance Security / Guarantee of the successful bidder shall be forfeited, in case of bidder fails to supply the goods and services satisfactorily. The Performance Security / Guarantee of the bidder shall be returned after expiry of contract and on completion of all the contractual obligations.

25 Shelf Life Required

25.1 No supply will be accepted having expiry date less than 75% of shelf life for the National manufacturer and 70% for imported items (wherever applicable). Unless otherwise, approved by the DUHS Authority in case of emergency.

26 Notification of Award

26.1 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..

27 Cancellation of Contract

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

28 Taxes and Duties

28.1 Supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted Goods to the Procuring agency in case of Delivered Duty Paid (DDP) basis.

29 Termination for Default

29.1 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 goods or services within the period(s) specified in the Contract / Purchase Order, 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.

30 Force MAJEURE

30.1 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.

30.2 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.

30.3 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.

31 Termination for Insolvency

31.1 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.

32 Termination for Convenience

32.1 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.

33 Arbitration:

33.1 Any difference or dispute or liability of whatsoever nature arising out of the contract or in any way relating to the contract or to its construction or fulfillment should be settled as far as possible, amicably between the DUHS and Supplier / Contractor. Should the parties fail to come to an amicable settlement the same shall be referred to the award of Arbitrators to be nominated one each by the DUHS and Supplier / Contractor within fifteen (15) days of notice from either side or in the case of the said Arbitrators not agreeing, then to the award of an Umpire to be appointed by the Arbitrators in writing prior to proceeding with the arbitration. The decision of the Arbitrators or the Umpire, as the case may be, shall be final and binding on both the parties. The arbitration shall take place at Karachi, under Pakistani Law of Arbitration.

D. SPECIAL CONDITIONS

1. Performance Security

The amount of performance security, as a percentage of the Contract Price, shall be Two (2%) percent of the Contract Price in favor of Dow University of Health Sciences, Karachi.

2. Packing

The packing, marking and documentation within and outside the packages shall be as per DRAP registered / approved standards meeting the safety requirements of the goods.

3. Delivery and Documents

The Bidder shall provide the following documents at the time of delivery of goods to the Store / Warehouse of the Dow University of Health Sciences, Karachi for verification duly completed in all respects:

- i. Original copies of Delivery Note (Delivery Challan) (in duplicate) showing item's description, make, model, quantity as well as Lot Number, Batch Number, Registration Number, manufacturing and expiry dates.
- ii. Original copies of the Bidder's invoices (in duplicate) showing warranty, item's description, make, model as well as Lot Number, Batch Number, Registration Number, manufacturing and expiry dates per unit cost, and total amount.
- iii. Original copies of the Sales Tax Invoices (where applicable) in duplicate showing item's description, quantity, per unit cost without Sales Tax, amount of Sales Tax and total amount with Sales Tax.
- iv. Bill of Warranty and Quality Certificate of each batch / Manufacturer's or Bidder's warranty certificate.
- v. Inspection certificate issued by the nominated inspection committee.

4. Insurance

The Goods supplied under the Contract shall be delivered duty paid (DDP) under which risk is transferred to the buyer after having been delivered, hence insurance coverage is sellers responsibility. Since the Insurance is seller's responsibility they may arrange appropriate coverage, if required.

5. Payment

The method and conditions of payment to be made to the Supplier under this Contract shall be as follows:

- (a) Payment shall be made in Pak Rupees.
- (b) Payment shall be made on delivery of store(s) within forty five (45) days on submission of claim supported by acceptance certificate from procuring agency declaring Goods have been delivered and that all contracted services have been performed.
- (c) Part payment on part supply shall be allowed

6. Prices

No prices adjustment shall be allowed.

7. Liquidated Damages

In case deliveries are not completed within the time frame specified in the schedule of requirements / contract award, a Show Cause Notice will be served on the Bidder which will be following by cancellation of the Contract to the extent of non-delivered portion of installments. No supplies will be accepted and the amount of Performance Guarantee / Security to the extent of non-delivered portion of supplies of relevant installments will be forfeited. If the firm fails to supply the whole installments, the entire amount of Performance Guarantee/Security will be forfeited to the Government Account and the firm will be blacklisted at least for two years for future participation in bids:

The liquidated damage shall be 0.5 % per week or part thereof. The maximum amount of liquidated damages shall be 10% of the amount of contract. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Agency shall rescind the contract, without prejudice to other courses of action and remedies open to it.

8. Resolution of Disputes

In the case of a dispute between the Procuring agency and the Supplier, 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).

9. Governing Language

The Governing Language shall be ENGLISH

10. Applicable Law

The Contract shall be interpreted in accordance with the laws of Islamic Republic of Pakistan which includes the following legislation:

The Employment of Children (ECA) Act 1991
The Bonded Labour System (Abolition) Act of 1992
The Factories Act 1934

11. Notices

Procuring agency's address for notice purposes:

Director Procurement
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.
Phone No. + 92-21-99261497
Email: director.procurement@duhs.edu.pk

Bidder's/ Supplier's address for notice purposes:

Name of Bidder: _____

Name of Contact Person & Designation: _____

Phone No. _____

Fax No. _____

Mobile Phone No. _____

Email Address _____

E. UNDERTAKING
(on Non Judicial Stamp Paper of Rs. 100/-)

1. I / we read / understand the conditions specified in the tender inquiry and undertake:
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.
3. That I / we agreed whether our tender accepted for total, partial or enhanced quantity for all or any single item.
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.
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.
6. 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.
7. I/we undertake that, I/we will replace the drugs three month before its expiry.
8. I/we undertake that I/we abide to deliver partial supplies against Purchase order if requested by Purchaser.
9. I / we undertake that, I/ we have neither been blacklisted nor suspended by any National / International, including Local and Provincial and Federal Government.
10. I / we undertake that, the director or owner of the bidding company is not awarded any punishment from any Court of Law.
11. I / we undertake that, I/ we have submitted the correct and complete information along with the bid/offer. If any document / information is found forged / engineered / fake / bogus at any stage of contract, the bidder may be declared as Blacklisted in accordance with law and the performance guarantee and payment, if any may be forfeited.

Signature _____

Name of Authorized Person_____

Designation _____

Name of Vendor _____

Seal and Address _____

Tel No._____ **Fax No.**_____

E-mail address _____

Date _____

F. 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 _____

Name of Authorized Person _____

Designation _____

Name of Vendor _____

Seal and Address _____

Tel No. _____ **Fax No.** _____

E-mail address _____

Date _____

Witness

1) Name _____ Signature _____

2) Name _____ Signature _____

G. 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 _____ 2022 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)

PERFORMANCE SECURITY FORM

To: *[name of Procuring agency]*

WHEREAS *[name of Supplier]* (hereinafter called “the Supplier”) has undertaken, in pursuance of Contract No.*[reference number of the contract]* dated _____ 20.____ to supply *[description of goods and services]* (hereinafter called “the Contract”).

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a bank guarantee by a reputable bank for the sum specified therein as security for compliance with the Supplier’s performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of *[amount of the guarantee in words and figures]*, and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limits of *[amount of guar- antee]* as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the _____ day of _____.

Signature and seal of the Guarantors

[name of bank or financial institution]

[address]

[date]

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>	<u>Production capacity (per 8 hours)</u>	
	1. Solid	1	
	2. Liquid	2	
	3. Inject able (liquid)	3	
	4. Inject able (Dry powder)	4	
	5. Ointments/ Creams/ Gels	5	
	6. Capsules	6	
	7. I V infusions	7	
	8. Dialysis solutions	8	
	9. Repacking / External preparations etc.	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	Brief remarks of the 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				

OINTMENTS / 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 “A”

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

PROCUREMENT OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA / SURGICAL DISP. & ALLIED ITEMS

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

GROUP – A						
DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA						
Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
CHEMICALS						
1	OIL	CASTOR OIL 1 LTR BOTTLE	700		Rs. _____	Rs. _____
2	OIL	COCONUT OIL 1 LTR	15		Rs. _____	Rs. _____
3	TOPICAL SOUTION	GLYCERIN 25GM/CONTAINER	1,300		Rs. _____	Rs. _____
4	TOPICAL SOUTION	GLYCERIN 300GM/CONTAINER	1,300		Rs. _____	Rs. _____
5	LIQUID	GLYCERINE 70% W/W 150GM/JAR	1,300		Rs. _____	Rs. _____
6	OINTMENT	HARD PARAFFIN 1 KG	30		Rs. _____	Rs. _____
7	POWDER	MAGNESIUM CHLORIDE 1 G	60		Rs. _____	Rs. _____
8	OIL	OLIVE OIL (PURE) 100ML/BOTTLE	700		Rs. _____	Rs. _____
9	OIL	OLIVE OIL (PURE) 250ML / BOTTLE	450		Rs. _____	Rs. _____
10	TOPICAL SOUTION	PROPYLENE GLYCOL 1 LTR TOPICAL SOLUTION	55		Rs. _____	Rs. _____
11	TOPICAL SOUTION	ROSE WATER 1 LTR TOPICAL SOLUTION	110		Rs. _____	Rs. _____
12	TOPICAL SOUTION	ROSE WATER 250ML TOPICAL SOLUTION	110		Rs. _____	Rs. _____
13	POWDER	SODIUM DIHYDROGEN PHOSPHATE MONOHYDRATE (GM)	38		Rs. _____	Rs. _____
14	POWDER	SODIUM HYDROXIDE 1 KG	30		Rs. _____	Rs. _____
15	POWDER	SODIUM CHLORIDE 1 KG	50		Rs. _____	Rs. _____
16	JELLY	WHITE SOFT PARAFFIN 30 G/CONTAINER	800		Rs. _____	Rs. _____
17	POWDER	ACETAMINOPHEN 1KG	100		Rs. _____	Rs. _____
18	LIQUID	ACETIC ACID GLACIAL 1L	100		Rs. _____	Rs. _____
19	WAX	BEES WAX 1KG	1		Rs. _____	Rs. _____
20	POWDER	BISMUTH NITRATE 100GM	2		Rs. _____	Rs. _____
21	POWDER	BORIC ACID 1KG	5		Rs. _____	Rs. _____
22	OIL	CAJUPUT OIL 500ML	4		Rs. _____	Rs. _____
23	POWDER	CALCIUM CHLORIDE DIHYDRATE 1KG	2		Rs. _____	Rs. _____
24	POWDER	CALCIUM HYPOCHLORITE 1KG	5		Rs. _____	Rs. _____
25	CRYSTAL	CAMPHOR 500GM	2		Rs. _____	Rs. _____
26	POWDER	CARBOXYMETHYLCELLULOSE 1KG	3		Rs. _____	Rs. _____
27	POWDER	CHARCOAL 1KG	3		Rs. _____	Rs. _____
28	POWDER	CITRIC ACID MONOHYDRATE 1KG	1		Rs. _____	Rs. _____
29	LIQUID	CHLORFOAM 1 LITER	3		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
30	POWDER	TALC 1 KG	1		Rs. _____	Rs. _____
31	POWDER	DISODIUM HYDROGEN PHOSPHATE HEPTA HYDRATE 1KG	15		Rs. _____	Rs. _____
32	PELLETS	EMULSIFYING WAX 1KG	2		Rs. _____	Rs. _____
33	LIQUID	ETHANOL 99.8% 1L	2		Rs. _____	Rs. _____
34	OIL	EUCALYPTUS OIL 500ML	4		Rs. _____	Rs. _____
35	LIQUID	GLYCEROL (GLYCERINE) 1L	2		Rs. _____	Rs. _____
36	POWDER	IODINE 500GM	1		Rs. _____	Rs. _____
37	POWDER	IODOFORM 500GM	1		Rs. _____	Rs. _____
38	LIQUID	ISO PROPYL ALCOHOL (IPA) 5L	4		Rs. _____	Rs. _____
39	LIQUID	LIQUID PARAFFIN 1L	5		Rs. _____	Rs. _____
40	POWDER	MAGNESIUM CHLORIDE 1KG	15		Rs. _____	Rs. _____
41	POWDER	MAGNESIUM SULPHATE DRIED 1KG	5		Rs. _____	Rs. _____
42	CRYSTAL	MENTHOL 1KG	2		Rs. _____	Rs. _____
43	LIQUID	METHYL SALICYLATE 1 LITER	15		Rs. _____	Rs. _____
44	POWDER	METHYLENE BLUE 100GM	2		Rs. _____	Rs. _____
45	POWDER	METYL PARABEN 1KG	1		Rs. _____	Rs. _____
46	OIL	MINERAL OIL 1L	2		Rs. _____	Rs. _____
47	POWDER	N-ACETYLCYSTEIN POWDER 100GM	10		Rs. _____	Rs. _____
48	LIQUID	PHENOL 1L	3		Rs. _____	Rs. _____
49	LIQUID	POLYETHYLENE GLYCOL 1000 1KG	2		Rs. _____	Rs. _____
50	LIQUID	POLYETHYLENE GLYCOL 4000 1KG	2		Rs. _____	Rs. _____
51	POWDER	POTASSIUM CHLORIDE 1KG	20		Rs. _____	Rs. _____
52	POWDER	POTASSIUM CITRATE MONOHYDRATE 1KG	1		Rs. _____	Rs. _____
53	POWDER	POTASSIUM HYDROXIDE 1KG	1		Rs. _____	Rs. _____
54	POWDER	POTASSIUM IODIDE 500GM	1		Rs. _____	Rs. _____
55	CRYSTAL	POTASSIUM PERMANGANATE 1 KG	2		Rs. _____	Rs. _____
56	POWDER	POTASSIUM PHOPHATE DIBASIC ANHYDROUS 1KG	5		Rs. _____	Rs. _____
57	POWDER	POTASSIUM PHOSPHATE MONOBASIC 1KG	5		Rs. _____	Rs. _____
58	POWDER	PROPYL PARABEN 1KG	1		Rs. _____	Rs. _____
59	LIQUID	PROPYLENE GLYCOL 1L	2		Rs. _____	Rs. _____
60	POWDER	SALICYLIC ACID 1KG	1		Rs. _____	Rs. _____
61	POWDER	SODIUM BENZOATE 1KG	1		Rs. _____	Rs. _____
62	POWDER	SODIUM CHLORIDE 1KG	15		Rs. _____	Rs. _____
63	POWDER	SODIUM CITRATE DIHYDRATE 1KG	1		Rs. _____	Rs. _____
64	POWDER	SODIUM PHOSPHATE MONOBASIC MONOHYDRATE 1 KG	30		Rs. _____	Rs. _____
65	POWDER	SULPHUR 500GM	1		Rs. _____	Rs. _____
66	CRYSTAL	TRICHLOROACETIC ACID 500GM	2		Rs. _____	Rs. _____
67	OIL	TURPENTINE OIL 1L	1		Rs. _____	Rs. _____
68	CRYSTAL	UREA 500GM	1		Rs. _____	Rs. _____
69	OINTMENT	WHITE SOFT PARAFFIN 1KG	50		Rs. _____	Rs. _____
70	OINTMENT	WOOL FAT 1KG	10		Rs. _____	Rs. _____
71	CRYSTAL	PHARMACEUTICAL SUGAR 1 KG	150		Rs. _____	Rs. _____
72	POWDER	ZINCOXIDE 1KG	5		Rs. _____	Rs. _____
73	POWDER	ZINC SULFATE 1 KG	150		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
DENTAL						
74	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 100 G/TUBE	150		Rs._____	Rs._____
75	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 50 G/TUBE	150		Rs._____	Rs._____
76	MOUTH WASH	BENZYADMINE HYDROCHLORIDE 0.15%, CHLORHEXIDINE GLUCONATE 0.2% 140ML	170		Rs._____	Rs._____
77	TOOTH PASTE	BENZYDAMINE 200 ML/BOTTLE	550		Rs._____	Rs._____
78	TOOTH PASTE	BENZYDAMINE+CETYLPYRIDINIUM 30 G/TUBE	250		Rs._____	Rs._____
79	MOUTH WASH	CHLORHEXIDINE 200 ML/BOTTLE MOUTH WASH	3,000		Rs._____	Rs._____
80	MOUTH WASH	CHLORHEXIDINE 300 ML MOUTH WASH	4,000		Rs._____	Rs._____
81	ORAL GEL	CHLORHEXIDINE 4% W/W 40GM/TUBE GEL	300		Rs._____	Rs._____
82	MOUTH WASH	CHLORHEXIDINE MOUTH WASH WITH FLORIDE	150		Rs._____	Rs._____
83	FLOSS	DENTAL FLOSS 50 METER	600		Rs._____	Rs._____
84	ORAL SPYAY	DEQUALINIUM+BENZALKONIUM ORAL SPRAY	150		Rs._____	Rs._____
85	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 ORAL GEL	3,000		Rs._____	Rs._____
86	ORAL GEL	METRONIDAZOLE ORAL GEL 1% 20 G/TUBE	150		Rs._____	Rs._____
87	ORAL GEL	METRONIDAZOLE+CHLORHEXADINE 1%+0.25%) ORAL GEL 20 G/TUBE	250		Rs._____	Rs._____
88	ORAL GEL	MICONAZOLE 20 G ORAL GEL	700		Rs._____	Rs._____
89	TOOTH PASTE	PERMETHOL 40G	250		Rs._____	Rs._____
90	MOUTH WASH	POVIDONE-IODINE 60 ML/BOTTLE	250		Rs._____	Rs._____
91	MOUTH WASH	SENSITIVITY RELIEF MOUTH WASH 300ML	340		Rs._____	Rs._____
92	TOOTH PASTE	STANNOUS FLUORIDE 70G	350		Rs._____	Rs._____
93	TOOTH PASTE	TEETH WHITENING TOOTH PASTE (POTASSIUM NITRATE, SODIUM FLUORIDE) 50GM	1,100		Rs._____	Rs._____
94	TOOTH BRUSH	TOOTH BRUSH HARD	400		Rs._____	Rs._____
95	TOOTH BRUSH	TOOTH BRUSH SOFT	400		Rs._____	Rs._____
96	TOOTH PASTE	TOOTHPASTE FOR CAVITY PROTECTION 100GM	600		Rs._____	Rs._____
97	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY 100GM	600		Rs._____	Rs._____
98	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY WITH EUCALYPTUS & FENNEL EXTRACT 70GM	700		Rs._____	Rs._____
99	TOOTH PASTE	TOOTHPASTE WITH FLOURIDE 100GM	600		Rs._____	Rs._____
100	TOOTH PASTE	TRANEXAMIC ACID 40GM	300		Rs._____	Rs._____
101	OINTMENT	TRIAMCINOLONE ACETATE 15G/TUBE	300		Rs._____	Rs._____
102	OINTMENT	TRIAMCINOLONE ACETATE 5 G ORABASE	400		Rs._____	Rs._____
103	ORAL GEL	CLINDAMYCIN PHOSPHATE 1% GEL	300		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
DERMATOLOGY						
104	SOAP	ACNE AID 65G BAR OR EQUIVALENT	500		Rs. _____	Rs. _____
105	SHAMPOO	ANAPRO HAIR SHAMPOO OR EQUIVALENT	300		Rs. _____	Rs. _____
106	HAIR SPRAY	ANAPRO HAIR SPRAY OR EQUIVALENT	300		Rs. _____	Rs. _____
107	OIL	DERMIVE OIL FREE MOISTURIZER WITH SPF 20 OR EQUIVALENT	300		Rs. _____	Rs. _____
108	SOAP	DOVE SOAP BAR	500		Rs. _____	Rs. _____
109	OIL	FLUOCINOLONE ACETONIDE GEL 0.01% 120ML (OIL)	250		Rs. _____	Rs. _____
110	OIL	FLUOCINOLONE ACETONIDE PLUS OLIVE OIL 120 ML	250		Rs. _____	Rs. _____
111	SOAP	GLYCERIN ENRICHED SOAP FOR ALL TYPES OF DRY SKINS	250		Rs. _____	Rs. _____
112	OIL	HAIR FALL PREVENTION OIL	250		Rs. _____	Rs. _____
113	OIL	HAIRBION OIL OR EQUIVALENT	250		Rs. _____	Rs. _____
114	TOPICAL GEL	MULTIPLE SILICONES, SUNSCREEN AGENTS (SCARFADE GEL OR EQUIVALENT)	250		Rs. _____	Rs. _____
115	FACE WASH	OIL FREE ACNE FACE WASH	250		Rs. _____	Rs. _____
116	SHAMPOO	SELENIUM SULPHIDE 2.5 % TOPICAL SHAMPOO	250		Rs. _____	Rs. _____
117	PEELS	SIMILDIET FERRULIC ACID 60 ML/BOTTLE	55		Rs. _____	Rs. _____
118	PEELS	SIMILDIET LIGHTENING PEEL 60 ML/BOTTLE	55		Rs. _____	Rs. _____
119	PEELS	SIMILDIET YELLOW PEEL 60 ML/BOTTLE	55		Rs. _____	Rs. _____
120	SOAP	SOAP FOR DRY SKIN AND SENSITIVE SKIN 65GM/SOAP	250		Rs. _____	Rs. _____
121	SUN BLOCK	SUN BLOCK LOTION SPF 30	250		Rs. _____	Rs. _____
122	SUN BLOCK	SUN BLOCK LOTION SPF 45	250		Rs. _____	Rs. _____
123	SUN BLOCK	SUN BLOCK LOTION SPF 70+	250		Rs. _____	Rs. _____
DIALYSIS						
124	DIALYSIS SOLUTION	BICARBONATE HEMODIALYSIS SOLUTION A. SOLUTION 4LTR B. BICARBONATE 426GM	50,000		Rs. _____	Rs. _____
EYE, EAR, NOSE DROPS / OINTMENT						
125	EYE/EAR/NOSE DROP	BETAMETHASONE SODIUM PHOSPHATE 7.5ML/BOTTLE EYE EAR NOSE DROPS	600		Rs. _____	Rs. _____
126	EYE/EAR/NOSE DROP	BETAMETHASONE+NEOMYCIN 7.5 ML/BOTTLE EYE EAR NOSE DROPS	600		Rs. _____	Rs. _____
127	EYE/EAR/NOSE DROP	BETAMETHASONE (EYE/EAR/NOSE) OINTMENT	150		Rs. _____	Rs. _____
FAMILY PLANNING						
128	CONTRACEPTIVES	CONDOM (CONTRACEPTIVE)	3,000		Rs. _____	Rs. _____
129	CONTRACEPTIVES	CONTRACEPTIVE IMPLANTS 75MG	10		Rs. _____	Rs. _____
130	CONTRACEPTIVES	INTRAUTERINE DEVICE CONTAINING COPPER IUD	10		Rs. _____	Rs. _____
131	CONTRACEPTIVES	MINERAL OIL IUD IUD	20		Rs. _____	Rs. _____
132	CONTRACEPTIVES	MULTILOAD IUD IUD	10		Rs. _____	Rs. _____
133	CONTRACEPTIVES	MULTILOAD OR EQUIVALENT IUCD	10		Rs. _____	Rs. _____
134	CONTRACEPTIVES	PROTECT 5 IMPLANT OR EQUIVALENT IUCD	10		Rs. _____	Rs. _____
135	CONTRACEPTIVES	SAFE LOAD OR EQUIVALENT IUCD	10		Rs. _____	Rs. _____
INJECTIONS						
136	INJ	ABCIXIMAB 10MG VIAL	40		Rs. _____	Rs. _____
137	INJ	ACETYLCYSTEINE 1 G/5ML AMP	3,000		Rs. _____	Rs. _____
138	INJ	ACYCLOVIR 250MG/VIAL	3,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
139	INJ	ACYCLOVIR 500 MG/VIAL	400		Rs. _____	Rs. _____
140	INJ	ADENOSINE 18MG VIAL	700		Rs. _____	Rs. _____
141	INJ	ADENOSINE 6 MG/2ML VIAL	700		Rs. _____	Rs. _____
142	INJ	ADO-TRASTUZUMAB EMATANSINE 100MG	70		Rs. _____	Rs. _____
	INJ	ADO-TRASTUZUMAB EMATANSINE 160MG	70		Rs. _____	Rs. _____
143	INJ	ADRENALINE 1 MG/ML AMP	20,500		Rs. _____	Rs. _____
144	INJ	AFLIBERCEPT 40MG	30		Rs. _____	Rs. _____
145	INJ	ALEMTUZUMAB 12MG	40		Rs. _____	Rs. _____
146	INJ	ALPROSTADIL 10 MCG	40		Rs. _____	Rs. _____
147	INJ	ALPROSTADIL 20 MCG	40		Rs. _____	Rs. _____
148	INJ	ALPROSTADIL 40 MCG	40		Rs. _____	Rs. _____
149	INJ	ALTEPLASE 50MG VIAL	30		Rs. _____	Rs. _____
150	INJ	AMIKACIN SULPHATE 100 MG/2ML AMP	6,000		Rs. _____	Rs. _____
	INJ	AMIKACIN SULPHATE 250 MG/2ML AMP	1,500		Rs. _____	Rs. _____
	INJ	AMIKACIN SULPHATE 500 MG/2ML AMP	2,500		Rs. _____	Rs. _____
151	INJ	AMIKACIN SULPHATE 100 MG/2ML VIAL	6,000		Rs. _____	Rs. _____
	INJ	AMIKACIN SULPHATE 250 MG/2ML VIAL	1,500		Rs. _____	Rs. _____
	INJ	AMIKACIN SULPHATE 500 MG/2ML VIAL	2,500		Rs. _____	Rs. _____
152	INJ	AMINOPHYLLINE 250 MG/10ML AMP	1,500		Rs. _____	Rs. _____
153	INJ	AMIODARONE HCL 150 MG/3ML AMP	3,000		Rs. _____	Rs. _____
154	INJ	AMOXICILLIN 1G	900		Rs. _____	Rs. _____
155	INJ	AMOXICILLIN 250MG	900		Rs. _____	Rs. _____
156	INJ	AMOXICILLIN 500MG	700		Rs. _____	Rs. _____
157	INJ	AMOXICILLIN+CLAVULANIC ACID 1200 MG/VIAL	14,000		Rs. _____	Rs. _____
	INJ	AMOXICILLIN+CLAVULANIC ACID 600 MG/VIAL	1,500		Rs. _____	Rs. _____
158	INJ	AMPHOTERICIN B 50 MG/VIAL	1,500		Rs. _____	Rs. _____
159	INJ	AMPICILLIN 250MG	900		Rs. _____	Rs. _____
160	INJ	AMPICILLIN 500 MG/VIAL	400		Rs. _____	Rs. _____
161	INJ	AMPICILLIN0.25MG+CLOXACILLIN0.25MG 500 MG/VIAL	7,000		Rs. _____	Rs. _____
162	INJ	AMPICILLIN125MG+CLOXACILLIN125MG	6,000		Rs. _____	Rs. _____
163	INJ	ANTI-HEMOPHILIC FACTOR (AHF) VII A (RECOMBINANT)	30		Rs. _____	Rs. _____
164	INJ	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN (VIAL)	40		Rs. _____	Rs. _____
165	INJ	ARGATROBAN 250MG	250		Rs. _____	Rs. _____
166	INJ	ARSENIC TRIOXIDE 10 MG/10ML VIAL	70		Rs. _____	Rs. _____
167	INJ	ARTEMETHER 80MG (VIAL)	900		Rs. _____	Rs. _____
168	INJ	ARTEMETHER 40 MG/ML AMP	70		Rs. _____	Rs. _____
	INJ	ARTEMETHER 80 MG/ML AMP	70		Rs. _____	Rs. _____
169	INJ	ARTESUNATE 120 MG/VIAL	70		Rs. _____	Rs. _____
170	INJ	ARTESUNATE 60 MG/VIAL	250		Rs. _____	Rs. _____
171	INJ	ARTESUNATE 30 MG/VIAL	200		Rs. _____	Rs. _____
172	INJ	ASCORBIC ACID 100 MG/ML AMP	3,100		Rs. _____	Rs. _____
173	INJ	ASPARAGINASE 10000 IU/VIAL	250		Rs. _____	Rs. _____
174	INJ	ATRACURIUM BESYLATE 25MG/2.5ML	85,000		Rs. _____	Rs. _____
175	INJ	ATRACURIUM BESYLATE 30 MG/3ML AMP	30,000		Rs. _____	Rs. _____
176	INJ	ATRACURIUM BESYLATE 50 MG/5ML AMP	35,000		Rs. _____	Rs. _____
177	INJ	ATROPINE SULPHATE 1 MG/ML AMP	15,000		Rs. _____	Rs. _____
178	INJ	AZACITIDINE 100 MG	40		Rs. _____	Rs. _____
179	INJ	AZITHROMYCIN 500 MG/5ML VIAL	15,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
180	INJ	BASILIXIMAB 20 MG/VIAL	150		Rs. _____	Rs. _____
181	INJ	BENDAMUSTINE 100 MG/VIAL	250		Rs. _____	Rs. _____
182	INJ	BENZATHINE PENICILLIN 0.6MIU	3,000		Rs. _____	Rs. _____
183	INJ	BENZATHINE PENICILLIN 1.2MIU	3,000		Rs. _____	Rs. _____
184	INJ	BENZATHINE PENICILLIN 2.4MIU	3,000		Rs. _____	Rs. _____
185	INJ	BENZYL PENICILLIN 0.6MIU	3,000		Rs. _____	Rs. _____
186	INJ	BENZYL PENICILLIN 1.2MIU	3,000		Rs. _____	Rs. _____
187	INJ	BENZYL PENICILLIN 1000000IU VIAL	1,500		Rs. _____	Rs. _____
188	INJ	SURVANTA OR EQUIVALENT	30		Rs. _____	Rs. _____
189	INJ	BERIPLAST P COMBI SET OR EQUIVALENT	70		Rs. _____	Rs. _____
190	INJ	BEVACIZUMAB 100 MG/16ML VIAL	40		Rs. _____	Rs. _____
191	INJ	BEVACIZUMAB 400 MG/16ML	40		Rs. _____	Rs. _____
192	INJ	BLEOMYCIN 15 MG/VIAL	60		Rs. _____	Rs. _____
193	INJ	BORTEZOMIB 2 MG/VIAL	400		Rs. _____	Rs. _____
194	INJ	BORTEZOMIB 3.5MG	320		Rs. _____	Rs. _____
195	INJ	BOTULINUM TOXIN 50 UNITS/VIAL	15		Rs. _____	Rs. _____
196	INJ	BOTULINUM TOXIN 100 UNITS/VIAL	25		Rs. _____	Rs. _____
197	INJ	BOVINE LIPID EXTRACT SURFACTANT 3ML	15		Rs. _____	Rs. _____
	INJ	BOVINE LIPID EXTRACT SURFACTANT 4ML	15		Rs. _____	Rs. _____
	INJ	BOVINE LIPID EXTRACT SURFACTANT 5ML	15		Rs. _____	Rs. _____
198	INJ	BRENTUXIMAB 50 MG/VIAL	130		Rs. _____	Rs. _____
199	INJ	BRIVARACETAM 50MG/5ML	210		Rs. _____	Rs. _____
200	INJ	BUPRENORPHINE INJECTION	110		Rs. _____	Rs. _____
201	INJ	BUPIVACAINE 5 MG/10ML AMP	4,000		Rs. _____	Rs. _____
202	INJ	BUPIVACAINE 5MG DEXTROSE ANHYDROUS 80MG AMP	1,200		Rs. _____	Rs. _____
203	INJ	BUPIVACAINE HYDROCHLORIDE 10MG/10ML AMP	1,200		Rs. _____	Rs. _____
204	INJ	BUPIVACAINE+DEXTROSE 7.5MG/ML	1,200		Rs. _____	Rs. _____
205	INJ	BUSULFAN 60 MG/VIAL	150		Rs. _____	Rs. _____
206	INJ	CAFFEIN CITRATE 20 MG/ML AMP	15		Rs. _____	Rs. _____
207	INJ	CALCITONIN 100IU AMP	150		Rs. _____	Rs. _____
208	INJ	CALCITRIOL 1 MCG/ML AMP	30		Rs. _____	Rs. _____
209	INJ	CALCIUM CHLORIDE 20% 10ML/AMP	3,500		Rs. _____	Rs. _____
210	INJ	CALCIUM FOLINATE/LEUCOVORIN 100MG	210		Rs. _____	Rs. _____
211	INJ	CALCIUM FOLINATE/LEUCOVORIN 50MG	210		Rs. _____	Rs. _____
	INJ	CALCIUM FOLINATE/LEUCOVORIN 15MG	200		Rs. _____	Rs. _____
212	INJ	CALCIUM GLUCONATE 1 G/10ML AMP	30,000		Rs. _____	Rs. _____
213	INJ	CARBOPLATIN 10 MG/ML 150MG VIAL	60		Rs. _____	Rs. _____
	INJ	CARBOPLATIN 10 MG/ML 50MG VIAL	60		Rs. _____	Rs. _____
214	INJ	CARBOPROST 250MCG	20		Rs. _____	Rs. _____
215	INJ	CARFILZOMIB 60 MG/VIAL	30		Rs. _____	Rs. _____
216	INJ	CARMUSTINE 100 MG	40		Rs. _____	Rs. _____
217	INJ	CASPOFUNGIN 50 MG/VIAL	800		Rs. _____	Rs. _____
218	INJ	CASPOFUNGIN 70MG VIAL	600		Rs. _____	Rs. _____
219	INJ	CEFAZOLIN 1000MG VIAL	1,500		Rs. _____	Rs. _____
	INJ	CEFAZOLIN 500MG VIAL	1,500		Rs. _____	Rs. _____
	INJ	CEFAZOLIN 250 MG VIAL	1,000		Rs. _____	Rs. _____
220	INJ	CEFEPIME 1000 MG/VIAL	1,500		Rs. _____	Rs. _____
	INJ	CEFEPIME 500 MG/VIAL	250		Rs. _____	Rs. _____
221	INJ	CEFOPERAZONE+SULBACTAM SODIUM 1000 MG/VIAL	1,700		Rs. _____	Rs. _____
	INJ	CEFOPERAZONE+SULBACTAM SODIUM 2000 MG/VIAL	1,700		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
222	INJ	CEFOTAXIME SODIUM 1000 MG/5ML VIAL	800		Rs. _____	Rs. _____
	INJ	CEFOTAXIME SODIUM 250 MG/5ML VIAL	3,000		Rs. _____	Rs. _____
	INJ	CEFOTAXIME SODIUM 500 MG/5ML VIAL	1,500		Rs. _____	Rs. _____
223	INJ	CEFTAZIDIME / AVIBACTAM 1000MG	300		Rs. _____	Rs. _____
224	INJ	CEFTAZIDIME / AVIBACTAM 750MG	300		Rs. _____	Rs. _____
225	INJ	CEFTAZIDIME 1 G/VIAL	1,200		Rs. _____	Rs. _____
	INJ	CEFTAZIDIME 250 MG/VIAL	2,200		Rs. _____	Rs. _____
	INJ	CEFTAZIDIME 500MG	1,500		Rs. _____	Rs. _____
226	INJ	CEFTAZIDIME-AVIBACTAM 2G/0.5G VIAL	300		Rs. _____	Rs. _____
227	INJ	CEFTIZOXIME 1GM	800		Rs. _____	Rs. _____
	INJ	CEFTIZOXIME 500MG	500		Rs. _____	Rs. _____
	INJ	CEFTIZOXIME 250MG	500		Rs. _____	Rs. _____
228	INJ	CEFTRIAXONE SODIUM 1 G/VIAL	45,000		Rs. _____	Rs. _____
	INJ	CEFTRIAXONE SODIUM 2000 MG/VIAL	45,000		Rs. _____	Rs. _____
	INJ	CEFTRIAXONE SODIUM 250 MG/VIAL	2,400		Rs. _____	Rs. _____
	INJ	CEFTRIAXONE SODIUM 500 MG/VIAL	4,500		Rs. _____	Rs. _____
229	INJ	CEFTRIAXONE SODIUM 250 MG/VIAL (IM)	2,000		Rs. _____	Rs. _____
	INJ	CEFTRIAXONE SODIUM 500 MG/VIAL (IM)	3,000		Rs. _____	Rs. _____
	INJ	CEFTRIAXONE SODIUM 1 G/VIAL (IM)	25,000		Rs. _____	Rs. _____
230	INJ	CEFUROXIME 1.5 G/VIAL	60		Rs. _____	Rs. _____
	INJ	CEFUROXIME 250 MG	300		Rs. _____	Rs. _____
	INJ	CEFUROXIME 750 MG/VIAL	4,500		Rs. _____	Rs. _____
231	INJ	CEPHRADINE 500MG	600		Rs. _____	Rs. _____
232	INJ	CETUXIMAB INJ 100MG	40		Rs. _____	Rs. _____
233	INJ	CHLORPHENIRAMINE 10MG/ML	30		Rs. _____	Rs. _____
234	INJ	CIDOFOVIR 250MG	60		Rs. _____	Rs. _____
235	INJ	CIDOFOVIR 375MG	50		Rs. _____	Rs. _____
236	INJ	CIS-ATRACURIUM 10 MG/ML AMP	1,500		Rs. _____	Rs. _____
237	INJ	CISPLATIN 10MG	300		Rs. _____	Rs. _____
	INJ	CISPLATIN 50 MG	300		Rs. _____	Rs. _____
238	INJ	CISPLATIN 25MG	200		Rs. _____	Rs. _____
239	INJ	CISPLATIN 100MG	200		Rs. _____	Rs. _____
240	INJ	CITICOLINE 1 GRAM	30		Rs. _____	Rs. _____
241	INJ	CITICOLINE 100 MG	30		Rs. _____	Rs. _____
242	INJ	CITICOLINE 125 MG	30		Rs. _____	Rs. _____
243	INJ	CITICOLINE 250MG/2ML	700		Rs. _____	Rs. _____
244	INJ	CLADRIBINE 10 MG/ML VIAL	25		Rs. _____	Rs. _____
245	INJ	CLARITHROMYCIN 500 MG/VIAL	388		Rs. _____	Rs. _____
246	INJ	CLEMASTINE 1MG VIAL	30		Rs. _____	Rs. _____
247	INJ	CLINDAMYCIN 300 MG/4ML AMP	1,000		Rs. _____	Rs. _____
	INJ	CLINDAMYCIN 600 MG/4ML AMP	8,000		Rs. _____	Rs. _____
248	INJ	CLOFARABINE 20 MG VIAL	40		Rs. _____	Rs. _____
249	INJ	CLOXACILLIN 250 MG/VIAL	1,500		Rs. _____	Rs. _____
250	INJ	COLISTIMETHATE SODIUM 1000000 IU/VIAL	70,000		Rs. _____	Rs. _____
251	INJ	COLISTIMETHATE SODIUM 2MIU VIAL	1,000		Rs. _____	Rs. _____
252	INJ	COLISTIMETHATE SODIUM 3MIU VIAL	1,500		Rs. _____	Rs. _____
253	INJ	COLISTIMETHATE SODIUM 4.5MIU VIAL	1,000		Rs. _____	Rs. _____
254	INJ	COLISTIMETHATE SODIUM 5MIU VIAL	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
255	INJ	COTRIMOXAZOLE 400/80 MG	3,000		Rs. _____	Rs. _____
256	INJ	CYCLOPHASPHOMIDE 500MG	500		Rs. _____	Rs. _____
257	INJ	CYCLOPHOSPHAMIDE 1 G/VIAL	500		Rs. _____	Rs. _____
258	INJ	CYCLOSPORIN 250 MG/VIAL	500		Rs. _____	Rs. _____
259	INJ	CYTARABINE 1 G/10ML VIAL	150		Rs. _____	Rs. _____
260	INJ	CYTARABINE 500 MG/VIAL	3,000		Rs. _____	Rs. _____
261	INJ	DACARBAZINE 200 MG/VIAL	300		Rs. _____	Rs. _____
262	INJ	DACTINOMYCIN 0.5 MG VIAL	40		Rs. _____	Rs. _____
263	INJ	DANTROLENE SODIUM 20MG	70		Rs. _____	Rs. _____
264	INJ	DARATUMUMAB 100MG	40		Rs. _____	Rs. _____
265	INJ	DAUNORUBICIN 20 MG/VIAL	300		Rs. _____	Rs. _____
266	INJ	DECITABINE 50MG	40		Rs. _____	Rs. _____
267	INJ	DEFEROXAMINE 500MG	700		Rs. _____	Rs. _____
268	INJ	DENOSUMAB 120MG	40		Rs. _____	Rs. _____
269	INJ	DENOSUMAB 60MG	40		Rs. _____	Rs. _____
270	INJ	DEFERIOXAMINE 500 MG/VIAL	310		Rs. _____	Rs. _____
271	INJ	DESMOPRESSIN 4MCG	300		Rs. _____	Rs. _____
272	INJ	DEXAMETHASONE 20MG/5ML VIAL	45,000		Rs. _____	Rs. _____
273	INJ	DEXAMETHASONE 4 MG/ML AMP	15,000		Rs. _____	Rs. _____
274	INJ	DEXAMETHASONE 4 MG/ML VIAL	110,000		Rs. _____	Rs. _____
275	INJ	DEXMEDETOMIDINE 100 MCG/ML AMP	800		Rs. _____	Rs. _____
276	INJ	DEXTROSE 25% 20 ML	50,000		Rs. _____	Rs. _____
277	INJ	DEXTROSE 25% 25 ML/VIAL	50,000		Rs. _____	Rs. _____
278	INJ	DEXTROSE 5% 50ML	7,000		Rs. _____	Rs. _____
279	INJ	DEXTROSE 5% 50ML (EUROCAP)	7,000		Rs. _____	Rs. _____
280	INJ	DHEAS 60MG	40		Rs. _____	Rs. _____
281	INJ	DIAZEPAM 10MG/2ML	3,000		Rs. _____	Rs. _____
282	INJ	DICLOFENAC SODIUM 75 MG/3ML AMP	15,000		Rs. _____	Rs. _____
283	INJ	DIGOXIN 0.25MG	700		Rs. _____	Rs. _____
284	INJ	DIGOXIN 0.5MG/2ML	1,500		Rs. _____	Rs. _____
285	INJ	DIMENHYDRINATE 50 MG/ML AMP	25,000		Rs. _____	Rs. _____
286	INJ	DINOPROST 1ML	30		Rs. _____	Rs. _____
287	INJ	DIPYRIDAMOLE 5MG/5ML	300		Rs. _____	Rs. _____
288	INJ	DOBUTAMINE 250 MG/5ML AMP	1,500		Rs. _____	Rs. _____
289	INJ	DOBUTAMINE 250MG/20ML	1,500		Rs. _____	Rs. _____
290	INJ	DOCETAXEL 20 MG	40		Rs. _____	Rs. _____
	INJ	DOCETAXEL 80 MG	30		Rs. _____	Rs. _____
291	INJ	DOPAMINE 20 MG/5ML AMP	3,000		Rs. _____	Rs. _____
292	INJ	DOPAMINE 40MG/5ML	1,500		Rs. _____	Rs. _____
293	INJ	DORIPENAM 500MG VIAL	1,500		Rs. _____	Rs. _____
294	INJ	DOXORUBICIN 10 MG/ML	40		Rs. _____	Rs. _____
	INJ	DOXORUBICIN 50 MG/VIAL	600		Rs. _____	Rs. _____
295	INJ	DROTAVERIN HCL 40 MG/2ML AMP	12,000		Rs. _____	Rs. _____
296	TAB	ELBASVIR 50MG/GRAZOPREVIR 100MG	300		Rs. _____	Rs. _____
297	INJ	ENOXAPARIN SODIUM 20 MG/0.2ML PREFILLED SYRINGE	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
298	INJ	ENOXAPARIN SODIUM 40 MG/0.4ML PREFILLED SYRINGE	12,000		Rs._____	Rs._____
	INJ	ENOXAPARIN SODIUM 60 MG/0.6ML PREFILLED SYRINGE	6,000		Rs._____	Rs._____
	INJ	ENOXAPARIN SODIUM 80 MG/0.8ML PREFILLED SYRINGE	5,000		Rs._____	Rs._____
299	INJ	ENOXAPARIN SODIUM 20MG (VIAL)	1,500		Rs._____	Rs._____
300	INJ	ENOXAPARIN SODIUM 40 MG/ML (VIAL)	6,000		Rs._____	Rs._____
301	INJ	ENOXAPARIN SODIUM 60 MG/ML (VIAL)	3,000		Rs._____	Rs._____
302	INJ	ENOXAPARIN SODIUM 80MG (VIAL)	2,500		Rs._____	Rs._____
303	INJ	EPHEDRINE 50 MG	300		Rs._____	Rs._____
304	INJ	EPIRUBICIN 10MG	40		Rs._____	Rs._____
	INJ	EPIRUBICIN 50MG	40		Rs._____	Rs._____
305	INJ	EPOETIN BETA 2000 IU/PFS	3,500		Rs._____	Rs._____
306	INJ	EPOETIN BETA 5000 IU/PFS	3,500		Rs._____	Rs._____
307	INJ	EPOETIN BETA 10000 IU/PFS	300		Rs._____	Rs._____
308	INJ	ERGOMETRINE 0.5MG	45		Rs._____	Rs._____
309	INJ	ERTAPENEM 1 G/VIAL	300		Rs._____	Rs._____
310	INJ	ERYTHROPOIETIN 10000 IU (VIAL)	700		Rs._____	Rs._____
311	INJ	ERYTHROPOEITIN 4000 IU/VIAL	300		Rs._____	Rs._____
312	INJ	ERYTHROPOEITIN 2000 IU/VIAL	300		Rs._____	Rs._____
313	INJ	ERYTHROPOEITIN 2000 IU/PFS	300		Rs._____	Rs._____
314	INJ	ERYTHROPOEITIN 4000 IU/PFS	300		Rs._____	Rs._____
315	INJ	ERYTHROPOEITIN 5000IU	300		Rs._____	Rs._____
316	INJ	ERYTHROPOEITIN 6000 IU/PFS	300		Rs._____	Rs._____
317	INJ	ESOMEPRAZOLE 20MG	2,000		Rs._____	Rs._____
318	INJ	ESOMEPRAZOLE 40MG	3,000		Rs._____	Rs._____
319	INJ	ETANERCEPT 25MG	15		Rs._____	Rs._____
320	INJ	ETANERCEPT 50MG PREFILLED SYRINGE	15			
321	INJ	ETOMIDATE LIPURO 10ML	600		Rs._____	Rs._____
322	INJ	ETOPOSIDE 100 MG/5ML VIAL	500		Rs._____	Rs._____
323	INJ	FACTOR IX 1500IU	60		Rs._____	Rs._____
324	INJ	FACTOR VIIA (EPTACOG ALFA 50 KIU) 1 MG	60		Rs._____	Rs._____
325	INJ	FACTOR VIII 250IU	50		Rs._____	Rs._____
326	INJ	FACTOR VIII 1000IU	120		Rs._____	Rs._____
327	INJ	FACTOR VIII 500IU	120		Rs._____	Rs._____
328	INJ	FAT EMULSION 20% 500ML	7,500		Rs._____	Rs._____
329	INJ	FENTANYL 0.25 MG/5ML	700		Rs._____	Rs._____
330	INJ	FERRICARBOXY MALTOSE 50MG/10ML	700		Rs._____	Rs._____
331	INJ	FIBRINOGEN CONCENTRATE	60		Rs._____	Rs._____
332	INJ	FILGRASTIM 300 MCG/ML VIAL	3,500		Rs._____	Rs._____
333	INJ	FLUDARABINE 50 MG/VIAL	150		Rs._____	Rs._____
334	INJ	FLUMAZENIL 1000 MCG/10ML AMP	250		Rs._____	Rs._____
335	INJ	FLUOROURACIL 1000 MG	40		Rs._____	Rs._____
336	INJ	FLUOROURACIL 250 MG	40		Rs._____	Rs._____
337	INJ	FLUOROURACIL 500 MG/VIAL	150		Rs._____	Rs._____
338	INJ	FLUPENTHIXOL 20 MG	30		Rs._____	Rs._____
339	INJ	FLUPENTHIXOL 40 MG	60		Rs._____	Rs._____
340	INJ	FLUPHENAZINE 125MG	50		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
341	INJ	FLUPHENAZINE 25 MG	20		Rs. _____	Rs. _____
342	INJ	FOLLITROPIN ALPHA 75IU	60		Rs. _____	Rs. _____
343	INJ	FONDAPARINUX 2.5MG/0.5ML	60		Rs. _____	Rs. _____
344	INJ	FONDAPARINUX 7.5MG/0.5ML	15		Rs. _____	Rs. _____
345	INJ	FOSFOMYCIN 1000 MG/VIAL	1,500		Rs. _____	Rs. _____
346	INJ	FUROSEMIDE 20 MG/2ML AMP	80,000		Rs. _____	Rs. _____
347	INJ	GANCICLOVIR 250 MG/VIAL	1,500		Rs. _____	Rs. _____
348	INJ	GEMCITABINE 1000 MG/VIAL	30		Rs. _____	Rs. _____
	INJ	GEMCITABINE 200MG	150		Rs. _____	Rs. _____
349	INJ	GENTAMYCIN 10 MG	100		Rs. _____	Rs. _____
350	INJ	GENTAMYCIN 20 MG	700		Rs. _____	Rs. _____
351	INJ	GENTAMYCIN 40 MG/ML AMP	5,000		Rs. _____	Rs. _____
352	INJ	GENTAMYCIN 80 MG/2ML AMP	7,000		Rs. _____	Rs. _____
353	INJ	GENTAMYCIN 160MG AMP	5,000		Rs. _____	Rs. _____
354	INJ	GLYCERYL TRINITRATE 10 MG/10ML AMP	3,500		Rs. _____	Rs. _____
355	INJ	GLYCERYL TRINITRATE 50 MG/50ML VIAL	200		Rs. _____	Rs. _____
356	INJ	GLYCOPYROLATE 0.2 MG/ML AMP	1,500		Rs. _____	Rs. _____
357	INJ	GLYCOPYROLATE+NEOSTIGMINE 0.5/2.5MG ML/AMP	8,000		Rs. _____	Rs. _____
358	INJ	GOSERELIN ACETATE 3.6MG	40		Rs. _____	Rs. _____
359	INJ	GRANISETRON HCL 3 MG/3ML VIAL	1,500		Rs. _____	Rs. _____
360	INJ	HALOPERIDOL 5 MG/ML AMP	2,500		Rs. _____	Rs. _____
361	INJ	HEPARIN 25000 IU/5ML VIAL	35,000		Rs. _____	Rs. _____
362	INJ	HEPARIN 100000IU PREFILLED SYRINGE	200		Rs. _____	Rs. _____
363	INJ	HEPARIN 4100IU PREFILLED SYRINGE	200		Rs. _____	Rs. _____
364	INJ	HEPARIN 6150IU PREFILLED SYRINGE	200		Rs. _____	Rs. _____
365	INJ	HEPARIN PRESERVATIVE FREE 0.5ML	700		Rs. _____	Rs. _____
366	INJ	HISTOACRYL FOR ENDOSCOPY OR EQUIVALENT	1,500		Rs. _____	Rs. _____
367	INJ	HUMAN CHORIONIC GONADOTROPIN 10000IU	60		Rs. _____	Rs. _____
368	INJ	HUMAN CHRIONIC GONADOTROPIN 5000 IU/VIAL	60		Rs. _____	Rs. _____
369	INJ	HUMAN RECOMBINANT FOLLITROPIN 5000 IU/VIAL	90		Rs. _____	Rs. _____
370	INJ	HYDRALAZINE HCL 20 MG/ML AMP	4,000		Rs. _____	Rs. _____
371	INJ	HYDROCORTISONE SODIUM SUCCINATE 100 MG/VIAL	9,000		Rs. _____	Rs. _____
	INJ	HYDROCORTISONE SODIUM SUCCINATE 250 MG/VIAL	13,000		Rs. _____	Rs. _____
372	INJ	HYDROXYPROGESTERONE 250 MG/ML AMP	250		Rs. _____	Rs. _____
373	INJ	HYLAURONIC ACID 10MG	30		Rs. _____	Rs. _____
374	INJ	HYLAURONIC ACID HIGH MOLECULAR WEIGHT INTRA ARTICULAR INJECTION	30		Rs. _____	Rs. _____
375	INJ	IBANDRONIC ACID 3MG PREFILLED SYRINGE	110		Rs. _____	Rs. _____
376	INJ	IBUPROFEN 400MG	2,000		Rs. _____	Rs. _____
377	INJ	IBUTLIDE 1MG	40		Rs. _____	Rs. _____
378	INJ	IDARUBICIN 10 MG/VIAL	150		Rs. _____	Rs. _____
	INJ	IDARUBICIN 5 MG	250		Rs. _____	Rs. _____
379	INJ	IFOSFAMIDE 1000 MG	150		Rs. _____	Rs. _____
	INJ	IFOSFAMIDE 2GM 2G	150		Rs. _____	Rs. _____
380	INJ	IMIPENEM/CILASTATIN 250/250MG	8,000		Rs. _____	Rs. _____
	INJ	IMIPENEM/CILASTATIN 500/500MG VIAL	15,000		Rs. _____	Rs. _____
381	INJ	INDOMETHACIN 50MG	400		Rs. _____	Rs. _____
382	INJ	INTERLEUKIN 11 (12 MIU/1.5MG)	45		Rs. _____	Rs. _____
383	INJ	IRINOTECAN 100 MG	150		Rs. _____	Rs. _____
384	INJ	IRON CARBOXYMALTOSE 50 MG/ML VIAL	400		Rs. _____	Rs. _____
385	INJ	IRON ISOMALTOSIDE 100MG/ML	400		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
386	INJ	IRON SUCROSE COMPLEX 100 MG/5ML AMP	6,000		Rs. _____	Rs. _____
387	INJ	ISOFLURANE 100 ML/BOTTLE INFLUSION BOTTLE	1,500		Rs. _____	Rs. _____
388	INJ	ISOMALTOSIDE 100 MG/ML AMP	1,500		Rs. _____	Rs. _____
389	INJ	ISOSORBIDE DINITRATE	700		Rs. _____	Rs. _____
390	INJ	JETEPAR OR EQUIVALENT 10ML	300		Rs. _____	Rs. _____
391	INJ	JETEPAR OR EQUIVALENT 2ML	200		Rs. _____	Rs. _____
392	INJ	KETAMINE HCL 50MG / VIAL	200		Rs. _____	Rs. _____
393	INJ	KETAMINE HCL 100MG / VIAL	200		Rs. _____	Rs. _____
394	INJ	KETAMINE HCL 250 MG/5ML AMP	200		Rs. _____	Rs. _____
395	INJ	KETAMINE HCL 500 MG/VIAL	500		Rs. _____	Rs. _____
396	INJ	KETOROLAC 30 MG/ML AMP	60,000		Rs. _____	Rs. _____
397	INJ	LABETALOL HCL 50 MG/10ML AMP	3,800		Rs. _____	Rs. _____
398	INJ	LACOSAMIDE 10 MG/ML AMP	300		Rs. _____	Rs. _____
399	INJ	L-ASPARAGINASE	600		Rs. _____	Rs. _____
400	INJ	LEUPROLIDE ACETATE 11.25 MG	150		Rs. _____	Rs. _____
401	INJ	LEUPROLIDE ACETATE 3.75 MG	600		Rs. _____	Rs. _____
402	INJ	LEUPROLINE ACETATE 7.5 MG	150		Rs. _____	Rs. _____
403	INJ	LEVETIRACETAM 500 MG/5ML AMP	15,000		Rs. _____	Rs. _____
404	INJ	LEVOBUPIVACAINE HCL 2.5MG	1,500		Rs. _____	Rs. _____
405	INJ	LEVOBUPIVACAINE HCL 5MG	1,500		Rs. _____	Rs. _____
406	INJ	LEVOBUPIVACAINE HCL 7.5MG	1,000		Rs. _____	Rs. _____
407	INJ	LEVOFLOXACIN 500 MG/100ML	1,500		Rs. _____	Rs. _____
408	INJ	LIDOCAINE HCL (USP) EPINEPHRINE BITARTRATE (USP) (1:100,000) 1.8ML X 50CATRIDGES (DENTAL CARTRIDGES)	1,500		Rs. _____	Rs. _____
409	INJ	LIGNOCAINE 2%, ADRENALINE 10 ML/AMP	2,500		Rs. _____	Rs. _____
410	INJ	LIGNOCAINE HCL 1% 10 ML	2,000		Rs. _____	Rs. _____
411	INJ	LIGNOCAINE HCL 2% 10 ML/AMP	25,000		Rs. _____	Rs. _____
412	INJ	LINCOMYCIN 300 MG/ML AMP	300		Rs. _____	Rs. _____
413	INJ	LINCOMYCIN 600MG/2ML	900		Rs. _____	Rs. _____
414	INJ	LINEZOLID 200MG/100ML	300		Rs. _____	Rs. _____
	INJ	LINEZOLID 400MG/200ML	300		Rs. _____	Rs. _____
	INJ	LINEZOLID INFUSION 600MG/300ML	5,000		Rs. _____	Rs. _____
415	INJ	LIPOSOMAL AMPHOTERCIN B 50 MG/VIAL	700		Rs. _____	Rs. _____
416	INJ	LIXISENATIDE 10MCG	60		Rs. _____	Rs. _____
417	INJ	LIXISENATIDE 20MCG	60		Rs. _____	Rs. _____
418	INJ	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, CITRATE 4%	300		Rs. _____	Rs. _____
419	INJ	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, HEPARIN, CITRATE 4%	250		Rs. _____	Rs. _____
420	INJ	L-ORNITHINE L-ASPARTATE 5 G/10ML AMP	5,000		Rs. _____	Rs. _____
421	INJ	LUTROPIN ALPHA 75IU	40		Rs. _____	Rs. _____
422	INJ	LYPHOLIZED REMDESIVIR 100MG	18,000		Rs. _____	Rs. _____
423	INJ	MAGNESIUM CHLORIDE 200 MG/VIAL	250		Rs. _____	Rs. _____
424	INJ	MAGNESIUM SULPHATE 40 MEQ/10ML AMP	9,000		Rs. _____	Rs. _____
425	INJ	MAGNESIUM SULPHATE 8 MEQ/2ML AMP	3,000		Rs. _____	Rs. _____
426	INJ	MECOBALAMIN 500 MCG/ML AMP	3,000		Rs. _____	Rs. _____
427	INJ	MEDROXYPROGESTERONE ACETATE 150 MG/ML VIAL	60		Rs. _____	Rs. _____
428	INJ	MEDROXYPROGESTERONE ACETATE 1000 MG	60		Rs. _____	Rs. _____
429	INJ	MEGLUMINE ANTIMONIATE 1.5G	40		Rs. _____	Rs. _____
430	INJ	MELPHALAN 50 MG/VIAL	60		Rs. _____	Rs. _____
431	INJ	MENAPHTHONE 10 MG/ML AMP	3,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
432	INJ	MENOTROPIN 150IU	40		Rs._____	Rs._____
433	INJ	MENOTROPIN 75IU	40		Rs._____	Rs._____
434	INJ	MEROPENEM 1 G/VIAL	50,000		Rs._____	Rs._____
	INJ	MEROPENEM 500 MG/VIAL	15,000		Rs._____	Rs._____
435	INJ	MESNA 400 MG/4ML AMP	600		Rs._____	Rs._____
436	INJ	METHOTREXATE 1000 MG/VIAL	400		Rs._____	Rs._____
437	INJ	METHOTREXATE 50 MG/VIAL	400		Rs._____	Rs._____
438	INJ	METHOTREXATE 500 MG	700		Rs._____	Rs._____
439	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 100 MCG/0.3ML PFS	400		Rs._____	Rs._____
440	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 150MCG	60		Rs._____	Rs._____
441	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 200MCG	60		Rs._____	Rs._____
442	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 50MCG	60		Rs._____	Rs._____
443	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 75MCG	60		Rs._____	Rs._____
444	INJ	METHYL CELLULOSE GEL	60		Rs._____	Rs._____
445	INJ	METHYLERGOMETRINE 0.2MG	150		Rs._____	Rs._____
446	INJ	METHYLPREDNISOLONE SUCCINATE 1000 MG/VIAL	1,100		Rs._____	Rs._____
	INJ	METHYLPREDNISOLONE SUCCINATE 500 MG/VIAL	5,000		Rs._____	Rs._____
447	INJ	METHYLPREDNISOLONE ACETATE 40MG/ML VIAL	2,200		Rs._____	Rs._____
	INJ	METHYLPREDNISOLONE ACETATE 80MG/2ML VIAL	150		Rs._____	Rs._____
448	INJ	METOCLOPROPAMIDE 10 MG/2ML AMP	90,000		Rs._____	Rs._____
449	INJ	METOPROLOL 5 MG/5ML AMP	900		Rs._____	Rs._____
450	INJ	MIDAZOLAM 5 MG/5ML AMP	30,000		Rs._____	Rs._____
451	INJ	MILRINONE 10 MG/10ML AMP	30		Rs._____	Rs._____
452	INJ	MINOCYCLIN 100 MG/VIAL	60		Rs._____	Rs._____
453	INJ	MITOMYCIN 10MG	110		Rs._____	Rs._____
454	INJ	MITOMYCIN 2MG	100		Rs._____	Rs._____
455	INJ	MITOMYCIN 5 MG/ML	300		Rs._____	Rs._____
456	INJ	MITOXANTRONE 20 MG/VIAL	40		Rs._____	Rs._____
457	INJ	MORHPINE 2MG	1,300		Rs._____	Rs._____
458	INJ	MOXIFLOXACIN 400 MG/250ML	4,000		Rs._____	Rs._____
459	INJ	MULTIVITAMIN 10ML AMP	80,000		Rs._____	Rs._____
460	INJ	NALBUPHINE 10 MG/ML AMP	45,000		Rs._____	Rs._____
	INJ	NALBUPHINE 20 MG/ML AMP	600		Rs._____	Rs._____
461	INJ	NALOXONE 0.4 MG/ML AMP	600		Rs._____	Rs._____
462	INJ	NEOSTIOGMINE 2.5MG/5ML	15		Rs._____	Rs._____
463	INJ	MULTIBIONTA OR EQUIVALENT (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._____
464	INJ	NICARDIPINE 10MG/10ML	200		Rs._____	Rs._____
465	INJ	NIMODIPINE 10 MG/50 ML	70		Rs._____	Rs._____
466	INJ	NOREPINEPHRINE BITARTRATE 4MG / 4ML AMP	90,000		Rs._____	Rs._____
467	INJ	NOREPINEPHRINE BITARTRATE 8MG / 4ML AMP	41,000		Rs._____	Rs._____
468	INJ	NORETHISTERONE 200MG	40		Rs._____	Rs._____
469	INJ	NORETHISTERONE ESTERDIOL VALERATE 50MG	40		Rs._____	Rs._____
470	INJ	OBINUTUZUMAB 1000MG / 40ML	40		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
471	INJ	OCRELIZUMAB 300MG	40		Rs. _____	Rs. _____
472	INJ	OCTREOTIDE ACETATE 0.05 MG/ML AMP	4,000		Rs. _____	Rs. _____
	INJ	OCTREOTIDE ACETATE 0.1 MG/ML AMP	6,000		Rs. _____	Rs. _____
473	INJ	OCTREOTIDE ACETATE 0.5 MG/ML AMP	1,000		Rs. _____	Rs. _____
474	INJ	OCTREOTIDE LAR 20MG	15		Rs. _____	Rs. _____
475	INJ	OCTREOTIDE LAR 30MG	15		Rs. _____	Rs. _____
476	INJ	OFATUMUMAB 1000MG	15		Rs. _____	Rs. _____
477	INJ	OMEPRAZOLE 40 MG/VIAL	140,000		Rs. _____	Rs. _____
478	INJ	ONCOTIZED BCG 40 MG/ML	15		Rs. _____	Rs. _____
479	INJ	ONDANSETRON HCL 8 MG/4ML AMP	35,000		Rs. _____	Rs. _____
480	INJ	OXALIPLATIN 100 MG	300		Rs. _____	Rs. _____
481	INJ	OXALIPLATIN 50 MG	300		Rs. _____	Rs. _____
482	INJ	OXYTOCIN 5 IU/ML AMP	30,000		Rs. _____	Rs. _____
483	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 260 MG	200		Rs. _____	Rs. _____
484	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 100 MG	200		Rs. _____	Rs. _____
	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 150 MG	300		Rs. _____	Rs. _____
	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 300 MG	40		Rs. _____	Rs. _____
	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 30MG	40		Rs. _____	Rs. _____
485	INJ	PAMIDRONATE 30 MG	150		Rs. _____	Rs. _____
486	INJ	PAMIDRONATE 60 MG	150		Rs. _____	Rs. _____
487	INJ	PAMIDRONATE 90 MG VIAL	30		Rs. _____	Rs. _____
488	INJ	PANCURONIUM 10MG	70		Rs. _____	Rs. _____
489	INJ	PANTOPRAZOLE 40 MG/VIAL	300		Rs. _____	Rs. _____
490	INJ	PAPAVERIN HCL 30 MG/ML AMP	800		Rs. _____	Rs. _____
491	INJ	PARACETAMOL 1 G/100ML VIAL	120,000		Rs. _____	Rs. _____
492	INJ	PARACETAMOL 300MG	1,500		Rs. _____	Rs. _____
493	INJ	PEG INTERFERON 180 MCG/ML VIAL	30		Rs. _____	Rs. _____
494	INJ	PEGINTERFERON ALFA 2A 180 MCG	60		Rs. _____	Rs. _____
495	INJ	PEG INTERFERON ALPHA 2B 3MIU	60		Rs. _____	Rs. _____
496	INJ	PEGASPARGASE 3750 IU/5ML VIAL	30		Rs. _____	Rs. _____
497	INJ	PEGASPARGASE 750 IU/ML VIAL	40		Rs. _____	Rs. _____
498	INJ	PEG-FILGRASTIM 6MG/0.6ML	1,500		Rs. _____	Rs. _____
499	INJ	PEGYLATED LIPOSOMAL DOXORUBICIN 20 MG	10		Rs. _____	Rs. _____
500	INJ	PEMETREXED 100MG	40		Rs. _____	Rs. _____
501	INJ	PEMETREXED 500 MG	40		Rs. _____	Rs. _____
502	INJ	PENICILLIN G BENZATHINE 1200000 IU/VIAL	150		Rs. _____	Rs. _____
503	INJ	PENICILLIN G BENZATHINE 600000 IU/VIAL	150		Rs. _____	Rs. _____
504	INJ	PENICILLIN G 1 MIU	520		Rs. _____	Rs. _____
505	INJ	PENTAGLOBIN 5% 50 ML/VIAL OR EQUIVALENT VIAL	300		Rs. _____	Rs. _____
	INJ	PENTAGLOBIN OR EQUIVALENT 100ML	300		Rs. _____	Rs. _____
	INJ	PENTAGLOBIN OR EQUIVALENT 10ML	300		Rs. _____	Rs. _____
506	INJ	PENTAMIDINE 300MG	70		Rs. _____	Rs. _____
507	INJ	PETHIDINE 50MG	600		Rs. _____	Rs. _____
508	INJ	PHENIRAMINE MALEATE 45.5 MG/2ML AMP	7,000		Rs. _____	Rs. _____
509	INJ	PHENOBARBITAL 200MG	150		Rs. _____	Rs. _____
510	INJ	PHENTOLAMINE 5MG	40		Rs. _____	Rs. _____
511	INJ	PHENYLEPHRINE HYDROCHLORIDE 10 MG/ML AMP	600		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
512	INJ	PHENYTOIN SODIUM 250 MG/5ML AMP	600		Rs._____	Rs._____
513	INJ	PHLOROGLUCINOL 40 MG/4ML AMP	3,000		Rs._____	Rs._____
514	INJ	PHLOROGLUCINOL/TRIMETHYLEPHLOROGLUCINOL 4ML	3,000		Rs._____	Rs._____
515	INJ	PHYTOMENADIONE (VITAMIN K1) 10 MG/ML AMP	5,000		Rs._____	Rs._____
	INJ	PHYTOMENADIONE (VITAMIN K1) 2 MG/ML AMP	5,000		Rs._____	Rs._____
516	INJ	PIPERCILLIN+TAZOBACTUM 2.25 G/VIAL	22,000		Rs._____	Rs._____
	INJ	PIPERCILLIN+TAZOBACTUM 4.5 G/VIAL	60,000		Rs._____	Rs._____
517	INJ	PLERIXAFOR 20 MG/ML VIAL	60		Rs._____	Rs._____
518	INJ	PLERIXAFOR 24 MG/VIAL	60		Rs._____	Rs._____
519	INJ	PORACTANT ALFA (SURFACTANT EXTRACT) 1.5 ML/VIAL	60		Rs._____	Rs._____
520	INJ	POSACONAZOLE 300 MG/16.7 ML VIAL	60		Rs._____	Rs._____
521	INJ	POTASSIUM CHLORIDE 1 MEQ/ML, 20ML VIAL	25,000		Rs._____	Rs._____
522	INJ	POTASSIUM CHLORIDE 1 MEQ/ML, 25ML VIAL	25,000		Rs._____	Rs._____
523	INJ	PRALIDOXIME 20 MG/ML AMP	1,000		Rs._____	Rs._____
524	INJ	PROCHLORPERAZINE 12.5MG	700		Rs._____	Rs._____
525	INJ	PROCYCLIDINE 10 MG	700		Rs._____	Rs._____
526	INJ	PROMETHAZINE 25 MG/ML AMP	120		Rs._____	Rs._____
527	INJ	PROPOFOL 1% MCT 10MG/ML, 100ML INFUSION	5,000		Rs._____	Rs._____
528	INJ	PROPOFOL 1% MCT 10MG/ML,20ML INFUSION	9,000		Rs._____	Rs._____
529	INJ	PROPOFOL 10 MG/ML, 20ML INFUSION BOTTLE	15,000		Rs._____	Rs._____
530	INJ	PROTAMIN SULPHATE 50 MG/5ML AMP	700		Rs._____	Rs._____
531	INJ	PROTEIN BOUND PACLITEXIL 100MG	25		Rs._____	Rs._____
532	INJ	PROTHROMBIN COMPLEX CONCENTRATE 500IU	70		Rs._____	Rs._____
533	INJ	QUININE DIHYDROCHLORIDE 300MG/2ML AMP	250		Rs._____	Rs._____
534	INJ	RAMUCIRUMAB 500MG/50ML	80		Rs._____	Rs._____
535	INJ	RANIBIZUMAB 3MG/0.3ML VIAL	15		Rs._____	Rs._____
536	INJ	RANIBIZUMAB 10MG/ML VIAL	10		Rs._____	Rs._____
537	INJ	RASBURICASE 6MG	40		Rs._____	Rs._____
538	INJ	RECOMBINANT HUMAN ERYTHROPOITEIN 10000 IU/ML VIAL	2,500		Rs._____	Rs._____
539	INJ	REMDESIVIR (LYPHOLIZED) 100 MG/VIAL	8,000		Rs._____	Rs._____
540	INJ	REMDESIVIR 100 MG/VIAL	3,000		Rs._____	Rs._____
	INJ	RIFAMPICIN 600MG	300		Rs._____	Rs._____
541	INJ	RITUXIMAB 100 MG/10ML VIAL	300		Rs._____	Rs._____
542	INJ	RITUXIMAB 500 MG/VIAL	700		Rs._____	Rs._____
543	INJ	RITUXIMAB SC 120 MG/ML	150		Rs._____	Rs._____
544	INJ	ROCURONIUM BROMIDE 50 MG/5ML AMP	150		Rs._____	Rs._____
545	INJ	ROMIPLOSTIM 250 MCG	150		Rs._____	Rs._____
546	INJ	ROMIPLOSTIM 500 MCG	150		Rs._____	Rs._____
547	INJ	ROPIVACAINE 0.5% INJECTION 5MG	40		Rs._____	Rs._____
548	INJ	SALMO-CALCITONIN.SYNTH. 200IU	40		Rs._____	Rs._____
549	INJ	SECUKINUMAB 150 MG/VIAL	50		Rs._____	Rs._____
550	INJ	SEMAGLUTIDE 2MG/1/5ML PFP	20		Rs._____	Rs._____
551	INJ	SEMAGLUTIDE 4MG/3ML PFP	20		Rs._____	Rs._____
552	INJ	SEMAGLUTIDE 1.7MG PFS	60		Rs._____	Rs._____
553	INJ	SEMAGLUTIDE 1MG PFS	60		Rs._____	Rs._____
554	INJ	SEMAGLUTIDE 2.4MG PFS	60		Rs._____	Rs._____
555	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	90		Rs._____	Rs._____
556	INJ	SODIUM BICARBONATE 20 ML/ML VIAL	8,000		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
557	INJ	SODIUM BICARBONATE 25 ML/VIAL	18,000		Rs. _____	Rs. _____
558	INJ	SODIUM BICARBONATE 7.5% 50 ML/VIAL	8,000		Rs. _____	Rs. _____
559	INJ	SODIUM CHLORIDE 0.9% 20 ML	8,000		Rs. _____	Rs. _____
560	INJ	SODIUM CHLORIDE 0.9% 25 ML/VIAL	22,000		Rs. _____	Rs. _____
561	INJ	SODIUM CHLORIDE 0.9% 50 ML	300,000		Rs. _____	Rs. _____
562	INJ	SODIUM CHLORIDE 0.9% 50 ML (EUROCAP)	300,000		Rs. _____	Rs. _____
563	INJ	SODIUM CHONDROITIN SULFATE/SODIUM HYALURONATE 0.5 ML/PFS	600		Rs. _____	Rs. _____
564	INJ	SODIUM HYALURONATE 20 MG	60		Rs. _____	Rs. _____
565	INJ	SODIUM HYALURONATE 25 MG	50		Rs. _____	Rs. _____
566	INJ	SODIUM NITROPRUSSIDE 50 MG	60		Rs. _____	Rs. _____
567	INJ	STREPTOKINASE 1.5MIU	30		Rs. _____	Rs. _____
568	INJ	SUMATRIPTAN 6 MG	30		Rs. _____	Rs. _____
569	INJ	SUXAMETHONIUM CHLORIDE 100 MG	600		Rs. _____	Rs. _____
570	INJ	SUXAMETHONIUM CHLORIDE 500MG	500		Rs. _____	Rs. _____
571	INJ	TEICOPLANIN 200 MG VIAL	250		Rs. _____	Rs. _____
572	INJ	TEICOPLANIN 400 MG	300		Rs. _____	Rs. _____
573	INJ	TERBUTALINE 0.5MG	510		Rs. _____	Rs. _____
574	INJ	TERLIPRESSIN ACETATE 1 MG/VIAL	4,500		Rs. _____	Rs. _____
575	INJ	THIOPENTAL 1000MG	60		Rs. _____	Rs. _____
576	INJ	THIOPENTAL 500MG	60		Rs. _____	Rs. _____
577	INJ	THIOTEPA 100 MG/VIAL	40		Rs. _____	Rs. _____
578	INJ	THIOTEPA 50MG 50MG	40		Rs. _____	Rs. _____
579	INJ	TIGECYCLINE 50 MG/VIAL	1,300		Rs. _____	Rs. _____
580	INJ	TIROFIBAN HCL 12.5 MG/VIAL	60		Rs. _____	Rs. _____
581	INJ	TOBRAMYCIN 10MG	200		Rs. _____	Rs. _____
582	INJ	TOBRAMYCIN 20MG	150		Rs. _____	Rs. _____
583	INJ	TOBRAMYCIN 80MG	150		Rs. _____	Rs. _____
584	INJ	TOBRAMYCIN 40MG	100		Rs. _____	Rs. _____
585	INJ	TOCILIZUMAB 162 MG/0.9ML	300		Rs. _____	Rs. _____
586	INJ	TOCILIZUMAB 200 MG/VIAL	80		Rs. _____	Rs. _____
587	INJ	TOCILIZUMAB 400 MG/20ML	30		Rs. _____	Rs. _____
588	INJ	TOCILIZUMAB 80 MG/VIAL	150		Rs. _____	Rs. _____
589	INJ	TOPOTECAN 4MG	40		Rs. _____	Rs. _____
590	INJ	TRAMADOL 100 MG	153,000		Rs. _____	Rs. _____
591	INJ	TRANEXAMIC ACID 250 MG/ 5ML	1,700		Rs. _____	Rs. _____
	INJ	TRANEXAMIC ACID 500 MG/5ML AMP	21,000		Rs. _____	Rs. _____
592	INJ	TRASTUZUMAB 440 MG	150		Rs. _____	Rs. _____
593	INJ	TRASTUZUMAB 600MG SC	150		Rs. _____	Rs. _____
594	INJ	TRIAMCINOLONE ACETATE 40 MG/ML VIAL	900		Rs. _____	Rs. _____
595	INJ	ULINASTATIN 100000 IU	40		Rs. _____	Rs. _____
596	INJ	UROFOLLITROPIN (FSH) INJECTION 75IU	40		Rs. _____	Rs. _____
597	INJ	UROFOLLITROPIN (FSH) INJECTION 150IU	30		Rs. _____	Rs. _____
598	INJ	VALPROATE SODIUM 500 MG/5ML AMP	3,000		Rs. _____	Rs. _____
599	INJ	VANCOMYCIN 1 G/VIAL	22,000		Rs. _____	Rs. _____
	INJ	VANCOMYCIN 500 MG/VIAL	5,000		Rs. _____	Rs. _____
600	INJ	VASOPRESSIN 1 ML/ML AMP	600		Rs. _____	Rs. _____
601	INJ	VINORAELEBIN 50MG	40		Rs. _____	Rs. _____
602	INJ	VINORAELEBIN 10MG	30		Rs. _____	Rs. _____
603	INJ	VERAPAMIL HYDROCHLORIDE 5 MG/2ML AMP	700		Rs. _____	Rs. _____
604	INJ	VINBLASTINE 10 MG/VIAL	60		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
605	INJ	VINCRIStINE 1 MG	600		Rs. _____	Rs. _____
606	INJ	VINCRIStINE 2 MG VIAL	600		Rs. _____	Rs. _____
607	INJ	VITAMIN B12+VITAMIN B6+VITAMIN B1 3 ML/AMP	6,000		Rs. _____	Rs. _____
608	INJ	VITAMIN C AMP	150		Rs. _____	Rs. _____
609	INJ	VITAMIN D3 200000IU ORAL/IM	3,000		Rs. _____	Rs. _____
610	INJ	VITAMIN D3 600000 IU/ML	3,000		Rs. _____	Rs. _____
611	INJ	VITAMIN SUPPLEMENT 10 ML/AMP	1,700		Rs. _____	Rs. _____
612	INJ	VORICONAZOLE 200 MG/VIAL	1,300		Rs. _____	Rs. _____
613	INJ	ZOLEDRONIC ACID 4 MG	250		Rs. _____	Rs. _____
614	INJ	ZOLEDRONIC ACID 5 MG	40		Rs. _____	Rs. _____
615	INJ	ZUCLOPENTHIXOL 25 MG	30		Rs. _____	Rs. _____
616	INJ	ZUCLOPENTHIXOL 100 MG	30		Rs. _____	Rs. _____
617	INJ	ZUCLOPENTHIXOL 200 MG	40		Rs. _____	Rs. _____
618	INJ	ZUCLOPENTHIXOL 50 MG	20		Rs. _____	Rs. _____
INSULINS AND RELATED ITEMS						
619	INJ	DULAGLUTIDE 0.75MG/0.5ML PEN	50		Rs. _____	Rs. _____
620	INJ	DULAGLUTIDE 1.5M/0.5ML PEN	50		Rs. _____	Rs. _____
621	INJ	DULAGLUTIDE 3.0MG/0.5ML PEN	50		Rs. _____	Rs. _____
622	INJ	DULAGLUTIDE 4.5MG/0.5ML PEN	50		Rs. _____	Rs. _____
623	INJ	GLARGINE INSULIN 100 IU/ML PFP	300		Rs. _____	Rs. _____
624	INJ	GLARGINE INSULIN 1000 IU/10ML VIAL	250		Rs. _____	Rs. _____
625	INJ	GLARGINE INSULIN 300 IU/ 1.5ML PFP	250		Rs. _____	Rs. _____
626	INJ	HUMAN NPH INSULIN 100IU/VIAL	1,050		Rs. _____	Rs. _____
627	INJ	INSULIN ASPART 100IU PFP	150		Rs. _____	Rs. _____
628	INJ	INSULIN ASPART 100UNITS /ML 3 ML CARTRIDGE	150		Rs. _____	Rs. _____
629	INJ	INSULIN ASPART 100UNITS/ML 10 ML VIAL	150		Rs. _____	Rs. _____
630	INJ	INSULIN ASPART 30%, INSULIN PROTAMINE 70% 100IU PFP	3,200		Rs. _____	Rs. _____
631	INJ	INSULIN DEGLUDEC 70% ,INSULIN ASPART 30% 100IU PFP	150		Rs. _____	Rs. _____
632	INJ	INSULIN DEGLUDEC,LIRAGLUTIDE 100/3.6 PFP	150		Rs. _____	Rs. _____
633	INJ	INSULIN DETEMIR 100 IU/ML PFP	150		Rs. _____	Rs. _____
634	INJ	INSULIN LISPRO 100 IU/ML VIAL	150		Rs. _____	Rs. _____
635	INJ	INSULIN LISPRO 100IU/3ML CART	150		Rs. _____	Rs. _____
636	INJ	INSULIN LISPRO 100U/M/ 3ML PFP	250		Rs. _____	Rs. _____
637	INJ	INSULIN LISPRO 200U/M/ 3ML PFP	250		Rs. _____	Rs. _____
638	INJ	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMIN 75% 100 IU/ML CARTRIDGE 3ML	60		Rs. _____	Rs. _____
639	INJ	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMINE 75% 100 IU/ML PREFILLED PEN 3ML	60		Rs. _____	Rs. _____
640	INJ	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML CATRIDGE 3ML	60		Rs. _____	Rs. _____
641	INJ	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML PREFILLED PEN 3ML	60		Rs. _____	Rs. _____
642	DEVICE	INSULIN PEN DEVICE	150		Rs. _____	Rs. _____
643	INJ	ISOPHANE HUMAN INSULIN 1000 IU/10ML VIAL	1,500		Rs. _____	Rs. _____
644	INJ	ISOPHANE HUMAN INSULIN 100IU/CARTRIDGE	1,500		Rs. _____	Rs. _____
645	INJ	LIRAGLUTIDE 1.2MG/PFP	60		Rs. _____	Rs. _____
646	INJ	LIRAGLUTIDE 1.8MG/PFP	60		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
647	INJ	LIRAGLUTIDE 6MG/ML 3ML PFP	60		Rs._____	Rs._____
648	NEEDLE	NEEDLES FOR INSULIN PEN 30G NEEDLE (ALL ASSORTED SIZES)	1,800		Rs._____	Rs._____
649	NEEDLE	NEEDLES FOR INSULIN PEN 31G NEEDLE (ALL ASSORTED SIZES)	1,800		Rs._____	Rs._____
650	NEEDLE	NEEDLES FOR INSULIN PEN 32G NEEDLE (ALL ASSORTED SIZES)	1,800		Rs._____	Rs._____
651	INJ	REGULAR HUMAN INSULIN 100 IU CARTRIDGE	3,000		Rs._____	Rs._____
652	INJ	REGULAR HUMAN INSULIN 1000 IU/10MLVIAL	3,000		Rs._____	Rs._____
653	INJ	REGULAR HUMAN INSULIN 100IU PREFILLED PEN	2,000		Rs._____	Rs._____
654	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % 100 IU/ML VIAL	1,500		Rs._____	Rs._____
655	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % 1000 IU/10ML CARDTRIDGE	2,000		Rs._____	Rs._____
656	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % PENFILL 100 IU/PEN	1,500		Rs._____	Rs._____
INTRAVENOUS INFUSION						
657	INJ	AMINO ACID 5% VITAMIN 10% SORBITOL 500ML (AMINOVEL OR EQUIVALENT)	600		Rs._____	Rs._____
658	INJ	AMINO ACID 500 ML/BOTTLE (PANAMIN G INFUSION 500ML OR EQUIVALENT)	150		Rs._____	Rs._____
659	INJ	AMINO ACID 8% (AMINOLEBAN OR EQUIVALENT) 500 ML	8,000		Rs._____	Rs._____
660	INJ	AMINO ACID INTRAVENOUS 600MG 500 ML	8,000		Rs._____	Rs._____
661	INJ	AMINO ACID SOLUTION 10% 1000ML	5,000		Rs._____	Rs._____
662	INJ	AMINO ACID SOLUTION 10% 500ML	7,000		Rs._____	Rs._____
663	INJ	AMINO ACID SOLUTION 20% 1000ML	6,000		Rs._____	Rs._____
664	INJ	AMINO ACID SOLUTION 20% 500ML	6,000		Rs._____	Rs._____
665	INJ	AMINO ACID SOLUTION 5% 1000ML	6,000		Rs._____	Rs._____
666	INJ	BALANCED FULL ELECTROLYTE SOLUTION 1000 ML/DRIP	3,000		Rs._____	Rs._____
667	INJ	BALANCED FULL ELECTROLYTE SOLUTION 500ML	5,500		Rs._____	Rs._____
668	INJ	CIPROFLOXACIN 200 MG/100ML VIAL	11,000		Rs._____	Rs._____
	INJ	CIPROFLOXACIN 400MG/100ML VIAL	600		Rs._____	Rs._____
669	INJ	DEXTROSE 25% 1000 ML/DRIP	500		Rs._____	Rs._____
670	INJ	DEXTROSE 25% 500ML	6,000		Rs._____	Rs._____
671	INJ	DEXTROSE 25% 500ML (EUROCAP)	6,000		Rs._____	Rs._____
672	INJ	DEXTROSE 5% 100 ML	6,000		Rs._____	Rs._____
673	INJ	DEXTROSE 5% 100 ML (EUROCAP)	6,000		Rs._____	Rs._____
674	INJ	DEXTROSE 5% 1000 ML (EUROCAP)	6,000		Rs._____	Rs._____
675	INJ	DEXTROSE 5% 1000 ML/DRIP	6,000		Rs._____	Rs._____
676	INJ	DEXTROSE 5% 500 ML	45,000		Rs._____	Rs._____
677	INJ	DEXTROSE 5% 500 ML (EUROCAP)	30,000		Rs._____	Rs._____
678	INJ	DEXTROSE WATER 10% 1000 ML (EUROCAP)	3,000		Rs._____	Rs._____
679	INJ	DEXTROSE WATER 10% 1000 ML/DRIP	3,000		Rs._____	Rs._____
680	INJ	DEXTROSE WATER 10% 500 ML	1,500		Rs._____	Rs._____
681	INJ	DEXTROSE WATER 10% 500 ML (EUROCAP)	1,500		Rs._____	Rs._____
682	INJ	DEXTROSE WATER 3.3%+SODIUM CHLORIDE 0.3% 500ML	1,500		Rs._____	Rs._____
683	INJ	DEXTROSE WATER 4.3% + SODIUM CHLORIDE 0.18% 500 ML/BOTTLE	5,000		Rs._____	Rs._____
684	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML	1,500		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
685	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML (EUROCAP)	10,000		Rs._____	Rs._____
686	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML (EUROCAP)	10,000		Rs._____	Rs._____
687	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML/DRIP	10,000		Rs._____	Rs._____
688	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML (EUROCAP)	3,000		Rs._____	Rs._____
689	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML/DRIP	3,000		Rs._____	Rs._____
690	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500 ML/DRIP	3,000		Rs._____	Rs._____
691	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500ML (EUROCAP)	3,000		Rs._____	Rs._____
692	INJ	ESSENTIAL AMINOACID 7% OR NEPHROSTERIL EQUIVALENT 500 ML	250		Rs._____	Rs._____
693	INJ	FLUCONAZOLE 100 MG/50ML VIAL	6,000		Rs._____	Rs._____
694	INJ	GENERIC PROTECTANT 8% 500 ML/BOTTLE	3,000		Rs._____	Rs._____
695	INJ	GLYCINE 15 GM/3000ML	1,500		Rs._____	Rs._____
696	INJ	HUMAN ALBUMIN 20% 10 G/100ML VIAL	5,000		Rs._____	Rs._____
697	INJ	HUMAN ALBUMIN 20% 50ML VIAL	3,000		Rs._____	Rs._____
698	INJ	HUMAN ALBUMIN 25% 100ML VIAL	150		Rs._____	Rs._____
699	INJ	HUMAN ALBUMIN 25% 50ML VIAL	150		Rs._____	Rs._____
700	INJ	LACTATED RINGER 1000 ML (EUROCAP)	30,000		Rs._____	Rs._____
701	INJ	LACTATED RINGER 500 ML (EUROCAP)	30,000		Rs._____	Rs._____
702	INJ	LACTATED RINGER 1000 ML/DRIP	20,000		Rs._____	Rs._____
703	INJ	LACTATED RINGER 500 ML/DRIP	10,000		Rs._____	Rs._____
704	INJ	MANNITOL 20% 500 ML/DRIP	5,000		Rs._____	Rs._____
705	INJ	MANNITOL 10% 500 ML/DRIP	3,000		Rs._____	Rs._____
706	INJ	MANNITOL 10% 1000 ML/DRIP	3,000		Rs._____	Rs._____
707	INJ	METRONIDAZOLE 500 MG/100ML	45,000		Rs._____	Rs._____
708	INJ	MODIFIED FLUID GELATIN 4% 500 ML/DRIP	3,000		Rs._____	Rs._____
709	INJ	NEPHROSTERIL OR EQUIVALENT	250		Rs._____	Rs._____
710	INJ	NORMAL SALINE 0.9% 100 ML/DRIP	500,000		Rs._____	Rs._____
711	INJ	NORMAL SALINE 0.9% 500 ML/DRIP	50,000		Rs._____	Rs._____
712	INJ	NORMAL SALINE 0.9% 1000 ML/DRIP	140,000		Rs._____	Rs._____
713	INJ	NORMAL SALINE 0.9% 1000ML (EUROCAP)	140,000		Rs._____	Rs._____
714	INJ	NORMAL SALINE 0.9% 500ML (EUROCAP)	50,000		Rs._____	Rs._____
715	INJ	NORMAL SALINE 0.9% 100ML (EUROCAP)	500,000		Rs._____	Rs._____
716	INJ	NORMAL SALINE 0.9% 3000 ML	10,000		Rs._____	Rs._____
717	INJ	NORMAL SALINE 0.9% 50 ML/DRIP	30,000		Rs._____	Rs._____
718	INJ	PARTIAL PARENTERAL NUTRITION 2L	100		Rs._____	Rs._____
719	INJ	PARTIAL PARENTERAL NUTRITION 3L	100		Rs._____	Rs._____
720	INJ	PARTIAL PARENTERAL NUTRITION 1L	100		Rs._____	Rs._____
721	INJ	PARTIAL PARENTERAL NUTRITION 4L	100		Rs._____	Rs._____
722	INJ	POLYGELINE 500 ML/BOTTLE	2,500		Rs._____	Rs._____
723	INJ	RINGER LACTATE+DEXTROSE WATER 1000 ML/DRIP	300		Rs._____	Rs._____
724	INJ	SMOFLIPD 20% OR EQUIVALENT	300		Rs._____	Rs._____
725	INJ	SODIUM CHLORIDE 0.45% 1000ML (EUROCAP)	12,000		Rs._____	Rs._____
726	INJ	SODIUM CHLORIDE 0.45% 500 ML/DRIP	12,000		Rs._____	Rs._____
727	INJ	TOTAL PARENTERAL NUTRITION 1L	700		Rs._____	Rs._____
728	INJ	TOTAL PARENTERAL NUTRITION 2L	700		Rs._____	Rs._____
729	INJ	TOTAL PARENTERAL NUTRITION 3L	700		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
730	INJ	TOTAL PARENTERAL NUTRITION 4L	700		Rs. _____	Rs. _____
LIVER TRANSPLANT ITEMS						
731	BOTTLE	CUSTODIOL SOLUTION 1000 ML/BOTTLE OR EQUIVALENT	15		Rs. _____	Rs. _____
732	BOTTLE	CUSTODIOL SOLUTION 500 ML/BOTTLE OR EQUIVALENT	130		Rs. _____	Rs. _____
733	SOLUTION	UW SOLUTION 1000ML OR EQUIVALENT	60		Rs. _____	Rs. _____
734	SOLUTION	UW SOLUTION 500ML OR EQUIVALENT	60		Rs. _____	Rs. _____
MISC						
735	HYGIENE KIT	IT SHOULD CONTAIN 1 TOOTH BRUSH (SOFT), 1 SMALL TOOTH PASTE (50G), 1 SMALL HYPOALLERGENIC SOAP, 1 SMALL COMB, 1 SMALL TISSUE PAPER BOX/ PACKET, 2 SACHET SHAMPOO , 1 SMALL BODY LOTION, 2 RAZER , 1 SMALL FACE TOWEL	3,000		Rs. _____	Rs. _____
NUTRITIONAL SUPPLIMENTS						
736	CONTAINER	AMINOLEBAN ORAL OR EQUIVALENT	600		Rs. _____	Rs. _____
737	CONTAINER	DIABETIC NUTRITION SUPPLIMENT 250ML (GLUCERNA OR EQUIVALENT)	300		Rs. _____	Rs. _____
738	CONTAINER	DIABETIC NUTRITION SUPPLIMENT 400 G/CONTAINER (GLUCERNA OR EQUIVALENT)	3,000		Rs. _____	Rs. _____
739	SACHET	IMPACT POWDER 740GM OR EQUIVALENT (PACK OF 10)	300		Rs. _____	Rs. _____
740	CONTAINER	INFANT MILK FORMULA 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____
741	CONTAINER	INFANT MILK FORMULA 900GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____
742	SOFT PACK	INFANT MILK FORMULA ECONOMY PACK (LACOTGEN OR EQUIVALENT)	130		Rs. _____	Rs. _____
743	CONTAINER	LACTOSE FREE FORMULA MILK 350GM (MORINAGA OR EQUIVALENT)	210		Rs. _____	Rs. _____
744	OIL	MEDIUM CHAIN TRIGLYCERIDES OIL 120 GMS	110		Rs. _____	Rs. _____
745	CONTAINER	MILK FOR LACTATING MOTHER AND PREGNANT LADIES 200GM (BF-MAMA OR EQUIVALENT)	130		Rs. _____	Rs. _____
746	CONTAINER	MILK FOR LACTATING MOTHER AND PREGNANT LADIES 900GM (BF-MAMA OR EQUIVALENT)	130		Rs. _____	Rs. _____
747	SOFT PACK	MILK FOR LACTATING MOTHER AND PREGNANT LADIES ECONOMY PACK (BF-MAMA OR EQUIVALENT)	130		Rs. _____	Rs. _____
748	CONTAINER	MILK FORMULA FOR THE AGE 1 YEAR AND ABOVE 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____
749	CONTAINER	MILK FORMULA FOR THE AGE 1 YEAR AND ABOVE 900GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____
750	SOFT PACK	MILK FORMULA FOR THE AGE 1 YEAR ECONOMY PACK (LACTOGEN OR EQUIVALENT)	130		Rs. _____	Rs. _____
751	CONTAINER	MILK FORMULA FOR THE AGE SIX MONTHS AND ABOVE 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____
752	CONTAINER	MILK FORMULA FOR THE AGE SIX MONTHS AND ABOVE 900GM OR EQUIVALENT (MORNIAGA OR EQUIVALENT)	130		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
753	SOFT PACK	MILK FORMULA FOR THE AGE SIX MONTHS ECONOMY PACK (LACOTGEN OR EQUIVALENT)	130		Rs. _____	Rs. _____
754	CONTAINER	NOVASOURCE LIQUID 237ML OR EQUIVALENT	600		Rs. _____	Rs. _____
755	CONTAINER	NUTRITIONAL SUPPLEMENT (ALL FLAVOURS) (ENSURE PLUS OR EQUIVALENT) COMPLETE BALANCED NUTRITION 250ML	600		Rs. _____	Rs. _____
756	CONTAINER	NUTRITIONAL SUPPLEMENT (COMPLETE PEPTIDE DIET FOR ADULT) 400GM (PEPTAMEN OR EQUIVALENT)	300		Rs. _____	Rs. _____
757	CONTAINER	NUTRITIONAL SUPPLEMENT (COMPLETE RENAL NUTRITION FOR PEOPLE WITH KIDNEY DISEASE (NON-DIALYZED) 400GM) NEPRO OR EQUIVALENT	300		Rs. _____	Rs. _____
758	CONTAINER	NUTRITIONAL SUPPLEMENT (ENSURE OR EQUIVALENT) (COMPLETE BALANCED NUTRITION) 400G	4,000		Rs. _____	Rs. _____
759	CONTAINER	NUTRITIONAL SUPPLEMENT (LACTOSE PEADS FORMULA)	300		Rs. _____	Rs. _____
760	CONTAINER	NUTRITIONAL SUPPLEMENT (LACTOSE AND GLUTEN FREE; PROTEIN DIET FOR PATIENT AND HEALTH INDIVIDUAL) 264 G (BOOST BENEPROTIEEN OR EQUIVALENT)	1,500		Rs. _____	Rs. _____
761	CONTAINER	NUTRITIONAL SUPPLEMENT 430 G/CONTAINER	300		Rs. _____	Rs. _____
762	CONTAINER	HAEMACCEL NUTRITIONAL SUPPLEMENT(CALCIUM CHLORIDE+POLYGELINE+POTASSIUM IODIDE+ SODIUM CHLORIDE) OR EQUIVALENT 500 ML/BOTTLE	2,500		Rs. _____	Rs. _____
763	CONTAINER	NUTRITIONAL SUPPLEMENT FOR CHILDREN 400 G (PEDIASURE OR EQUIVALENT)	600		Rs. _____	Rs. _____
764	CONTAINER	NUTRITIONAL SUPPLEMENT FOR MALNUTRITION AND OTHER MEDICAL CONDITION 425G (ISOCAL OR EQUIVALENT)	900		Rs. _____	Rs. _____
765	CONTAINER	NUTRITIONAL SUPPLEMENT FOR RENAL IMPAIR PATIENT HAVING HIGH ENERGY, LOW ELECTROLYTE AND LOW VOLUME ENTERAL FEED 400 G (NIPRO HP / LP OR EQUIVALENT)	600		Rs. _____	Rs. _____
766	SOFT PACK	NUTRITIONALLY COMPLETE FORMULA FOR THE DIETARY MANAGEMENT OF BABIES WITH SIGNIFICANT REFLUX ECONOMY PACK (NAN AR OR EQUIVALENT)	170		Rs. _____	Rs. _____
767	CONTAINER	NUTRITIONALLY COMPLETE MILK BASED IRON FORTIFIED INFANT FORMULA 400G (SIMILAC OR EQUIVALENT)	600		Rs. _____	Rs. _____
768	CONTAINER	RESOURCE DIABETES POWDER 400GM OR EQUIVALENT	600		Rs. _____	Rs. _____
769	CONTAINER	SPECIALIZED FORMULA FOR LOW BIRTH WEIGHT INFANTS 400GM (MORNIAGA BG-P OR EQUIVALENT)	170		Rs. _____	Rs. _____
770	CONTAINER	SPECIALIZED FORMULA FOR LOW BIRTH WEIGHT INFANTS 900GM (MORNIAGA BG-P OR EQUIVALENT)	170		Rs. _____	Rs. _____
ORAL LIQUID DOSAGE FORMS						
771	ORAL LIQUID	ABACAVIR 20MG/ML	15		Rs. _____	Rs. _____
772	SYRUP	ACEFYLLINE+DIPHENHYDRAMINE COUGH 45MG/8MG PER 5ML 125ML	3,000		Rs. _____	Rs. _____
773	SYRUP	ACETYL L CARNITINE	150		Rs. _____	Rs. _____
774	SUSP	ALBENDAZOLE 200 MG/5ML SUSPENSION	900		Rs. _____	Rs. _____
775	SUSP	ALUMINA,MAGNESIA,SIMETHICONE 120 ML/BOTTLE SUSPENSION	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
776	SUSP	ALUMINIUM HYDROXIDE AND MAGNESSIUM HYDROXIDE + OXETHAZINE	300		Rs. _____	Rs. _____
777	SYRUP	AMINOPHYLLINE+AMMONIUM CHLORIDE 120 ML COUGH EXPECTORANT 120ML	800		Rs. _____	Rs. _____
778	ORAL LIQUID	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE (SUGAR FREE) 120ML	1,500		Rs. _____	Rs. _____
779	SYRUP	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE 120 ML	1,500		Rs. _____	Rs. _____
780	SUSP	AMOXICILLIN 125 MG/5ML 90ML BOTTLE	600		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN 250 MG/5ML 90 ML BOTTLE	1,200		Rs. _____	Rs. _____
	DROP	AMOXICILLIN 125MG 20 ML DROP	400		Rs. _____	Rs. _____
781	SUSP	AMOXICILLIN+CLAVULANIC ACID 156 MG/5ML SUSPENSION 60 ML BOTTLE	1,500		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN+CLAVULANIC ACID 156 MG/5ML SUSPENSION 90 ML BOTTLE	1,000		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN+CLAVULANIC ACID 312 MG/5ML SUSPENSION 60ML BOTTLE	1,500		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN+CLAVULANIC ACID 312 MG/5ML SUSPENSION 90ML BOTTLE	1,000		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN+CLAVULANIC ACID 400MG/57MG 35ML BOTTLE	1,500		Rs. _____	Rs. _____
	SUSP	AMOXICILLIN+CLAVULANIC ACID 400MG/57MG 70ML BOTTLE	1,000		Rs. _____	Rs. _____
782	SUSP	ANTACID SUSPENSION	600		Rs. _____	Rs. _____
783	SUSP	ARTEMETHER 15MG, LUMEFANTRINE 90MG 30ML DRY-SUSPENSION	500		Rs. _____	Rs. _____
	SUSP	ARTEMETHER 30MG, LUMEFANTRINE 180MG/5ML 30ML DRY-SUSPENSION	400		Rs. _____	Rs. _____
784	SUSP	AZITHROMYCIN 200 MG/5ML 30ML DRY-SUSPENSION	1,500		Rs. _____	Rs. _____
	SUSP	AZITHROMYCIN 200MG/5ML 15ML DRY-SUSPENSION	600		Rs. _____	Rs. _____
785	SUSP	BACILLUS CLAUSII 2BILLION/5ML ORAL SUSP AMP	3,000		Rs. _____	Rs. _____
786	SUSP	BACILLUS CLAUSII 3BILLION/5ML ORAL SUSP AMP	700		Rs. _____	Rs. _____
787	SUSP	BACILLUS CLAUSII 4BILLION/5ML ORAL SUSP AMP	700		Rs. _____	Rs. _____
788	ORAL LIQUID	BANAFSHA SHAHTOOT SYRUP OR EQUIVALENT	700		Rs. _____	Rs. _____
789	SYRUP	B-COMPLEX 120 ML/BOTTLE ORAL LIQUID	6,000		Rs. _____	Rs. _____
790	ORAL LIQUID	CALCIUM CARBONATE ANTACID 120ML ORAL LIQUID	3,000		Rs. _____	Rs. _____
791	ORAL LIQUID	CALCIUM PENTOTHENATE 120 ML	1,500		Rs. _____	Rs. _____
792	ORAL LIQUID	CALCIUM+VITAMIN-D 60 ML	600		Rs. _____	Rs. _____
793	SUSP	CARBAMEZAPINE 100MG/5ML	150		Rs. _____	Rs. _____
794	SUSP	CEFACTOR 125MG/5ML DRY-SUSPENSION 60ML BOTTLE	300		Rs. _____	Rs. _____
	SUSP	CEFACTOR 250ML/5ML DRY-SUSPENSION	300		Rs. _____	Rs. _____
	SUSP	CEFACTOR 187MG 60 ML BOTTLE DRY-SUSPENSION	200		Rs. _____	Rs. _____
	SUSP	CEFACTOR 187MG 90 ML BOTTLE DRY-SUSPENSION	200		Rs. _____	Rs. _____
	ORAL DROP	CEFACTOR 50 MG/ML DROP DRY-SUSPENSION	300		Rs. _____	Rs. _____
795	SUSP	CEFADROXIL 125 MG/5ML DRY-SUSPENSION 60ML BOTTLE	70		Rs. _____	Rs. _____
	SUSP	CEFADROXIL 250MG/5ML SUSPENSION 60ML BOTTLE	150		Rs. _____	Rs. _____
	DROP	CEFADROXIL 100MG DROP 10ML BOTTLE	100		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
796	SUSP	CEFIXIME 100 MG/5ML, 30ML DRY-SUSPENSION	500		Rs. _____	Rs. _____
	SUSP	CEFIXIME 200 MG/5ML, 30ML DRY-SUSPENSION	500		Rs. _____	Rs. _____
797	SUSP	CEFPODOXIME PROXETIL 40MG/5ML 50ML	150		Rs. _____	Rs. _____
798	SUSP	CEFPODOXIME PROXETIL 100MG 100ML BOTTLE	100		Rs. _____	Rs. _____
799	ORAL DROP	CEPHALEXIN 100MG/5ML ORAL DROP	150		Rs. _____	Rs. _____
800	ORAL LIQUID	CEPHALEXIN 125MG/5ML 60ML BOTTLE	150		Rs. _____	Rs. _____
801	ORAL LIQUID	CEPHALEXIN 250MG/5ML 60ML BOTTLE	150		Rs. _____	Rs. _____
802	SUSP	CEPHRADINE 125 MG/5ML DRY-SUSPENSION 90ML BOTTLE	150		Rs. _____	Rs. _____
	SUSP	CEPHRADINE 250 MG/5ML DRY-SUSPENSION 60ML 90ML BOTLE	250		Rs. _____	Rs. _____
803	SYP	CETRIZINE DIHYDROCHLORIDE 5 MG/5ML 120ML	3,000		Rs. _____	Rs. _____
	SYP	CETRIZINE DIHYDROCHLORIDE 60ML	1,500		Rs. _____	Rs. _____
804	SYP	CHLORAL HYDRATE 500 MG/5ML	460		Rs. _____	Rs. _____
805	SYP	CHLOROQUINE SULPHATE 50MG/5ML SYRUP 60ML BOTTLE	100		Rs. _____	Rs. _____
806	SYP	CHLORPHENIRAMINE + DEXTROMETHORPHAN + PSEUDOEPHEDRINE	300		Rs. _____	Rs. _____
807	SYP	CHLORPHENIRAMINE MALEATE 2 MG/5ML	400		Rs. _____	Rs. _____
808	SUSP	CIPROFLOXACIN 125 MG/5ML DRY-SUSPENSION 60ML BOTTLE	700		Rs. _____	Rs. _____
	SUSP	CIPROFLOXACIN 250 MG/5ML DRY-SUSPENSION 60ML BOTTLE	300		Rs. _____	Rs. _____
809	SUSP	CLARITHROMYCIN 125 MG/5ML SUSPENSION 60ML BOTTLE	300		Rs. _____	Rs. _____
	SUSP	CLARITHROMYCIN 250MG/5ML SUSPENSION 60ML BOTTLE	500		Rs. _____	Rs. _____
810	SYP	CLEMASTINE 0.25 MG/5 ML 120ML BOTTLE	150		Rs. _____	Rs. _____
811	ORAL LIQUID	CLONAZEPAM 2.5 MG/ML ORAL LIQUID	60		Rs. _____	Rs. _____
812	DROPS	COLIC DROP	800		Rs. _____	Rs. _____
813	DROPS	COLIC DROP (MINT, GINGER AND CARDAMOM ALONG WITH OTHER HERBS)	300		Rs. _____	Rs. _____
814	SYP	CRANBERRY EXTRACT SYRUP	700		Rs. _____	Rs. _____
815	ORAL LIQUID	CRANBERRY EXTRACT, URSOLIA, VIT C 120ML	1,500		Rs. _____	Rs. _____
816	ORAL LIQUID	CREAM OF MAGNESIA WITH LIQUID PARAFFIN EMULSION 120ML	300		Rs. _____	Rs. _____
817	ORAL LIQUID	CYCLOSPORIN 100 MG/ML	20		Rs. _____	Rs. _____
818	ORAL LIQUID	DEQUALINIUM+BENZALKONIUM ORAL SOLUTION 50 ML/BOTTLE	60		Rs. _____	Rs. _____
819	SYP	DESLORATIDINE 0.5MG/5ML 60ML	500		Rs. _____	Rs. _____
820	SYP	DEXAMETHSAONE 1MG/ML	60		Rs. _____	Rs. _____
821	ORAL LIQUID	DEXTROMETHORPHAN HYDROBROMIDE 10MG, PSEUDOEPHEDRINE HYDROCHLORIDE 30MG, CHLORPHENIRAMINE MALEATE 2MG 120ML	1,500		Rs. _____	Rs. _____
822	SUSP	DEXIBUPROFEN 100MG/5ML	200		Rs. _____	Rs. _____
823	SUSP	DILOXANIDE 250MG , METRONIDAZOLE 200MG /10ML SUSPENSION 90 ML BOTTLE	300		Rs. _____	Rs. _____
824	ORAL LIQUID	DIMENHYDRINATE 12.5 MG/4ML ORAL LIQUID	1,500		Rs. _____	Rs. _____
825	SYP	DIPHENHYDRAMINE 120 ML	300		Rs. _____	Rs. _____
826	ORAL LIQUID	DIPHENHYDRAMINE+AMINOPHYLLINE+AMMONIUM CHLORIDE+MENTHOL 1 ML/ML	150		Rs. _____	Rs. _____
827	ORAL LIQUID	DISODIUM HYDROGEN CITRATE 1.32 G/5ML ORAL LIQUID	250		Rs. _____	Rs. _____
828	SUSP	DOMPERIDONE 5 MG/5ML	900		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
829	ORAL LIQUID	EBASTINE 5 MG/5 ML	300		Rs. _____	Rs. _____
830	ORAL LIQUID	FAMOTIDINE 10 MG/5ML	60		Rs. _____	Rs. _____
831	ORAL LIQUID	FAMOTIDINE 20 MG/5ML	60		Rs. _____	Rs. _____
832	SUSP	FEXOFENADINE 30MG/5 ML	300		Rs. _____	Rs. _____
833	SUSP	FEXOFENADINE + MONTELUKAST 30MG+4MG/5 ML	200		Rs. _____	Rs. _____
834	SUSP	FLUCONAZOLE 50MG SUSP 30ML	60		Rs. _____	Rs. _____
835	ORAL LIQUID	FLUOXETINE 20 MG/5 ML, 60ML	60		Rs. _____	Rs. _____
836	SYP	GUAIFENESIN + TERBUTALINE EXPECTORANT 60ML BOTTLE	50		Rs. _____	Rs. _____
837	SYP	GUAIFENESIN + TERBUTALINE EXPECTORANT 120ML BOTTLE	60		Rs. _____	Rs. _____
838	ORAL LIQUID	GUAIPHENESIN 50MG,SALBUTAMOL SULPHATE 1MG 120ML	60		Rs. _____	Rs. _____
839	ORAL LIQUID	HALOPERIDOL 2 MG/ML 60ML	30		Rs. _____	Rs. _____
840	SYP	HYDRYLLIN DM OR EQUIVALENT (DEXTROMETHORPHAN HBR+DIPHENHYDRAMINE HCL 120 ML)	1,500		Rs. _____	Rs. _____
841	ORAL LIQUID	HYOSCINE BUTYLBROMIDE 5MG/5ML 60ML	700		Rs. _____	Rs. _____
842	SYP	IBERET FOLIC SYRUP OR EQUIVALENT (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	1,500		Rs. _____	Rs. _____
843	SYP	IBUPROFEN 200 MG/5ML	400		Rs. _____	Rs. _____
	SYP	IBUPROFEN 100 MG/5ML	3,000		Rs. _____	Rs. _____
844	SUSP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 120ML	1,500		Rs. _____	Rs. _____
	SUSP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 90ML	300		Rs. _____	Rs. _____
845	ORAL LIQUID	IRON BISGLYCINATE AND FOLIC ACID +ZINC 120ML ORAL LIQUID	150		Rs. _____	Rs. _____
846	ORAL LIQUID	IRON POLYMALTOSE 120ML	1,500		Rs. _____	Rs. _____
847	SYP	IRON+MULTIVITAMINS 120 ML	3,000		Rs. _____	Rs. _____
848	ORAL LIQUID	IRON+VITAMIN B COMPLEX 250ML	1,000		Rs. _____	Rs. _____
849	ORAL LIQUID	IVY LEAF EXTRACT FOR PEADS PATIENTS	300		Rs. _____	Rs. _____
850	ORAL LIQUID	IVY LEAF EXTRACT+PRIMULA+THYME 120 ML	800		Rs. _____	Rs. _____
851	DROP	IVY LEAF EXTRACT+PRIMULA+THYME 20ML DROP	150		Rs. _____	Rs. _____
852	ORAL LIQUID	IVY LEAF EXTRACT+PRIMULA+THYME+ DEXTROMETHORPHAN 120ML	600		Rs. _____	Rs. _____
853	ORAL LIQUID	KETOTIFEN 1 MG/5ML	600		Rs. _____	Rs. _____
854	ORAL LIQUID	LACOSAMIDE 10 MG/ML 100ML	60		Rs. _____	Rs. _____
855	DROPS	LACTOBACILLUS REUTERI PROTECTIS DROPS 5ML	300		Rs. _____	Rs. _____
856	ORAL LIQUID	LACTULOSE 3.35G/5ML / 120ML	8,000		Rs. _____	Rs. _____
	ORAL LIQUID	LACTULOSE 66.7 G/100ML, 240ML	1,500		Rs. _____	Rs. _____
857	ORAL LIQUID	LEVETIRACETAM 100 MG/ML ORAL SOLUTION 30ML	150		Rs. _____	Rs. _____
	ORAL LIQUID	LEVETIRACETAM 100 MG/ML ORAL LIQUID 60ML	400		Rs. _____	Rs. _____
858	SYRUP	LEVOCITRIZINE 2.5MG/5ML 60ML	400		Rs. _____	Rs. _____
	SYRUP	LEVOCITRIZINE 2.5MG/5ML 90ML	300		Rs. _____	Rs. _____
859	ORAL LIQUID	LORATIDINE 1 MG/ML 30ML	150		Rs. _____	Rs. _____
	ORAL LIQUID	LORATIDINE 1 MG/ML 60ML	150		Rs. _____	Rs. _____
860	ORAL LIQUID	L-ORNITHINE L-ASPARTATE 300 MG/5ML	400		Rs. _____	Rs. _____
861	SYP	LYSOVIT SYP OR EQUIVALENT 120ML	1,500		Rs. _____	Rs. _____
862	ORAL LIQUID	MAGNESIUM CHLORIDE 5G/10ML	400		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
863	ORAL LIQUID	MAGNESIUM HYDROXIDE MIXTURE+LIQUID PARAFFIN 120 ML SUSPENSION	1,500		Rs._____	Rs._____
864	ORAL LIQUID	MEBENDAZOLE 100 MG/5ML	500		Rs._____	Rs._____
865	ORAL LIQUID	MEFENAMIC ACID 100 MG/5ML 60ML	300		Rs._____	Rs._____
	ORAL LIQUID	MEFENAMIC ACID 50MG/5ML 60ML	300		Rs._____	Rs._____
866	ORAL LIQUID	METOPINE+VITAMIN B6+VITAMIN B12 1 ML/ML	600		Rs._____	Rs._____
867	SUSP	METRONIDAZOLE 200 MG/5ML	600		Rs._____	Rs._____
868	ORAL LIQUID	MULTIVITAMINS 1 ML/ML	300		Rs._____	Rs._____
869	ORAL LIQUID	NALIDIXIC ACID 250MG/ 5ML 60ML BOTTLE	60		Rs._____	Rs._____
870	DROPS	NYSTATIN 100000 IU/5ML, 30ML	4,500		Rs._____	Rs._____
871	DROPS	NYSTATIN 100000 IU/5ML, 50ML	4,500		Rs._____	Rs._____
872	ORAL LIQUID	ONDANSETRON HYDROCHLORIDE USP 4MG 50ML BOTTLE	600		Rs._____	Rs._____
873	ORAL LIQUID	ORAL REHYDRATION SOLUTION ORAL LIQUID 500ML	700		Rs._____	Rs._____
874	ORAL LIQUID	OSSEIN MINERAL COMPLEX 250MG, VITAMIN-D 400IU/5ML SYRUP 60ML	600		Rs._____	Rs._____
875	SUSP	OXETHAZAINE 10MG, MAGNESIUM OXIDES AND HYDROXIDES 98MG, ALUMINIUM HYDROXIDE AND OXIDE 291MG 120 ML	3,000		Rs._____	Rs._____
876	DROPS	PARACETAMOL 80MG/0.8ML ORAL DROP	2,000		Rs._____	Rs._____
	ORAL LIQUID	PARACETAMOL 160 MG/5ML	3,000		Rs._____	Rs._____
	ORAL LIQUID	PARACETAMOL 250 MG/5ML	1,500		Rs._____	Rs._____
877	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 60ML	1,500		Rs._____	Rs._____
878	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 100ML	1,000		Rs._____	Rs._____
879	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 120ML	1,000		Rs._____	Rs._____
880	ORAL LIQUID	PARACETAMOL+CHLORPHENIRAMINE	500		Rs._____	Rs._____
881	ORAL LIQUID	PHENIRAMINE MALEATE 15 MG/5ML	60		Rs._____	Rs._____
882	ORAL LIQUID	PHENYTOIN 125MG/5ML	700		Rs._____	Rs._____
883	ORAL LIQUID	PHOLCODEIN+ALCOHOL+PROMETHAZINE	700		Rs._____	Rs._____
884	ORAL LIQUID	PIRACETAM 1 G/5ML 120ML BOTTLE	60		Rs._____	Rs._____
885	ORAL LIQUID	PIZOTIFEN 0.25 MG/5ML 60ML	600		Rs._____	Rs._____
886	SUSP	POSACONAZOLE 200 MG/5ML SUSPENSION	140		Rs._____	Rs._____
887	SUSP	POSACONAZOLE 40 MG/ML SUSPENSION	140		Rs._____	Rs._____
888	ORAL LIQUID	POTASSIUM CHLORIDE 2MEQ/ML	700		Rs._____	Rs._____
889	ORAL LIQUID	POTASSIUM CITRATE	700		Rs._____	Rs._____
890	ORAL LIQUID	POTASSIUM PHOSPHATE 2G/30ML	700		Rs._____	Rs._____
891	ORAL LIQUID	PROMETHAZINE 5 MG/5ML	300		Rs._____	Rs._____
892	ORAL LIQUID	PRUNE JUICE & SENNA	60		Rs._____	Rs._____
893	ORAL LIQUID	RISPERIDONE 30 ML	110		Rs._____	Rs._____
894	ORAL LIQUID	SAFI SYRUP OR EQUIVALENT	600		Rs._____	Rs._____
895	ORAL LIQUID	SALBUTAMOL 2 MG/5ML	60		Rs._____	Rs._____
896	ORAL LIQUID	SMETHICONE 40 MG/ML ORAL DROP	60		Rs._____	Rs._____
897	DROPS	SODIUM ALGINATE 500MG, CALCIUM CARBONATE 160MG, SODIUM BICARBONATE 267MG, 120ML SUSPENSION	6,000		Rs._____	Rs._____
898	BOTTLE	SODIUM ALGINATE+POTASSIUM BICARBONATE 120 ML	600		Rs._____	Rs._____
899	BOTTLE	SODIUM ALGINATE+SODIUM BICARBONATE 120 ML	4,000		Rs._____	Rs._____
900	ORAL LIQUID	SODIUM IRON EDETATE 55MG/10ML	600		Rs._____	Rs._____
901	BOTTLE	SODIUM PICOSULFATE 5 MG/ML 60ML	600		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
902	BOTTLE	SODIUM PICOSULFATE 5MG/ML 120ML	1,100		Rs. _____	Rs. _____
903	ORAL LIQUID	SODIUM PICOSULFATE 7.5MG/ML 120ML	600		Rs. _____	Rs. _____
904	ORAL LIQUID	SODIUM PICOSULFATE 7.5MG/ML 60ML	600		Rs. _____	Rs. _____
905	SUSP	SUCRALFATE 1 G/5ML 120ML	5,000		Rs. _____	Rs. _____
906	SUSP	SUCRALFATE 1 G/5ML 60ML	5,000		Rs. _____	Rs. _____
907	DROPS	SULFOLAX 1 ML/ML ORAL DROP	300		Rs. _____	Rs. _____
908	ORAL LIQUID	TERBUTALINE 0.3 MG/ML	400		Rs. _____	Rs. _____
909	ORAL LIQUID	TERBUTALINE 1.5MG, GUAIFENESIN 66.5MG (EXPECTORANT)	600		Rs. _____	Rs. _____
910	ORAL LIQUID	TRES ORIX SYP OR EQUIVALENT (CYPROHEPTADINE OROTATE 1.5 MG, CARNITINE HCL 150 MG, LYSINE HCL 150 MG, VITAMIN B1 10MG, VITAMIN B6 10MG)	300		Rs. _____	Rs. _____
911	ORAL LIQUID	TRIMETABOL OR EQUIVALENT (METOPINE 2.75MG, L-LYSINE 250MG, DL-CARNITINE 375MG, VITAMIN B1 30MG, VITAMIN B6 30MG, VITAMIN B12 1000MCG) 120ML	600		Rs. _____	Rs. _____
912	ORAL LIQUID	TRIPROLDINE (HCL)1.25MG, PARACETAMOL 80MG, PSEUDOEPHEDRINE (HCL) 30MG	220		Rs. _____	Rs. _____
913	ORAL LIQUID	VALPROATE/DIVALPROEX 250MG/5ML	600		Rs. _____	Rs. _____
914	DROPS	VIDAYLIN DROPS OR EQUIVALENT 10ML	800		Rs. _____	Rs. _____
915	SYP	VIDAYLIN L OR EQUIVALENT 120ML	1,300		Rs. _____	Rs. _____
916	SYP	VIDAYLIN M OR EQUIVALENT 120ML	1,300		Rs. _____	Rs. _____
917	DROPS	VIT A,C & D3 15 ML/BOTTLE ORAL DROP	400		Rs. _____	Rs. _____
918	DROPS	VITAMIN A & D DROPS ORAL DROP	400		Rs. _____	Rs. _____
919	ORAL LIQUID	VIDAYLIN ORAL LIQUID OR EQUIVALENT (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)	1,500		Rs. _____	Rs. _____
920	ORAL LIQUID	VIDAYLIN M SYRUP OR EQUIVALENT (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	1,500		Rs. _____	Rs. _____
921	DROPS	VITAMIN ACD & E ORAL DROPS	900		Rs. _____	Rs. _____
922	SYP	VITAMIN B COMPLEX SYRUP	7,000		Rs. _____	Rs. _____
923	DROPS	VITAMIN C DROPS	300		Rs. _____	Rs. _____
924	ORAL LIQUID	VITAMIN D3 1000IU/10ML 120ML	1,500		Rs. _____	Rs. _____
925	ORAL LIQUID	VITAMIN D3 400 IU/DROP	600		Rs. _____	Rs. _____
926	ORAL LIQUID	VITAMIN-A 2666 IU/DROP	300		Rs. _____	Rs. _____
927	ORAL LIQUID	VIDAYLIN SYRUP OR EQUIVALENT (VITAMINS 1 ML/ML EACH 5ML CONTAINS 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)	300		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
928	ORAL LIQUID	VIDAYLIN L OR EQUIVALENT (VITAMINS AND LYSINE (EACH 5ML CONTAINS 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)	300		Rs._____	Rs._____
929	SYP	ZINC SULPHATE SYP 20 MG/5ML, 120ML	700		Rs._____	Rs._____
930	SYP	ZINC SULPHATE SYP 20 MG/5ML, 60ML	3,000		Rs._____	Rs._____
931	DROPS	B-D-GALACTOSIDASE ENZYME 0.40GRAM DROP 7.5ML	300		Rs._____	Rs._____
OPHTHALMIC PREPARATIONS						
932	EYE OINTMENT	ACYCLOVIR EYE 4.5 G/TUBE	300		Rs._____	Rs._____
933	EYE CREAM	ACYCLOVIR EYE 4.5 G/TUBE	200		Rs._____	Rs._____
934	EYE DROP	ARTIFICIAL TEAR 10ML	600		Rs._____	Rs._____
935	EYE DROP	BETAXOLOL HCL. 0.25% 5ML EYE DROP	300		Rs._____	Rs._____
936	EYE DROP	NETARSUDIL 2.5 ML	50		Rs._____	Rs._____
937	EYE DROP	POLYETHYLENE GLYCOL, PROPYLENE GLYCOL 30ML	100		Rs._____	Rs._____
938	EYE DROP	BRINZOLAMIDE	40		Rs._____	Rs._____
939	EYE DROP	BRINZOLAMIDE 10MG, BRIMONIDINE TARTRATE 2MG (EQUIV. TO 1.3MG BRIMONIDINE)	70		Rs._____	Rs._____
940	EYE DROPS	CHLORAMPHENICOL 0.5% 10 ML/BOTTLE	150		Rs._____	Rs._____
941	EYE OINTMENT	CHLORAMPHENICOL 0.5% 5G/TUBE	250		Rs._____	Rs._____
942	EYE DROPS	CIPROFLOXACIN HCL. (MONOHYDRATE) 3.5MG EQUIVALENT TO 0.33% CIPROFLOXACIN HCL. (ANHYDR.) & 0.30% CIPROFLOXACIN (FREE BASE)	500		Rs._____	Rs._____
943	EYE DROPS	CYCLOPENTOLATE HYDROCHLORIDE 1% 15 ML/BOTTLE	500		Rs._____	Rs._____
944	EYE DROP	DEXAMETHASONE 0.1% 10ML/BOTTLE	500		Rs._____	Rs._____
945	EYE OINTMENT	DEXAMETHASONE, NEOMYCIN, POLYMYXIN B	150		Rs._____	Rs._____
946	EYE DROP	DEXAMETHASONE, NEOMYCIN, POLYMYXIN B	100		Rs._____	Rs._____
947	EYE DROPS	DORZOLAMIDE 5ML/BOTTLE	150		Rs._____	Rs._____
948	EYE DROPS	DORZOLAMIDE+BRINZOLAMAIDE 5ML/BOTTLE	150		Rs._____	Rs._____
949	EYE DROP	EMEDASTINE DIFUMARATE 0.0884% (EQUIVALENT TO 0.05% EMEDASTINE)	450		Rs._____	Rs._____
950	EYE DROPS	FLUOROMETHOLONE 0.1% 5 ML/BOTTLE	250		Rs._____	Rs._____
951	EYE DROPS	FLUOROMETHOLONE 0.25% 5 ML/BOTTLE	200		Rs._____	Rs._____
952	EYE OINTMENT	FUSIDIC ACID 5G/TUBE	450		Rs._____	Rs._____
953	EYE DROP	FUSIDIC ACID EYE DROP	400		Rs._____	Rs._____
954	EYE DROP	LATANOPROST 0.01% 5ML/BOTTLE	300		Rs._____	Rs._____
955	EYE DROP	LATANOPROST+TRAVOPROST 5ML/BOTTLE	300		Rs._____	Rs._____
956	EYE DROP	LIFITEGRAST OPHTHALMIC SOLUTION	150		Rs._____	Rs._____
957	EYE DROPS	MOXIFLOXACIN 0.5% 5 ML/BOTTLE	600		Rs._____	Rs._____
958	EYE DROP	MOXIFLOXACIN+DEXAMETHASONE 5ML/BOTTLE	600		Rs._____	Rs._____
959	EYE DROPS	NATAMYCIN 5% 5ML/BOTTLE	300		Rs._____	Rs._____
960	EYE DROPS	NEPAFENAC SODIUM 0.1% 5 ML/BOTTLE	600		Rs._____	Rs._____
961	EYE OINTMENT	OFLOXACIN 0.3% 3.5GM	250		Rs._____	Rs._____
962	EYE DROPS	OFLOXACIN 0.3% 5ML/BOTTLE	300		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
963	EYE DROPS	OLOPTADINE 0.2% 5 ML/BOTTLE	250		Rs. _____	Rs. _____
964	EYE DROPS	PHENYLEPHRINE HYDROCHLORIDE 10% + CYCLPENTOPATE 5ML/BOTTLE	250		Rs. _____	Rs. _____
965	EYE DROPS	PHENYLEPHRINE HYDROCHLORIDE 10% 5 ML/BOTTLE	250		Rs. _____	Rs. _____
966	EYE DROPS	PILOCARPINE 5ML/BOTTLE	450		Rs. _____	Rs. _____
967	EYE DROPS	POLYACRYLIC ACID 5 ML/BOTTLE	450		Rs. _____	Rs. _____
968	EYE OINTMENT	POLYMYXIN B+MYCITRACIN 6 G/TUBE	1,500		Rs. _____	Rs. _____
969	EYE DROPS	POLYVINYL ALCOHOL+POVIDONE 10 ML/BOTTLE	600		Rs. _____	Rs. _____
970	EYE DROPS	PREDNISOLONE ACETATE 1% 5 ML/BOTTLE	600		Rs. _____	Rs. _____
971	EYE DROPS	PROPARACAINE 0.5% 15 ML/BOTTLE	150		Rs. _____	Rs. _____
972	EYE DROPS	ROSE WATER STERILE FOR EYE	150		Rs. _____	Rs. _____
973	EYE DROPS	SODIUM HYALURONATE 5ML/BOTTLE	60		Rs. _____	Rs. _____
974	SUSP	SULFACETAMIDE SODIUM 100MG, PREDNISOLONE ACETATE 2MG OPHTHALMIC SUSP 5ML	150		Rs. _____	Rs. _____
975	EYE OINTMENT	SULFACETAMIDE+PREDNISOLONE 3.5 G/TUBE	600		Rs. _____	Rs. _____
976	EYE DROPS	SULFACETAMIDE+PREDNISOLONE 5 ML/BOTTLE	600		Rs. _____	Rs. _____
977	EYE DROPS	TIMOLOL 0.5% 5ML/BOTTLE	150		Rs. _____	Rs. _____
978	EYE DROPS	TOBRAMYCIN 0.3% 5 ML/BOTTLE	600		Rs. _____	Rs. _____
979	EYE OINTMENT	TOBRAMYCIN 3.5 G/TUBE	600		Rs. _____	Rs. _____
980	EYE OINTMENT	TOBRAMYCIN+DEXAMETHASONE 3.5 G/TUBE	600		Rs. _____	Rs. _____
981	EYE DROPS	TOBRAMYCIN+DEXAMETHASONE 5 ML/BOTTLE	600		Rs. _____	Rs. _____
982	EYE DROPS	TRAVAPOST 40MCG	130		Rs. _____	Rs. _____
983	EYE DROPS	TROPICAMIDE 1% 15 ML/BOTTLE	600		Rs. _____	Rs. _____
ORAL SOLID DOSAGE FORMS						
984	TAB	ABACAVIR 300MG (PACK OF 30)	600		Rs. _____	Rs. _____
985	TAB	ABACAVIR AND LAMIVUDINE 600MG/300MG	600		Rs. _____	Rs. _____
986	TAB	ABACAVIR, DOLUTEGRAVIR, AND LAMIVUDINE 600MG/50MG/300MG	600		Rs. _____	Rs. _____
987	TAB	ABACAVIR, LAMIVUDINE, AND ZIDOVUDINE 300MG/150MG/300MG	600		Rs. _____	Rs. _____
988	TAB	ACARBOSE 100MG (PACK OF 30)	400		Rs. _____	Rs. _____
989	TAB	ACARBOSE 50MG	400		Rs. _____	Rs. _____
990	TAB	ACELOFENAC 100 MG/TAB	600		Rs. _____	Rs. _____
991	TAB	ACETAZOLAMIDE 250 MG/TAB	600		Rs. _____	Rs. _____
992	CAP	ACETYL L CARNITINE 500 MG/CAP	150		Rs. _____	Rs. _____
993	ORAL POWDER	ACETYLCYSTEINE 200 MG ORAL GRANULES	15,000		Rs. _____	Rs. _____
994	TAB	ACETYLSALICYLIC ACID (COATED) 75MG	35,000		Rs. _____	Rs. _____
995	TAB	ACETYLSALICYLIC ACID 100 MG	700		Rs. _____	Rs. _____
996	TAB	ACETYLSALICYLIC ACID 150MG	1,200		Rs. _____	Rs. _____
997	TAB	ACETYLSALICYLIC ACID 300 MG (COATED)	1,200		Rs. _____	Rs. _____
998	TAB	ACETYLSALICYLIC ACID 300 MG EFFERVESCENT/DIPSERABLE TABLETS	31,000		Rs. _____	Rs. _____
999	TAB	ACETYLSALICYLIC ACID 75 MG	31,000		Rs. _____	Rs. _____
1000	TAB	ACITRETIN 10MG	300		Rs. _____	Rs. _____
1001	TAB	ACITRETIN 25MG	300		Rs. _____	Rs. _____
1002	ORAL POWDER	ACTIVATED CHARCOAL (1 KG)	600		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1003	TAB	ACYCLOVIR 200 MG/TAB	5,100		Rs. _____	Rs. _____
1004	TAB	ACYCLOVIR 400 MG/TAB	31,000		Rs. _____	Rs. _____
1005	TAB	ACYCLOVIR 800 MG	11,000		Rs. _____	Rs. _____
1006	TAB	ACYCLOVIR 600 MG /TAB	1,500		Rs. _____	Rs. _____
1007	TAB	ALBENDAZOLE 200 MG/TAB	1,200		Rs. _____	Rs. _____
1008	TAB	ALENDRONATE 70 MG/TAB	600		Rs. _____	Rs. _____
1009	TAB	ALFACALCIDOL 0.25 MCG/TAB	43,000		Rs. _____	Rs. _____
1010	TAB	ALFACALCIDOL 0.5 MCG/TAB	55,000		Rs. _____	Rs. _____
1011	TAB	ALFACALCIDOL 1MCG	65,000		Rs. _____	Rs. _____
1012	TAB	ALFUZOSINE 10MG	900		Rs. _____	Rs. _____
1013	TAB	ALFUZOSINE 5 MG	900		Rs. _____	Rs. _____
1014	CAP	ALITRETINOIN 10MG SOFT CAPSULE	700		Rs. _____	Rs. _____
1015	TAB	ALL TRANS RETNOIC ACID 10 MG	2,500		Rs. _____	Rs. _____
1016	TAB	ALLOPURINOL 100 MG/TAB	5,500		Rs. _____	Rs. _____
	TAB	ALLOPURINOL 300 MG/TAB	5,500		Rs. _____	Rs. _____
1017	TAB	ALPRAZOLAM 0.25 MG	1,200		Rs. _____	Rs. _____
1018	TAB	ALPRAZOLAM 0.5 MG	5,500		Rs. _____	Rs. _____
1019	TAB	ALPRAZOLAM 1 MG	6,000		Rs. _____	Rs. _____
1020	TAB	ALUMINIUM HYDROXIDE + MAGNESIUM HYDROXIDE + SIMETHICON (200MG/200/25MG)	6,000		Rs. _____	Rs. _____
1021	TAB	ALUMINIUM HYDROXIDE + MAGNESIUM TRISILICATE	4,000		Rs. _____	Rs. _____
1022	TAB	AMANTIDINE SULPHATE 100MG	600		Rs. _____	Rs. _____
1023	TAB	AMIODARONE HCL 200 MG/TAB	1,500		Rs. _____	Rs. _____
1024	TAB	AMITRIPTYLINE 50 MG	800		Rs. _____	Rs. _____
1025	TAB	AMITRIPTYLINE 10 MG	800		Rs. _____	Rs. _____
1026	TAB	AMITRIPTYLINE 25 MG	800		Rs. _____	Rs. _____
1027	TAB	AMLODIPINE BESYLATE 10 MG/TAB	40,000		Rs. _____	Rs. _____
	TAB	AMLODIPINE BESYLATE 5 MG/TAB	40,000		Rs. _____	Rs. _____
1028	TAB	AMLODIPINE+VALSARTAN 5/160MG MG	5,000		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN (10/160)MG /TAB	5,000		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN (5/80)MG /TAB	7,000		Rs. _____	Rs. _____
1029	TAB	AMLODIPINE+VALSARTAN+HCT 10/160/12.5MG	1,500		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN+HCT 10/160/25MG	1,500		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN+HCT 5/160/12.5MG	1,500		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN+HCT 5/160/25MG	1,500		Rs. _____	Rs. _____
	TAB	AMLODIPINE+VALSARTAN+HCT 10/320/25MG	1,500		Rs. _____	Rs. _____
1030	CAP	AMOXICILLIN 500 MG/CAP	10,200		Rs. _____	Rs. _____
1031	TAB	AMOXICILLIN+CLAVULANIC ACID 1000 MG/TAB	20,000		Rs. _____	Rs. _____
	TAB	AMOXICILLIN+CLAVULANIC ACID 375 MG/TAB	6,000		Rs. _____	Rs. _____
	TAB	AMOXICILLIN+CLAVULANIC ACID 625 MG/TAB	36,000		Rs. _____	Rs. _____
1032	CAP	AMPICILLIN 500MG / CAP	1,500		Rs. _____	Rs. _____
	CAP	AMPICILLIN 250MG / CAP	1,000		Rs. _____	Rs. _____
1033	TAB	ANASTROZOLE 1MG	800		Rs. _____	Rs. _____
1034	ORAL POWDER	ANTACID ORAL POWDER	5,500		Rs. _____	Rs. _____
1035	TAB	APIXABAN 2.5 MG/TAB	250		Rs. _____	Rs. _____
1036	TAB	APIXABAN 5MG	250		Rs. _____	Rs. _____
1037	CAP	APREPITANT 125 MG/CAP	100		Rs. _____	Rs. _____
	CAP	APREPITANT 80 MG/CAP	150		Rs. _____	Rs. _____
1038	TAB	ARIPIPRAZOLE 10MG	400		Rs. _____	Rs. _____
1039	TAB	ARIPIPRAZOLE 15 MG/TAB	400		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1040	TAB	ARIPIRAZOLE 20MG	300		Rs. _____	Rs. _____
1041	TAB	ARIPIRAZOLE 5MG	400		Rs. _____	Rs. _____
1042	TAB	ARIPIRAZOLE 30MG	400		Rs. _____	Rs. _____
1043	TAB	ARTEMETHER/LUMAFENTRINE 80/480MG DISPERSABLE TAB	2,500		Rs. _____	Rs. _____
	TAB	ARTEMETHER+LUMEFANTRINE (40/240) MG DISPERSABLE TAB	2,500		Rs. _____	Rs. _____
	TAB	ARTEMETHER+LUMEFANTRINE 20/120MG DISPERSABLE TAB	800		Rs. _____	Rs. _____
1044	TAB	ASCORBIC ACID 500 MG/TAB (VITAMIN C)	18,000		Rs. _____	Rs. _____
1045	TAB	ATAZANAVIR 100MG	150		Rs. _____	Rs. _____
1046	TAB	ATAZANAVIR 150MG	150		Rs. _____	Rs. _____
1047	TAB	ATAZANAVIR 200MG	150		Rs. _____	Rs. _____
1048	TAB	ATAZANAVIR 300MG	150		Rs. _____	Rs. _____
1049	TAB	ATAZANAVIR AND COBICISTAT 300MG/150MG	150		Rs. _____	Rs. _____
1050	TAB	ATENOLOL HCL 100 MG/TAB	1,500		Rs. _____	Rs. _____
	TAB	ATENOLOL HCL 25 MG/TAB	1,500		Rs. _____	Rs. _____
	TAB	ATENOLOL HCL 50 MG/TAB	1,500		Rs. _____	Rs. _____
1051	TAB	ATORVASTATIN 10 MG/TAB	11,000		Rs. _____	Rs. _____
	TAB	ATORVASTATIN 20 MG/TAB	7,000		Rs. _____	Rs. _____
	TAB	ATORVASTATIN 40MG	4,000		Rs. _____	Rs. _____
1052	TAB	ATOVAQUONE 250MG	150		Rs. _____	Rs. _____
1053	TAB	ATTAPULGITE 500 MG/TAB	800		Rs. _____	Rs. _____
1054	TAB	AZATHIOPRINE 50 MG/TAB	800		Rs. _____	Rs. _____
1055	TAB	AZITHROMYCIN 250 MG/TAB	4,000		Rs. _____	Rs. _____
	TAB	AZITHROMYCIN 500 MG/TAB	9,000		Rs. _____	Rs. _____
1056	CAP	AZITHROMYCIN 500 MG/CAP	9,000		Rs. _____	Rs. _____
1057	TAB	BACLOFEN 10 MG/TAB	1,000		Rs. _____	Rs. _____
1058	TAB	BAMBUTEROL HCL 10MG	150		Rs. _____	Rs. _____
1059	TAB	BAMBUTEROL HCL 20MG	150		Rs. _____	Rs. _____
1060	TAB	BAMIFYLLINE 600 MG/TAB	600		Rs. _____	Rs. _____
1061	TAB	BARICITINIB 2MG	200		Rs. _____	Rs. _____
1062	TAB	BARICITINIB 4MG	200		Rs. _____	Rs. _____
1063	TAB	B-COMPLEX, FOLIC ACID, VITAMIN E, VITAMIN C	75,000		Rs. _____	Rs. _____
1064	TAB	BERAPROST 20MCG	700		Rs. _____	Rs. _____
1065	TAB	BETAHISTINE DIHYDROCHLORIDE 24 MG	7,000		Rs. _____	Rs. _____
	TAB	BETAHISTINE DIHYDROCHLORIDE 16 MG	7,000		Rs. _____	Rs. _____
	TAB	BETAHISTINE DIHYDROCHLORIDE 8 MG	7,000		Rs. _____	Rs. _____
1066	TAB	BETAMETHASONE 0.5 MG TABLET	1,500		Rs. _____	Rs. _____
1067	TAB	BETHANECHOL 25MG TABLET	110		Rs. _____	Rs. _____
1068	TAB	BICALUTAMIDE 50MG	110		Rs. _____	Rs. _____
1069	TAB	BIOTIN 1000MCG	1,100		Rs. _____	Rs. _____
1070	TAB	BOSUTINIB 500MG	30		Rs. _____	Rs. _____
1071	TAB	BISACODYL 5 MG	3,000		Rs. _____	Rs. _____
1072	TAB	BISOPROLOL FUMARATE 10MG	5,000		Rs. _____	Rs. _____
1073	TAB	BISOPROLOL FUMARATE 2.5 MG/TAB	9,000		Rs. _____	Rs. _____
1074	TAB	BISOPROLOL FUMARATE 5 MG/TAB	5,000		Rs. _____	Rs. _____
1075	TAB	BOSENTAN 125 MG FILM COATED TABLET	2,000		Rs. _____	Rs. _____
1076	TAB	BOSENTAN 62.5 MG FILM COATED TABLET	2,500		Rs. _____	Rs. _____
1077	TAB	BROMAZEPAM 1.5 MG	3,500		Rs. _____	Rs. _____
1078	TAB	BROMAZEPAM 6 MG	1,500		Rs. _____	Rs. _____
1079	TAB	BROMAZEPAM 3 MG	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1080	TAB	BROMOCRIPTINE 10 MG	400		Rs. _____	Rs. _____
1081	TAB	BROMOCRIPTINE 2.5 MG	400		Rs. _____	Rs. _____
1082	TAB	BUPRENORPHINE 0.2MG	1,100		Rs. _____	Rs. _____
1083	TAB	BUPRIPRION 150 MG XR	130		Rs. _____	Rs. _____
1084	TAB	BUPROPION HCL 75MG	130		Rs. _____	Rs. _____
1085	TAB	BUSULFAN 500MG	520		Rs. _____	Rs. _____
1086	CAP	CALCITRIOL 0.25MCG	700		Rs. _____	Rs. _____
1087	TAB	CALCIUM , VITAMIN C , VITAMIN D3, VITAMIN B6	13,000		Rs. _____	Rs. _____
1088	TAB	CALCIUM 400MG, VITAMIN D 100IU	150		Rs. _____	Rs. _____
1089	TAB	CALCIUM ACETATE 667 MG/TAB	2,500		Rs. _____	Rs. _____
1090	TAB	CALCIUM AND VITAMIN C CHEWABLE	7,000		Rs. _____	Rs. _____
1091	TAB	CALCIUM CARBONATE 1250MG, VITAMIN D3 125IU	400,000		Rs. _____	Rs. _____
1092	TAB	CALCIUM CARBONATE 1250MG, VITAMIN D3 125IU, CONTAIN SUGAR FREE(ALL FLAVOURS)	2,100,000		Rs. _____	Rs. _____
1093	TAB	CALCIUM CARBONATE 600MG, VITAMIN D3 200IU	4,000		Rs. _____	Rs. _____
1094	TAB	CALCIUM CARBONATE 750MG, VITAMIN D3 200IU	4,000		Rs. _____	Rs. _____
1095	TAB	CALCIUM CARBONATE, VITAMIN D3 125MG/125 IU	4,000		Rs. _____	Rs. _____
1096	TAB	CALCIUM LACTATE GLUCONATE, CALCIUM CARBONATE, VITAMIN C , VITAMIN D3, VITAMIN B8	400,000		Rs. _____	Rs. _____
1097	ORAL POWDER	CALCIUM POLYSTYRENE SULFONATE ORAL POWDER 15 G	980		Rs. _____	Rs. _____
1098	TAB	CALCIUM VITAMIN K2, VITAMIN D3 500MG/90MCG/800IU	4,000		Rs. _____	Rs. _____
1099	TAB	ABOCAL OR EQUIVALENT (CALCIUM VITAMIN D VITAMIN C EFFERVESANT TABLET)	120,000		Rs. _____	Rs. _____
1100	TAB	QALSAN D TABLET OR EQUIVALENT (CALCIUM+VITAMIN-D CHEWABLE TABLETS (ALL FLAVORS))	120,000		Rs. _____	Rs. _____
1101	TAB	CALCIUM+VITAMINS EFFERVESCENT/DIPSERABLE TABLETS	80,000		Rs. _____	Rs. _____
1102	TAB	CANDESARTAN CILEXETIL + HCT 16/12.5MG	700		Rs. _____	Rs. _____
1103	TAB	CANDESARTAN CILEXETIL + HCT 8/12.5MG	700		Rs. _____	Rs. _____
1104	TAB	CANDESARTAN CILEXETIL 16 MG/TAB	700		Rs. _____	Rs. _____
1105	TAB	CANDESARTAN CILEXETIL 4MG	700		Rs. _____	Rs. _____
1106	TAB	CANDESARTAN CILEXETIL 8 MG/TAB	700		Rs. _____	Rs. _____
1107	TAB	CANDESARTAN CILEXETIL 32 MG/TAB	500		Rs. _____	Rs. _____
1108	TAB	CAPECITABINE 500 MG	1,200		Rs. _____	Rs. _____
1109	TAB	CAPTOPRIL 12.5MG	3,500		Rs. _____	Rs. _____
	TAB	CAPTOPRIL 25 MG/TAB	7,500		Rs. _____	Rs. _____
	TAB	CAPTOPRIL 50MG	3,500		Rs. _____	Rs. _____
1110	TAB	CARBAMEZAPINE 200 MG/TAB	1,500		Rs. _____	Rs. _____
1111	TAB	CARBIDOPA+LEVODOPA SUSTAINED RELEASE	2,500		Rs. _____	Rs. _____
1112	TAB	CARBIDOPA+LEVODOPA 25/250MG	2,500		Rs. _____	Rs. _____
1113	TAB	CARBIDOPA+LEVODOPA 25+100MG	2,500		Rs. _____	Rs. _____
1114	TAB	CARBIMAZOLE 10 MG/TAB	1,500		Rs. _____	Rs. _____
1115	TAB	CARBIMAZOLE 5 MG/TAB	1,500		Rs. _____	Rs. _____
1116	TAB	CARVEDILOL 12.5 MG/TAB	3,500		Rs. _____	Rs. _____
	TAB	CARVEDILOL 25 MG/TAB	21,000		Rs. _____	Rs. _____
	TAB	CARVEDILOL 6.25 MG/TAB	10,000		Rs. _____	Rs. _____
1117	CAP	CEFACLOR 500 MG/CAP	700		Rs. _____	Rs. _____
1118	CAP	CEFADROXIL 500 MG/CAP	1,500		Rs. _____	Rs. _____
1119	TAB	CEFIXIME 200MG	1,500		Rs. _____	Rs. _____
	TAB	CEFIXIME 400MG	1,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1120	CAP	CEFIXIME 200 MG/CAP	1,000		Rs. _____	Rs. _____
	CAP	CEFIXIME 400 MG/CAP	14,000		Rs. _____	Rs. _____
1121	TAB	CEFPODOXIME PROXETIL 100 MG/TAB	700		Rs. _____	Rs. _____
	TAB	CEFPODOXIME PROXETIL 200 MG	700		Rs. _____	Rs. _____
1122	TAB	CEFUROXIME 250 MG/TAB	1,200		Rs. _____	Rs. _____
1123	CAP	CELECOXIB 100 MG/CAP	5,000		Rs. _____	Rs. _____
	CAP	CELECOXIB 200 MG/CAP	3,000		Rs. _____	Rs. _____
1124	TAB	CEPHALEXIN 250MG	3,200		Rs. _____	Rs. _____
	TAB	CEPHALEXIN 500MG	3,200		Rs. _____	Rs. _____
1125	CAP	CEPHRADINE 250 MG/CAP	1,298		Rs. _____	Rs. _____
	CAP	CEPHRADINE 500 MG/CAP	2,200		Rs. _____	Rs. _____
1126	TAB	CETRIZINE DIHYDROCHLORIDE 10 MG	18,000		Rs. _____	Rs. _____
1127	TAB	CHLORAMBUCIL 2 MG/TAB	600		Rs. _____	Rs. _____
1128	TAB	CHLORDIAZEPOXIDE AND CLIDINIUM BROMIDE	6,000		Rs. _____	Rs. _____
1129	TAB	CHLOROQUINE PHOSPHATE 250 MG/TAB	600		Rs. _____	Rs. _____
1130	TAB	CHLORPHENIRAMINE MALEATE 4 MG	1,500		Rs. _____	Rs. _____
1131	TAB	CHLORPROMAZINE 10MG	1,200		Rs. _____	Rs. _____
1132	TAB	CHLORPROMAZINE 25MG	1,000		Rs. _____	Rs. _____
1133	TAB	CHLORPROMAZINE 100MG	500		Rs. _____	Rs. _____
1134	ORAL POWDER	CHOLISTYRAMINE 4GM ORAL POWDER	700		Rs. _____	Rs. _____
1135	TAB	CHYMOTRYPSIN+TRYPSIN	5,500		Rs. _____	Rs. _____
1136	TAB	CILOSTAZOLE 100MG	2,500		Rs. _____	Rs. _____
1137	TAB	CILOSTAZOLE 50MG	2,500		Rs. _____	Rs. _____
1138	TAB	CIMETIDINE 200 MG/TAB	700		Rs. _____	Rs. _____
	TAB	CIMETIDINE 400 MG/TAB	700		Rs. _____	Rs. _____
1139	TAB	CINACALCET HCL 30 MG/TAB	700		Rs. _____	Rs. _____
1140	TAB	CINITAPRIDE 1 MG/TAB	1,500		Rs. _____	Rs. _____
1141	TAB	CINNARIZINE 25 MG	800		Rs. _____	Rs. _____
1142	TAB	CINNARIZINE 75 MG	800		Rs. _____	Rs. _____
1143	TAB	CIPROFLOXACIN 250 MG/TAB	6,500		Rs. _____	Rs. _____
	TAB	CIPROFLOXACIN 500 MG/TAB	20,500		Rs. _____	Rs. _____
	TAB	CIPROFLOXACIN XL 500MG	3,000		Rs. _____	Rs. _____
	TAB	CIPROFLOXACIN 750MG	1,500		Rs. _____	Rs. _____
1144	TAB	CITALOPRAM 10MG	4,000		Rs. _____	Rs. _____
1145	TAB	CITALOPRAM 20 MG	1,500		Rs. _____	Rs. _____
1146	TAB	CITALOPRAM 40MG	3,000		Rs. _____	Rs. _____
1147	TAB	CITICOLINE 500 MG	150		Rs. _____	Rs. _____
1148	TAB	CLARITHROMYCIN 250 MG/TAB	2,100		Rs. _____	Rs. _____
	TAB	CLARITHROMYCIN 500 MG/TAB	5,100		Rs. _____	Rs. _____
	TAB	CLARITHROMYCIN XL 500MG	5,100		Rs. _____	Rs. _____
1149	TAB	CLEMASTINE 1MG	1,100		Rs. _____	Rs. _____
1150	TAB	CLEMASTINE 2 MG	1,100		Rs. _____	Rs. _____
1151	TAB	CLIDINIUM BROMIDE 2.5MG, CHLORDIAZEPOXIDE 5MG	10,200		Rs. _____	Rs. _____
1152	CAP	CLINDAMYCIN 150MG	8,000		Rs. _____	Rs. _____
	CAP	CLINDAMYCIN 300 MG/CAP	8,000		Rs. _____	Rs. _____
1153	TAB	CLOBAZAM 10MG	4,000		Rs. _____	Rs. _____
1154	TAB	CLOBAZAM 20 MG	600		Rs. _____	Rs. _____
1155	TAB	CLOBAZAM 5 MG	600		Rs. _____	Rs. _____
1156	TAB	CLOMIPHENE CITRATE 50 MG/TAB	300		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1157	TAB	CLOMIPRAMINE 10 MG	600		Rs. _____	Rs. _____
1158	TAB	CLOMIPRAMINE 100 MG	600		Rs. _____	Rs. _____
1159	TAB	CLOMIPRAMINE 25MG	600		Rs. _____	Rs. _____
1160	TAB	CLOMIPRAMINE 50 MG	600		Rs. _____	Rs. _____
1161	TAB	CLOMIPRAMINE 75 MG	600		Rs. _____	Rs. _____
1162	TAB	CLONAZEPAM 0.25 MG	600		Rs. _____	Rs. _____
1163	TAB	CLONAZEPAM 0.5 MG	12,000		Rs. _____	Rs. _____
1164	TAB	CLONAZEPAM 2 MG	600		Rs. _____	Rs. _____
1165	TAB	CLONIDINE 0.1MG	1,200		Rs. _____	Rs. _____
1166	TAB	CLOPIDOGREL 300 MG	21,000		Rs. _____	Rs. _____
	TAB	CLOPIDOGREL 75 MG	21,000		Rs. _____	Rs. _____
1167	TAB	CLOPIDOGREL+ASPIRIN 75/150 MG	7,000		Rs. _____	Rs. _____
	TAB	CLOPIDOGREL+ASPIRIN 75/75 MG	1,200		Rs. _____	Rs. _____
1168	TAB	CLOZAPINE 100MG	3,500		Rs. _____	Rs. _____
1169	TAB	CLOZAPINE 25MG	3,500		Rs. _____	Rs. _____
1170	TAB	CO ENZYME Q 10 100MG	1,300		Rs. _____	Rs. _____
1171	TAB	COD LIVER OIL SOFT GELATIN CAPSULE	1,300		Rs. _____	Rs. _____
1172	CAP	COENZYME Q10 SOFT GELATIN 50 MG/CAP	1,300		Rs. _____	Rs. _____
1173	TAB	COLCHICINE 0.5 MG/TAB	700		Rs. _____	Rs. _____
1174	ORAL POWDER	COLESTYRAMINE 4G SACHET ORAL POWDER	700		Rs. _____	Rs. _____
1175	TAB	CONJUGATED ESTROGEN 0.625MG	2,300		Rs. _____	Rs. _____
1176	TAB	CO-Q10 WITH MINERALS & VITAMINS	600		Rs. _____	Rs. _____
1177	TAB	CRANBERRY EXTRACT	8,000		Rs. _____	Rs. _____
1178	ORAL POWDER	CRANBERRY EXTRACT + ELDERBERRY EXTRACT SACHET ORAL POWDER	30,000		Rs. _____	Rs. _____
1179	ORAL POWDER	CRANBERRY EXTRACT SACHET ORAL POWDER	50,000		Rs. _____	Rs. _____
1180	ORAL POWDER	CRANBERRY EXTRACT, URSOLIA ORAL POWDER SACHET	3,000		Rs. _____	Rs. _____
1181	ORAL POWDER	CRANBERRY WITH PROBIOTICS ORAL POWDER	1,500		Rs. _____	Rs. _____
1182	TAB	CYCLOPHOSPHAMIDE 50 MG/TAB	600		Rs. _____	Rs. _____
1183	CAP	CYCLOSPORIN 100 MG/CAP	110,000		Rs. _____	Rs. _____
1184	CAP	CYCLOSPORIN 25 MG/CAP	268,000		Rs. _____	Rs. _____
1185	TAB	CYCLOSPORIN 50 MG	11,000		Rs. _____	Rs. _____
1186	TAB	CYPROTERONE ACETATE 2MG,	2,000		Rs. _____	Rs. _____
1187	TAB	CYPROTERONE ACETATE 2MG,ETHINYLOESTRADIOL 35MCG	1,200		Rs. _____	Rs. _____
1188	TAB	DABIGATRAN 110MG	2,200		Rs. _____	Rs. _____
1189	TAB	DACLATASVIR 60 MG	600		Rs. _____	Rs. _____
1190	CAP	DANAZOL 100 MG	150		Rs. _____	Rs. _____
1191	CAP	DANAZOL 200MG	150		Rs. _____	Rs. _____
1192	TAB	DAPAGILFLOZIN 5MG	3,000		Rs. _____	Rs. _____
	TAB	DAPAGILFLOZIN 10MG	3,500		Rs. _____	Rs. _____
1193	TAB	DAPAGILFLOZIN 5MG/ 850MG	3,000		Rs. _____	Rs. _____
1194	TAB	DAPAGILFLOZIN 5MG/ 1000MG METFORMIN EXTENDED RELEASE	3,000		Rs. _____	Rs. _____
1195	TAB	DAPAGILFLOZIN 10MG/ 1000MG METFORMIN EXTENDED RELEASE	3,500		Rs. _____	Rs. _____
1196	TAB	DAPAGLIFLOZIN 10MG/ 500MG METFORMIN EXTENDED RELEASE	3,500		Rs. _____	Rs. _____
1197	TAB	DAPAGILFLOZIN 2.5MG/ 1000MG METFORMIN	3,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1198	TAB	DAPAGILFLOZIN 2.5MG/ 500MG METFORMIN	3,500		Rs. _____	Rs. _____
1199	TAB	DAPAGILFLOZIN 5MG/ 500MG METFORMIN EXTENDED RELEASE	3,500		Rs. _____	Rs. _____
1200	TAB	DAPSONE 100 MG	700		Rs. _____	Rs. _____
1201	TAB	DASATINIB 20MG	2,100		Rs. _____	Rs. _____
1202	TAB	DASATINIB 50 MG	600		Rs. _____	Rs. _____
1203	TAB	DASATINIB 70MG	2,100		Rs. _____	Rs. _____
1204	TAB	DEFERASIROX (DISPERSIBLE) 250 MG	600		Rs. _____	Rs. _____
1205	TAB	DEFERASIROX (DISPERSIBLE) 500 MG	600		Rs. _____	Rs. _____
1206	TAB	DEFERASIROX (DISPERSIBLE) 100 MG	600		Rs. _____	Rs. _____
1207	TAB	DEFERASIROX (DISPERSIBLE) 400 MG	600		Rs. _____	Rs. _____
1208	TAB	DEFERASIROX (DISPERSIBLE) 180 MG	500		Rs. _____	Rs. _____
1209	TAB	DEFERASIROX (DISPERSIBLE) 360 MG	500		Rs. _____	Rs. _____
1210	TAB	DEFERASIROX (DISPERSIBLE) 90 MG	500		Rs. _____	Rs. _____
1211	CAP	DEFERPIRON 250MG	500		Rs. _____	Rs. _____
1212	CAP	DEFERPIRON 500MG	600		Rs. _____	Rs. _____
1213	TAB	DEFERPIRON 500MG	600		Rs. _____	Rs. _____
1214	TAB	DESLORATIDINE 10 MG	4,000		Rs. _____	Rs. _____
1215	TAB	DESLORATIDINE 2.5 MG	4,000		Rs. _____	Rs. _____
1216	TAB	DESLORATIDINE 5 MG	4,000		Rs. _____	Rs. _____
1217	TAB	DESMOPRESSIN 0.2MG	1,500		Rs. _____	Rs. _____
1218	TAB	DESMOPRESSIN 0.1MG	1,000		Rs. _____	Rs. _____
1219	TAB	DEXAMETHASONE 0.5 MG/TAB	15,000		Rs. _____	Rs. _____
1220	TAB	DEXAMETHASONE 4MG	2,500		Rs. _____	Rs. _____
1221	TAB	DEXIBUPROFEN 200MG	1,500		Rs. _____	Rs. _____
1222	TAB	DEXIBUPROFEN 300MG	1,000		Rs. _____	Rs. _____
1223	TAB	DEXIBUPROFEN 400MG	1,500		Rs. _____	Rs. _____
1224	CAP	DEXLANSOPRAZOLE 30 MG/CAP	10,500		Rs. _____	Rs. _____
	CAP	DEXLANSOPRAZOLE 60 MG/CAP	10,500		Rs. _____	Rs. _____
1225	TAB	DIAZEPAM 10 MG	600		Rs. _____	Rs. _____
1226	TAB	DIAZEPAM 5 MG	600		Rs. _____	Rs. _____
1227	TAB	DIAZEPAM 2 MG	500		Rs. _____	Rs. _____
1228	TAB	DIAZOXIDE 25 MG	400		Rs. _____	Rs. _____
1229	TAB	DICHLOROBENZYL ALCOHOL+AMYL METACRESOL (STREPSILS OR EQUIVALENT)	10,500		Rs. _____	Rs. _____
1230	TAB	DICLOFENAC POTASSIUM 50 MG/TAB	10,500		Rs. _____	Rs. _____
1231	TAB	DICLOFENAC SODIUM 100 MG/TAB	6,000		Rs. _____	Rs. _____
	TAB	DICLOFENAC SODIUM 50 MG/TAB	16,000		Rs. _____	Rs. _____
1232	TAB	DICLOFENAC SODIUM+MISOPROSTOL 50 MG/TAB	11,000		Rs. _____	Rs. _____
1233	TAB	DIGOXIN 0.25 MG	6,500		Rs. _____	Rs. _____
1234	TAB	DIGOXIN 0.5 MG/TAB	700		Rs. _____	Rs. _____
1235	TAB	DILOXANIDE 250MG, METRONIDAZOLE 200MG	2,200		Rs. _____	Rs. _____
	TAB	DILOXANIDE FUROATE 500MG, METRONIDAZOLE 400MG	2,200		Rs. _____	Rs. _____
1236	CAP	DILTIAZEM HCL 180MG	1,200		Rs. _____	Rs. _____
1237	TAB	DILTIAZEM HCL SUSTAINED RELEASE 30 MG/TAB	2,200		Rs. _____	Rs. _____
1238	TAB	DILTIAZEM HCL SUSTAINED RELEASE 60 MG/TAB	1,200		Rs. _____	Rs. _____
1239	TAB	DILTIAZEM HCL SUSTAINED RELEASE 90 MG/TAB	1,200		Rs. _____	Rs. _____
1240	TAB	DILTIAZEM HCL SUSTAINED RELEASE 180 MG/TAB	1,000		Rs. _____	Rs. _____
1241	CAP	DILTIAZEM HCL SUSTAINED RELEASE 180 MG/CAP	1,000		Rs. _____	Rs. _____
1242	CAP	DILTIAZEM HCL SUSTAINED RELEASE 90 MG/CAP	1,000		Rs. _____	Rs. _____
1243	TAB	DIMENHYDRINATE 50 MG/TAB	5,200		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1244	ORAL POWDER	DIOCTAHEDRAL SMECTITE ORAL POWDER	17,000		Rs. _____	Rs. _____
1245	TAB	DIOSMIN /HISPERIDINE 450MG/50MG	1,200		Rs. _____	Rs. _____
1246	TAB	DIOSMIN 500 MG/TAB	5,200		Rs. _____	Rs. _____
1247	TAB	DIOSMIN 600MG	1,200		Rs. _____	Rs. _____
1248	TAB	DIPHENHYDRAMINE 50MG	8,200		Rs. _____	Rs. _____
1249	TAB	DIPHENOXYLATE HCL 2.5MG, ATROPINE SULPHATE 0.025MG	1,200		Rs. _____	Rs. _____
1250	TAB	DIVALPROEX SODIUM (CONTROLLED RELEASE) 500 MG	1,200		Rs. _____	Rs. _____
1251	TAB	DIVALPROEX SODIUM 250 MG/TAB	2,000		Rs. _____	Rs. _____
	TAB	DIVALPROEX SODIUM 500 MG/TAB	4,200		Rs. _____	Rs. _____
1252	TAB	DOCUSATE 50 MG	2,200		Rs. _____	Rs. _____
1253	TAB	DOMEPERIDONE VALRATE 10MG	25,500		Rs. _____	Rs. _____
	TAB	DOMPERIDONE MALEATE 10 MG/TAB	26,000		Rs. _____	Rs. _____
1254	TAB	DONEPEZIL 10MG	700		Rs. _____	Rs. _____
	TAB	DONEPEZIL 5MG	700		Rs. _____	Rs. _____
1255	TAB	DOTHIEPIN HCL 25MG	700		Rs. _____	Rs. _____
1256	TAB	DOTHIEPIN HCL 50 MG	700		Rs. _____	Rs. _____
1257	TAB	DOTHIEPIN HCL 75 MG	700		Rs. _____	Rs. _____
1258	TAB	DOXAZOSIN 2 MG/TAB	9,200		Rs. _____	Rs. _____
	TAB	DOXAZOSIN 4 MG	1,200		Rs. _____	Rs. _____
1259	CAP	DOXYCYCLIN 100 MG/CAP	7,200		Rs. _____	Rs. _____
1260	TAB	DOXYLAMINE+PYRIDOXINE 10/10 MG/TAB	1,200		Rs. _____	Rs. _____
1261	TAB	DROSPIRENONE+ETHINYL ESTRADIOL	500		Rs. _____	Rs. _____
1262	TAB	DROTAVERIN HCL 40 MG/TAB	11,000		Rs. _____	Rs. _____
	TAB	DROTAVERIN HCL 80 MG/TAB	11,000		Rs. _____	Rs. _____
1263	CAP	DULOXETINE HCL 20 MG	700		Rs. _____	Rs. _____
	CAP	DULOXETINE HCL 30 MG	5,200		Rs. _____	Rs. _____
	CAP	DULOXETINE HCL 60 MG	700		Rs. _____	Rs. _____
1264	TAB	DULOXETINE HCL 90 MG	700		Rs. _____	Rs. _____
1265	TAB	DUTASTERIDE 0.5MG	1,700		Rs. _____	Rs. _____
1266	TAB	DYDROGESTERONE 10 MG/TAB	6,200		Rs. _____	Rs. _____
1267	TAB	EBASTINE 10 MG	8,000		Rs. _____	Rs. _____
	TAB	EBASTINE 20 MG	1,500		Rs. _____	Rs. _____
1268	TAB	ELBASVIR 50MG+ GRAZOPREVIR 100MG	1,500		Rs. _____	Rs. _____
1269	ORAL POWDER	ELDERBERRY & CRANBERRY EXTRACT ORAL POWDER	13,000		Rs. _____	Rs. _____
1270	TAB	ELTROMBOPAG OLAMINE 25 MG/TAB	424		Rs. _____	Rs. _____
	TAB	ELTROMBOPAG OLAMINE 50 MG/TAB	424		Rs. _____	Rs. _____
1271	TAB	EMPAGLIFLOZIN 25MG	3,500		Rs. _____	Rs. _____
	TAB	EMPAGLIFLOZIN 10 MG/TAB	2,500		Rs. _____	Rs. _____
1272	TAB	EMPAGLIFLOZIN+METFORMIN 12.5/1000MG /TAB	1,200		Rs. _____	Rs. _____
1273	TAB	EMPAGLIFLOZIN+METFORMIN 12.5/1000MG /TAB EXTENDED RELEASE	1,200		Rs. _____	Rs. _____
1274	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/500MG	1,200		Rs. _____	Rs. _____
1275	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/500MG EXTENDED RELEASE	1,200		Rs. _____	Rs. _____
1276	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/850MG	1,200		Rs. _____	Rs. _____
1277	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/850MG EXTENDED RELEASE	1,200		Rs. _____	Rs. _____
1278	TAB	EMTIRCITABINE 200MG	1,700		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1279	TAB	ENALAPRIL 10 MG/TAB	700		Rs. _____	Rs. _____
	TAB	ENALAPRIL 5 MG/TAB	1,200		Rs. _____	Rs. _____
1280	TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE 10/25 MG	1,200		Rs. _____	Rs. _____
	TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE 5/12.5 MG	1,000		Rs. _____	Rs. _____
1281	TAB	ENOXACIN SESQUIHYDRATE 400MG	700		Rs. _____	Rs. _____
1282	TAB	ENTECAVIR 0.5 MG/TAB	2,500		Rs. _____	Rs. _____
1283	TAB	EPERISONE HCL 50 MG/TAB	5,500		Rs. _____	Rs. _____
1284	TAB	ERLOTINIB 150 MG	2,700		Rs. _____	Rs. _____
1285	TAB	ERTUGLIFLOZIN 15 MG	300		Rs. _____	Rs. _____
	TAB	ERTUGLIFLOZIN 5 MG	200		Rs. _____	Rs. _____
1286	TAB	ERTUGLIFLOZIN 15 MG + SITAGLIPTIN 100MG TABLET	1,400		Rs. _____	Rs. _____
	TAB	ERTUGLIFLOZIN 5 MG + SITAGLIPTIN 100MG TABLET	1,400		Rs. _____	Rs. _____
1287	TAB	ERYTHROMYCIN 250 MG	700		Rs. _____	Rs. _____
1288	TAB	ERYTHROMYCIN 500 MG	700		Rs. _____	Rs. _____
1289	TAB	ESCITALOPRAM 10 MG	7,000		Rs. _____	Rs. _____
	TAB	ESCITALOPRAM 20 MG	7,000		Rs. _____	Rs. _____
	TAB	ESCITALOPRAM 5 MG	7,000		Rs. _____	Rs. _____
1290	CAP	ESOMEPRAZOLE 20 MG/CAP	150,664		Rs. _____	Rs. _____
	CAP	ESOMEPRAZOLE 40 MG/CAP	79,038		Rs. _____	Rs. _____
1291	TAB	ESTRADIOL VALERATE 2MG	1,024		Rs. _____	Rs. _____
1292	TAB	ESTRADIOL VALERATE 2MG,CYPROTERONE ACETATE 1MG	1,024		Rs. _____	Rs. _____
1293	TAB	ESTRADIOL VALERATE+NORGESTERAL (2MG+0.5MG) /TAB	1,948		Rs. _____	Rs. _____
1294	TAB	ETHAMBUTOL 400MG	5,800		Rs. _____	Rs. _____
1295	TAB	ETHAMBUTOL+RIFAMPICIN+ISONIAZID 300MG+150MG+75MG	1,800		Rs. _____	Rs. _____
1296	TAB	ETHAMBUTOL+RIFAMPICIN+ISONIAZID+PYRAZINAMIDE (275MG+150MG+75MG+400MG) /TAB	15,000		Rs. _____	Rs. _____
1297	TAB	ETHINYL ESTRADIOL 0.02MG, DROSPIRENONE 3MG	150		Rs. _____	Rs. _____
1298	TAB	ETHINYL ESTRADIOL 0.02MG ,GESTODENE 0.075MG	150		Rs. _____	Rs. _____
1299	TAB	ETORICOXIB 60MG	3,500		Rs. _____	Rs. _____
1300	CAP	EVENING PRIMOSE OIL CAPSULE	700		Rs. _____	Rs. _____
1301	TAB	EVEROLIMUS 0.25 MG	700		Rs. _____	Rs. _____
	TAB	EVEROLIMUS 0.75 MG	700		Rs. _____	Rs. _____
1302	TAB	EVEROLIMUS 10MG	700		Rs. _____	Rs. _____
1303	TAB	EVEROLIMUS 5MG	700		Rs. _____	Rs. _____
1304	TAB	EZETIMIBE 10 MG	400		Rs. _____	Rs. _____
1305	TAB	EZETIMIBE 10MG + ATORVASTATIN 10MG	400		Rs. _____	Rs. _____
1306	TAB	EZETIMIBE 10MG + ATORVASTATIN 20MG	400		Rs. _____	Rs. _____
1307	TAB	EZETIMIBE 10MG + ATORVASTATIN 40MG	300		Rs. _____	Rs. _____
1308	TAB	EZETIMIBE 10MG + SIMVASTATIN 10MG	300		Rs. _____	Rs. _____
1309	TAB	EZETIMIBE 10MG + SIMVASTATIN 20MG	300		Rs. _____	Rs. _____
1310	TAB	EZETIMIBE 10MG + SIMVASTATIN 40MG	300		Rs. _____	Rs. _____
1311	TAB	FAMCICLOVIR 250 MG/TAB	1,300		Rs. _____	Rs. _____
	TAB	FAMCICLOVIR 500 MG	700		Rs. _____	Rs. _____
1312	TAB	FAMILA 28 OR EQUIVALENT	1,200		Rs. _____	Rs. _____
1313	TAB	FAMOTIDINE 20 MG/TAB	2,200		Rs. _____	Rs. _____
	TAB	FAMOTIDINE 40MG	700		Rs. _____	Rs. _____
1314	TAB	FAVIPIRAVIR 200MG	150		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1315	TAB	FEBUXOSTAT 40 MG/TAB	11,000		Rs. _____	Rs. _____
	TAB	FEBUXOSTAT 80 MG/TAB	1,700		Rs. _____	Rs. _____
	TAB	FEBUXOSTAT 120 MG/TAB	1,200		Rs. _____	Rs. _____
1316	CAP	FENOFIBRATE 200 MG	700		Rs. _____	Rs. _____
1317	CAP	FENOFIBRATE 67MG	700		Rs. _____	Rs. _____
1318	CAP	FENOFIBRATE 134MG	500		Rs. _____	Rs. _____
1319	TAB	FENOFIBRATE 160MG MICRONIZED TABLET	500		Rs. _____	Rs. _____
1320	TAB	FENOFIBRATE 54MG MICRONIZED TABLET	500		Rs. _____	Rs. _____
1321	TAB	FERROUS FUMARATE 150MG, FOLIC ACID 0.5MG	1,200		Rs. _____	Rs. _____
1322	TAB	(FEBOL VIT OR EQUIVALENT)FERROUS SULPHATE VITAMIN A VITAMIN B COMPLEX	3,200		Rs. _____	Rs. _____
1323	TAB	FERROUS SULPHATE + FOLIC ACID + VITAMIN C + B COMPLEX	3,200		Rs. _____	Rs. _____
1324	TAB	FERROUS SULPHATE + FOLIC ACID 300+5MG	3,200		Rs. _____	Rs. _____
1325	TAB	FERROUS SULPHATE 200 MG	61,000		Rs. _____	Rs. _____
1326	CAP	IBERET FOLIC TAB OR EQUIVALENT (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)	12,000		Rs. _____	Rs. _____
1327	TAB	FEXOFENADINE 120 MG	10,000		Rs. _____	Rs. _____
	TAB	FEXOFENADINE 180 MG	1,500		Rs. _____	Rs. _____
	TAB	FEXOFENADINE 60 MG	4,500		Rs. _____	Rs. _____
1328	TAB	FEXOFENADINE/PSEUDEOPHEDRINE 60/120MG	5,000		Rs. _____	Rs. _____
1329	TAB	FINASTERIDE 1 MG	700		Rs. _____	Rs. _____
1330	TAB	FINASTERIDE 5 MG	900		Rs. _____	Rs. _____
1331	TAB	FLAVOXATE 100MG	2,200		Rs. _____	Rs. _____
1332	TAB	FLAVOXATE 200 MG/TAB	2,200		Rs. _____	Rs. _____
1333	TAB	FLECAINIDE 100 MG	2,700		Rs. _____	Rs. _____
1334	TAB	FLECAINIDE 50 MG	3,200		Rs. _____	Rs. _____
1335	CAP	FLUCONAZOLE 150 MG	7,500		Rs. _____	Rs. _____
	CAP	FLUCONAZOLE 200 MG/CAP	4,000		Rs. _____	Rs. _____
	CAP	FLUCONAZOLE 50 MG/CAP	3,000		Rs. _____	Rs. _____
1336	TAB	FLUDARABINE 10MG	600		Rs. _____	Rs. _____
1337	TAB	FLUDROCORTISONE 0.1 MG/TAB	400		Rs. _____	Rs. _____
1338	CAP	FLUNARIZINE 5 MG/CAP	3,500		Rs. _____	Rs. _____
1339	TAB	FLUOXETINE 10 MG	2,500		Rs. _____	Rs. _____
1340	TAB	FLUOXETINE 20 MG	2,500		Rs. _____	Rs. _____
1341	TAB	FLUOXETINE 40 MG	2,500		Rs. _____	Rs. _____
1342	CAP	FLUOXETINE 20 MG	2,000		Rs. _____	Rs. _____
1343	TAB	FLUPENTHIXOL 1 MG	2,500		Rs. _____	Rs. _____
1344	TAB	FLUPENTHIXOL 3 MG	3,000		Rs. _____	Rs. _____
1345	TAB	FLUPHENAZINE/NORTRIPTYLINE 10 MG/0.5 MG	2,700		Rs. _____	Rs. _____
1346	TAB	FLUPHENAZINE/MELITRACEN10 MG/0.5 MG	2,200		Rs. _____	Rs. _____
1347	TAB	FLURBIPROFEN 100 MG/TAB	10,500		Rs. _____	Rs. _____
1348	TAB	FLUTAMIDA TAB 250MG	2,200		Rs. _____	Rs. _____
1349	TAB	FLUVOXAMINE 100 MG	2,400		Rs. _____	Rs. _____
1350	TAB	FLUVOXAMINE 50 MG	2,200		Rs. _____	Rs. _____
1351	TAB	FOLIC ACID 5 MG/TAB	550,000		Rs. _____	Rs. _____
1352	TAB	FOLINIC ACID 15 MG/TAB	2,500		Rs. _____	Rs. _____
1353	INJ	FOSAPREPITANT 250MG	600		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1354	ORAL POWDER	FOSFOMYCIN 3000 MG/SACHET ORAL POWDER	1,800		Rs. _____	Rs. _____
1355	CAP	FOSFOMYCIN 500 MG/CAP	2,200		Rs. _____	Rs. _____
1356	TAB	FOSINOPRIL 10 MG 10MG	800		Rs. _____	Rs. _____
1357	TAB	FUROSEMIDE 20 MG/TAB	6,000		Rs. _____	Rs. _____
	TAB	FUROSEMIDE 40 MG/TAB	7,000		Rs. _____	Rs. _____
1358	TAB	FUROSEMIDE+AMILORIDE 40 MG/TAB	2,500		Rs. _____	Rs. _____
1359	TAB	FUROSEMIDE+SPIRONOLACTONE 20 MG/TAB	5,500		Rs. _____	Rs. _____
1360	TAB	FUROSEMIDE+SPIRONOLACTONE 40MG/50MG	4,500		Rs. _____	Rs. _____
1361	TAB	FUSIDIC ACID 250MG	800		Rs. _____	Rs. _____
1362	CAP	GABAPENTIN 100 MG/CAP	6,500		Rs. _____	Rs. _____
	CAP	GABAPENTIN 300 MG/CAP	1,700		Rs. _____	Rs. _____
1363	TAB	GEFITINIB 250MG TAB	120		Rs. _____	Rs. _____
1364	TAB	GEMFIBROZIL 600 MG/TAB	1,500		Rs. _____	Rs. _____
1365	TAB	GEMIFLOXACIN 320 MG	300		Rs. _____	Rs. _____
1366	TAB	GINGER EXTRAC 1000MG	700		Rs. _____	Rs. _____
1367	TAB	GLECAPREVIR 100MG +PIBRENTASVIR 40MG	900		Rs. _____	Rs. _____
1368	TAB	GLIBENCLAMIDE 5 MG/TAB	1,500		Rs. _____	Rs. _____
1369	TAB	GLIBENCLAMIDE+METFORMIN HCL 5/500MG	1,000		Rs. _____	Rs. _____
1370	TAB	GLICLAZIDE 30 MG/TAB	3,100		Rs. _____	Rs. _____
1371	TAB	GLICLAZIDE 60 MG/TAB	7,500		Rs. _____	Rs. _____
1372	TAB	GLICLAZIDE 80 MG/TAB	250		Rs. _____	Rs. _____
1373	TAB	GLICLAZIDE MODIFIED RELEASE 30MG	1,200		Rs. _____	Rs. _____
	TAB	GLICLAZIDE MODIFIED RELEASE 60 MG	1,200		Rs. _____	Rs. _____
1374	TAB	GLIMEPIRIDE 1 MG/TAB	700		Rs. _____	Rs. _____
	TAB	GLIMEPIRIDE 2 MG/TAB	700		Rs. _____	Rs. _____
	TAB	GLIMEPIRIDE 3MG	700		Rs. _____	Rs. _____
	TAB	GLIMEPIRIDE 4 MG/TAB	700		Rs. _____	Rs. _____
1375	TAB	GLIMEPIRIDE/METFORMIN 1MG/500MG	700		Rs. _____	Rs. _____
1376	TAB	GLIMEPIRIDE/METFORMIN 2MG/500MG	700		Rs. _____	Rs. _____
1377	TAB	GLIMEPIRIDE/METFORMIN 3MG/500MG	700		Rs. _____	Rs. _____
1378	TAB	GLIMEPIRIDE/METFORMIN 4MG/500MG	700		Rs. _____	Rs. _____
1379	TAB	GLUCOSAMINE + CHONDROITIN 500/400MG	2,700		Rs. _____	Rs. _____
1380	CAP	GLUCOSAMINE + CHONDROITIN 500/400MG	2,500		Rs. _____	Rs. _____
1381	TAB	GLUCOSAMINE + CHONDROITIN 750/600MG	2,500		Rs. _____	Rs. _____
1382	CAP	GLUCOSAMINE + CHONDROITIN 250/200MG	2,000		Rs. _____	Rs. _____
1383	TAB	GLUCOSAMINE + CHONDROITIN 750/125MG	2,000		Rs. _____	Rs. _____
1384	ORAL POWDER	GLUCOSAMINE + CHONDROITIN 500/400MG	2,000		Rs. _____	Rs. _____
1385	TAB	GLUCOSAMINE SALT+5-METHYLTETRAHYDROFOLATE ACID 600 MCG	1,200		Rs. _____	Rs. _____
1386	ORAL POWDER	GLUCOSE+CALCIUM+VITAMIN D 100G ORAL POWDER	400		Rs. _____	Rs. _____
1387	ORAL POWDER	GLUCOSE+CALCIUM+VITAMIN D 400G ORAL POWDER	400		Rs. _____	Rs. _____
1388	TAB	GLYCERYL TRINITRATE 0.5 MG/TAB	16,000		Rs. _____	Rs. _____
1389	TAB	GLYCERYL TRINITRATE 2.6 MG/TAB	11,000		Rs. _____	Rs. _____
	TAB	GLYCERYL TRINITRATE 6.4 MG/TAB	9,000		Rs. _____	Rs. _____
1390	TAB	GRANISETRON TABLET 1MG	1,200		Rs. _____	Rs. _____
1391	TAB	HALOPERIDOL 1.5 MG	1,200		Rs. _____	Rs. _____
1392	TAB	HALOPERIDOL 10MG	4,200		Rs. _____	Rs. _____
1393	TAB	HALOPERIDOL 5 MG	1,200		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1394	PACKET	HELICURE COMBO PACK OR EQUIVALENT (OMEPRAZOLE, CLARITHROMYCIN AND METRONIDAZOLE TABLETS)	110		Rs. _____	Rs. _____
1395	TAB	HONEY LOZENGES	3,500		Rs. _____	Rs. _____
1396	TAB	HYDRALAZINE HCL 25 MG/TAB	5,000		Rs. _____	Rs. _____
1397	TAB	HYDROCHLOROTHIAZIDE 25 MG/TAB	700		Rs. _____	Rs. _____
1398	TAB	HYDROXYCHLOROQUINE 200 MG/TAB	3,000		Rs. _____	Rs. _____
1399	CAP	HYDROXYUREA 500 MG/CAP	6,200		Rs. _____	Rs. _____
1400	TAB	HYDROXYZINE 10 MG	6,200		Rs. _____	Rs. _____
1401	TAB	HYDROXYZINE 25 MG	2,200		Rs. _____	Rs. _____
1402	TAB	HYOSCINE BUTYLBROMIDE 10MG	700		Rs. _____	Rs. _____
1403	TAB	HYOSCINE BUTYLBROMIDE+PARACETAMOL 10MG/500MG	700		Rs. _____	Rs. _____
1404	TAB	IBANDRONATE SODIUM 150MG	150		Rs. _____	Rs. _____
1405	TAB	IBERET FOLIC GRADUET TABLETS OR EQUIVALENT	3,500		Rs. _____	Rs. _____
1406	TAB	IBRUTINIB 140 MG	150		Rs. _____	Rs. _____
1407	TAB	IBUPROFEN 200MG	3,000		Rs. _____	Rs. _____
1408	TAB	IBUPROFEN 200MG, CODEINE PHOSPHATE 20MG	3,000		Rs. _____	Rs. _____
1409	TAB	IBUPROFEN 200MG, PSEUDOEPHEDRINE 30MG	6,500		Rs. _____	Rs. _____
1410	TAB	IBUPROFEN 400 MG/TAB	4,500		Rs. _____	Rs. _____
1411	TAB	IBUPROFEN+PSEUDOEPHEDRINE 400/60MG	6,500		Rs. _____	Rs. _____
1412	TAB	IDELALISIB 150 MG	2,700		Rs. _____	Rs. _____
1413	TAB	IMATINIB 100MG	2,700		Rs. _____	Rs. _____
1414	TAB	IMATINIB 400MG	2,700		Rs. _____	Rs. _____
1415	TAB	IMIPRAMINE 25 MG/TAB	300		Rs. _____	Rs. _____
1416	TAB	INDAPAMIDE 1.25MG	250		Rs. _____	Rs. _____
1417	TAB	INDAPAMIDE 1.5MG SUSTAINED RELEASE	400		Rs. _____	Rs. _____
1418	TAB	INDAPAMIDE 2.5MG	2,700		Rs. _____	Rs. _____
1419	TAB	INDAPAMIDE/AMLODIPINE 1.5/10MG	2,700		Rs. _____	Rs. _____
1420	TAB	INDAPAMIDE/AMLODIPINE 1.5/5MG	2,700		Rs. _____	Rs. _____
1421	TAB	INDOMETHACIN 25MG	3,000		Rs. _____	Rs. _____
1422	CAP	INDOMETHACIN 25MG	2,500		Rs. _____	Rs. _____
1423	ORAL POWDER	INFANT PROBIOTIC ORAL POWDER	150		Rs. _____	Rs. _____
1424	TAB	IRBESARTAN 150 MG/TAB	700		Rs. _____	Rs. _____
	TAB	IRBESARTAN 300 MG	700		Rs. _____	Rs. _____
	TAB	IRBESARTAN 75MG	2,700		Rs. _____	Rs. _____
1425	TAB	IRBESARTAN/HYDROCHLOROTHIAZIDE 150/12.5 MG	2,700		Rs. _____	Rs. _____
	TAB	IRBESARTAN /HYDROCHLOROTHIAZIDE 300/12.5MG	1,200		Rs. _____	Rs. _____
	TAB	IRBESARTAN /HYDROCHLOROTHIAZIDE 300/25MG	1,000		Rs. _____	Rs. _____
1426	CAP	IRON + VITAMIN B COMPLEX	50,500		Rs. _____	Rs. _____
1427	TAB	IRON POLYMALTOSE 100MG	600		Rs. _____	Rs. _____
1428	CAP	IRON+MULTIVITAMINS	31,000		Rs. _____	Rs. _____
1429	TAB	IRON+MULTIVITAMINS 500MG	3,000		Rs. _____	Rs. _____
1430	TAB	IRON+MULTIVITAMINS+FOLIC ACID 500 MG/TAB	11,000		Rs. _____	Rs. _____
1431	TAB	IRON+MULTIVITAMINS+FOLIC ACID 500MG (PROLONG RELEASE)	3,000		Rs. _____	Rs. _____
1432	TAB	IRON+VITAMIN B COMPLEX (PROLONG RELEASE)	2,500		Rs. _____	Rs. _____
1433	TAB	ISONIAZID 300MG	4,000		Rs. _____	Rs. _____
1434	TAB	ISOSORBIDE (DINITRATE) 10MG	700		Rs. _____	Rs. _____
1435	TAB	ISOSORBIDE MONONITRATE 20 MG/TAB	1,700		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1436	TAB	ISOSORBIDE MONONITRATE 40MG	700		Rs. _____	Rs. _____
1437	TAB	ISOSORBIDE MONONITRATE 50MG	700		Rs. _____	Rs. _____
1438	TAB	ISOSORBIDE MONONITRATE 60 MG/TAB	300		Rs. _____	Rs. _____
1439	TAB	ISOTRETINOIN 10 MG/CAP	250		Rs. _____	Rs. _____
	TAB	ISOTRETINOIN 20 MG/CAP	250		Rs. _____	Rs. _____
1440	TAB	ITOPRIDE 50 MG/TAB	20,500		Rs. _____	Rs. _____
	TAB	ITOPRIDE HCL 150 MG/TAB	2,200		Rs. _____	Rs. _____
1441	CAP	ITRACONAZOLE 100 MG/CAP	6,500		Rs. _____	Rs. _____
1442	TAB	IVABRADINE 5 MG	3,500		Rs. _____	Rs. _____
1443	TAB	IVABRADINE 7.5MG	3,500		Rs. _____	Rs. _____
1444	TAB	IVERMECTIN 6 MG/TAB	400		Rs. _____	Rs. _____
1445	TAB	IVY LEAF EXTRACT LOZENGES	3,500		Rs. _____	Rs. _____
1446	TAB	IXAZOMIB 4MG	250		Rs. _____	Rs. _____
1447	TAB	KETO ANALOGUE	1,000		Rs. _____	Rs. _____
1448	TAB	KETOCONAZOLE 200MG	700		Rs. _____	Rs. _____
1449	TAB	LABETALOL HCL 100 MG/TAB	1,200		Rs. _____	Rs. _____
1450	TAB	LACOSAMIDE 200MG	1,000		Rs. _____	Rs. _____
1451	TAB	LACOSAMIDE 100MG	700		Rs. _____	Rs. _____
1452	TAB	LACOSAMIDE 150MG	700		Rs. _____	Rs. _____
1453	TAB	LACOSAMIDE 50 MG	3,500		Rs. _____	Rs. _____
1454	ORAL POWDER	PREPRO-G OR EQUIVALENT (LACTOBACILLUS RHAMNOSUS ORAL POWDER)	2,100		Rs. _____	Rs. _____
1455	ORAL POWDER	PREPRO-Z OR EQUIVALENT (LACTOBACILLUS RHAMNOSUS ROSELL/ 1 BILLION CFU LYOPHILIZED SACCHAOMYCES BOULARD 125MG ZINC ENRICHED YEAST EQUIVALNT TO ELEMENTAL ZINC) 4MG ORAL POWDER	1,800		Rs. _____	Rs. _____
1456	TAB	LAMIVUDINE 100MG	1,000		Rs. _____	Rs. _____
1457	TAB	LAMIVUDINE 150MG	1,200		Rs. _____	Rs. _____
1458	TAB	LAMIVUDINE 300MG	1,200		Rs. _____	Rs. _____
1459	TAB	LAMIVUDINE AND TENOFOVIR DISOPROXIL FUMARATE 300MG/300MG	1,200		Rs. _____	Rs. _____
1460	TAB	LAMIVUDINE AND ZIDOVUDINE 150MG/300MG	1,200		Rs. _____	Rs. _____
1461	TAB	LAMOTRIGINE 100 MG	400		Rs. _____	Rs. _____
1462	TAB	LAMOTRIGINE 200 MG	400		Rs. _____	Rs. _____
1463	TAB	LAMOTRIGINE 25 MG	700		Rs. _____	Rs. _____
1464	TAB	LAMOTRIGINE 50 MG/TAB	700		Rs. _____	Rs. _____
1465	CAP	LANSOPRAZOLE 30 MG/CAP	700		Rs. _____	Rs. _____
1466	TAB	LAPATINIB 250 MG	550		Rs. _____	Rs. _____
1467	TAB	LEFLUNOMIDE 10 MG	250		Rs. _____	Rs. _____
1468	TAB	LEFLUNOMIDE 20 MG/TAB	250		Rs. _____	Rs. _____
1469	CAP	LENALIDOMIDE 10 MG/CAP	150		Rs. _____	Rs. _____
1470	TAB	LENALIDOMIDE 25 MG/TAB	550		Rs. _____	Rs. _____
1471	TAB	LETROZOLE 2.5 MG	2,500		Rs. _____	Rs. _____
1472	TAB	LEUCOVORIN 15MG	1,200		Rs. _____	Rs. _____
1473	TAB	LEVAMISOLE 40 MG	700		Rs. _____	Rs. _____
1474	TAB	LEVETIRACETAM 250 MG/TAB	4,500		Rs. _____	Rs. _____
1475	TAB	LEVETIRACETAM 500 MG/TAB	10,500		Rs. _____	Rs. _____
1476	TAB	LEVETIRACETAM 500 MG/TAB EXTENDED RELEASE	500		Rs. _____	Rs. _____
1477	TAB	LEVETIRACETAM 750 MG/TAB	500		Rs. _____	Rs. _____
1478	TAB	LEVETIRACETAM 1000 MG/TAB	500		Rs. _____	Rs. _____
1479	TAB	LEVOCETRIZINE 5 MG	5,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1480	TAB	LEVOFLOXACIN 250 MG/TAB	1,700		Rs. _____	Rs. _____
	TAB	LEVOFLOXACIN 500 MG/TAB	4,200		Rs. _____	Rs. _____
	TAB	LEVOFLOXACIN 750MG	5,700		Rs. _____	Rs. _____
1481	TAB	LEVONORGESTREL 0.75 MG/TAB	60		Rs. _____	Rs. _____
1482	TAB	LEVONORGESTREL 1.5 MG/TAB	120		Rs. _____	Rs. _____
1483	TAB	LEVONORGESTREL+ETHINYLESTRADIOL 0.5/0.03MG /TAB	600		Rs. _____	Rs. _____
1484	TAB	LEVONORGESTREL 0.15MG+ETHINYL ESTRADIOL 0.03 MG + 7 TABLETS OF FERROUS FUMARATE BP 0.75MG	600		Rs. _____	Rs. _____
1485	TAB	LEVOSULPIRIDE 100MG	3,500		Rs. _____	Rs. _____
	TAB	LEVOSULPIRIDE 25MG	40,500		Rs. _____	Rs. _____
	TAB	LEVOSULPIRIDE 50MG	3,200		Rs. _____	Rs. _____
1486	TAB	LEVOTHYROXINE 100 MCG	3,200		Rs. _____	Rs. _____
1487	TAB	LEVOTHYROXINE 125 MCG	3,200		Rs. _____	Rs. _____
1488	TAB	LEVOTHYROXINE 25 MCG	3,200		Rs. _____	Rs. _____
1489	TAB	LEVOTHYROXINE 50 MCG	3,200		Rs. _____	Rs. _____
1490	TAB	LEVOTHYROXINE 75 MCG	3,200		Rs. _____	Rs. _____
1491	CAP	LINCOMYCIN 500 MG/CAP	800		Rs. _____	Rs. _____
1492	TAB	LINEZOLID 600 MG/TAB	4,200		Rs. _____	Rs. _____
	TAB	LINEZOLID 400 MG/TAB	4,000		Rs. _____	Rs. _____
1493	TAB	LISINOPRIL 10 MG/TAB	250		Rs. _____	Rs. _____
1494	TAB	LISINOPRIL 20MG	250		Rs. _____	Rs. _____
1495	TAB	LISINOPRIL 20MG , HYDROCHLOROTHIAZIDE 12.5MG	600		Rs. _____	Rs. _____
1496	TAB	LISINOPRIL 5 MG/TAB	350		Rs. _____	Rs. _____
1497	TAB	LITHIUM CARBONATE 200MG	350		Rs. _____	Rs. _____
1498	TAB	LITHIUM CARBONATE 400 MG	350		Rs. _____	Rs. _____
1499	TAB	LITHIUM CARBONATE SR 400 MG	350		Rs. _____	Rs. _____
1500	TAB	LOMUSTINE 50 MG	550		Rs. _____	Rs. _____
1501	CAP	LOPERAMIDE 2 MG/CAP	7,000		Rs. _____	Rs. _____
1502	TAB	LOPINAVIR AND RITONAVIR 100MG/25MG	600		Rs. _____	Rs. _____
1503	TAB	LOPINAVIR AND RITONAVIR 200MG/50MG	600		Rs. _____	Rs. _____
1504	TAB	LOPINAVIR 133.3 MG	500		Rs. _____	Rs. _____
1505	TAB	LURASIDONE 40 MG	150		Rs. _____	Rs. _____
1506	TAB	LURASIDONE 80 MG	150		Rs. _____	Rs. _____
1507	TAB	LURASIDONE 20 MG	500		Rs. _____	Rs. _____
1508	TAB	LURASIDONE 10 MG	500		Rs. _____	Rs. _____
1509	TAB	LORATIDINE 5 MG	13,500		Rs. _____	Rs. _____
1510	TAB	LORATIDINE 5 MG PSEUDOEPHEDRINE 60MG	1,000		Rs. _____	Rs. _____
1511	TAB	LORAZEPAM 0.5 MG	1,200		Rs. _____	Rs. _____
1512	TAB	LORAZEPAM 1MG	1,200		Rs. _____	Rs. _____
1513	TAB	LORAZEPAM 2MG	1,200		Rs. _____	Rs. _____
1514	ORAL POWDER	L-ORNITHINE L-ASPARTATE 3 G ORAL GRANULES	2,000		Rs. _____	Rs. _____
1515	TAB	LORNOXICAM 8 MG/TAB	1,700		Rs. _____	Rs. _____
	TAB	LORNOXICAM 4 MG/TAB	1,500		Rs. _____	Rs. _____
1516	TAB	LOSARTAN POTASSIUM / HYDROCHLOROTHIAZIDE 50 MG/12.5 MG	700		Rs. _____	Rs. _____
1517	TAB	LOSARTAN POTASSIUM 100MG, HYDROCHLOROTHIAZIDE 25MG	700		Rs. _____	Rs. _____
1518	TAB	LOSARTAN POTASSIUM 50 MG/TAB	1,300		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1519	TAB	LOSARTAN POTASSIUM+HYDROCHLOROTHIAZIDE 50MG/25MG	800		Rs._____	Rs._____
1520	TAB	LOSARTAN SODIUM 100MG	1,300		Rs._____	Rs._____
1521	TAB	LOSARTAN SODIUM 25MG	1,300		Rs._____	Rs._____
1522	TAB	LOSARTAN SODIUM 50MG	1,300		Rs._____	Rs._____
1523	TAB	LOVASTATIN 20MG	400		Rs._____	Rs._____
1524	TAB	ULIPRISTAL 30 MG	2,200		Rs._____	Rs._____
1525	TAB	LURASIDON 40MG	150		Rs._____	Rs._____
1526	TAB	LURASIDON 80MG	150		Rs._____	Rs._____
1527	TAB	MAGNESIUM 500 MG/TAB	1,200		Rs._____	Rs._____
1528	TAB	MEBENDAZOLE 100 MG/TAB	1,000		Rs._____	Rs._____
	TAB	MEBENDAZOLE 500MG	500		Rs._____	Rs._____
1529	TAB	MEBEVERINE HYDROCHLORIDE 135 MG/TAB	12,500		Rs._____	Rs._____
1530	CAP	MEBEVERINE HYDROCHLORIDE 200MG	1,100		Rs._____	Rs._____
1531	TAB	MEBEVERINE HYDROCHLORIDE 200MG	1,000		Rs._____	Rs._____
1532	TAB	MECOBALAMIN 500 MCG/TAB	23,000		Rs._____	Rs._____
1533	TAB	MEFENAMIC ACID 250 MG/TAB	6,000		Rs._____	Rs._____
	TAB	MEFENAMIC ACID 500 MG/TAB	25,000		Rs._____	Rs._____
1534	TAB	MEGESTROL ACETATE 160MG	2,500		Rs._____	Rs._____
1535	TAB	MELATONIN 1MG	600		Rs._____	Rs._____
1536	TAB	MELATONIN 3MG	600		Rs._____	Rs._____
1537	TAB	MELATONIN 5MG	600		Rs._____	Rs._____
1538	TAB	MELOXICAM 15 MG/TAB	4,500		Rs._____	Rs._____
	TAB	MELOXICAM 7.5 MG/TAB	20,500		Rs._____	Rs._____
1539	TAB	MEMANTINE 10 MG/TAB	300		Rs._____	Rs._____
1540	TAB	MEMANTINE 5 MG/TAB	200		Rs._____	Rs._____
1541	TAB	MEMANTINE 20 MG/TAB	200		Rs._____	Rs._____
1542	TAB	MERCAPTOPYRINE 50 MG/TAB	6,500		Rs._____	Rs._____
1543	TAB	MESALAZINE 400 MG/TAB	1,500		Rs._____	Rs._____
	TAB	MESALAZINE 800MG	3,000		Rs._____	Rs._____
1544	TAB	METALOZONE 5 MG/TAB	700		Rs._____	Rs._____
1545	TAB	METFORMIN + GLIBENCLAMIDE 1.25MG + 500MG	700		Rs._____	Rs._____
1546	TAB	METFORMIN + GLIBENCLAMIDE 2.5MG + 500MG	700		Rs._____	Rs._____
1547	TAB	METFORMIN + GLIBENCLAMIDE 5+500MG	700		Rs._____	Rs._____
1548	TAB	METFORMIN 500 EXTENDED RELEASE	10,500		Rs._____	Rs._____
1549	TAB	METFORMIN HCL (XTENDED RELEASE) 1000MG	6,500		Rs._____	Rs._____
1550	TAB	METFORMIN HCL (XTENDED RELEASE) 750MG	7,500		Rs._____	Rs._____
1551	TAB	METFORMIN HCL 1000 MG/TAB	1,300		Rs._____	Rs._____
1552	TAB	METFORMIN HCL 250 MG/TAB	6,000		Rs._____	Rs._____
1553	TAB	METFORMIN HCL 500 MG/TAB	21,000		Rs._____	Rs._____
1554	TAB	METFORMIN HCL 850 MG/TAB	2,500		Rs._____	Rs._____
1555	TAB	METHOTREXATE 10 MG/TAB	1,300		Rs._____	Rs._____
1556	TAB	METHOTREXATE 2.5 MG/TAB	5,300		Rs._____	Rs._____
1557	TAB	METHYLDOPA 250 MG/TAB	3,300		Rs._____	Rs._____
1558	TAB	METHYLTETRAHYDROFOLIC ACID 300MCG	3,500		Rs._____	Rs._____
1559	TAB	METHYLTETRAHYDROFOLIC ACID 600 MCG	3,500		Rs._____	Rs._____
1560	TAB	METOCLOPROPAMIDE 10 MG/TAB	6,300		Rs._____	Rs._____
1561	TAB	METOCLOPROPAMIDE+SIMETHICONE+BROMELAIN+ PANCREATIN	2,300		Rs._____	Rs._____
1562	TAB	METOLAZONE 5MG	1,300		Rs._____	Rs._____
1563	TAB	METOPROLOL TARTRATE SR 200MG	1,700		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1564	TAB	METOPROLOL TARTARATE 100MG	1,700		Rs. _____	Rs. _____
1565	TAB	METOPROLOL 25 MG/TAB	8,000		Rs. _____	Rs. _____
1566	TAB	METOPROLOL 50 MG/TAB	2,500		Rs. _____	Rs. _____
1567	TAB	METOPROLOL SUCCINATE 200MG	300		Rs. _____	Rs. _____
1568	TAB	METRONIDAZOLE 200 MG	900		Rs. _____	Rs. _____
	TAB	METRONIDAZOLE 400 MG/TAB	70,000		Rs. _____	Rs. _____
1569	TAB	MEXILETINE HYDROCHLORIDE 150MG	250		Rs. _____	Rs. _____
1570	TAB	MEXILETINE HYDROCHLORIDE 200MG	250		Rs. _____	Rs. _____
1571	TAB	MEXILETINE HYDROCHLORIDE 250MG	250		Rs. _____	Rs. _____
1572	TAB	MIDAZOLAM 7.5 MG/TAB	3,000		Rs. _____	Rs. _____
1573	TAB	MIDOSTAURIN 50 MG	700		Rs. _____	Rs. _____
1574	TAB	MINOCYCLINE 100 MG/TAB	700		Rs. _____	Rs. _____
1575	TAB	MIRABEGRON 25 MG	700		Rs. _____	Rs. _____
	TAB	MIRABEGRON 50 MG	700		Rs. _____	Rs. _____
1576	TAB	MIRTAZAPINE 15 MG/TAB	700		Rs. _____	Rs. _____
1577	TAB	MIRTAZAPINE 30MG	700		Rs. _____	Rs. _____
1578	TAB	MIRTAZAPINE 45MG	500		Rs. _____	Rs. _____
1579	TAB	MISOPROSTOL 200 MCG/TAB	10,200		Rs. _____	Rs. _____
1580	TAB	MISOPROSTOL 100 MCG/TAB	5,000		Rs. _____	Rs. _____
1581	TAB	MODAFINIL 100 MG/TAB	700		Rs. _____	Rs. _____
1582	TAB	MODAFINIL 200 MG/TAB	700		Rs. _____	Rs. _____
1583	TAB	MONTELUKAST SODIUM 10 MG/TAB	17,000		Rs. _____	Rs. _____
	SACHET	MONTELUKAST SODIUM 4 MG ORAL POWDER	4,000		Rs. _____	Rs. _____
	TAB	MONTELUKAST SODIUM 4 MG/TAB CHEWABLE TABLETS	4,000		Rs. _____	Rs. _____
	TAB	MONTELUKAST SODIUM 5 MG/TAB CHEWABLE TABLETS	3,000		Rs. _____	Rs. _____
1584	TAB	MORPHINE 10MG	2,050		Rs. _____	Rs. _____
1585	TAB	MORPHINE 30MG	2,050		Rs. _____	Rs. _____
1586	ORAL POWDER	MOVCOL SACHET ORAL POWDER OR EQUIVALENT	5,050		Rs. _____	Rs. _____
1587	TAB	MOXIFLOXACIN 400 MG/TAB	3,200		Rs. _____	Rs. _____
1588	CAP	MULTIVITAMIN SOFT GELATIN	50,200		Rs. _____	Rs. _____
1589	TAB	MULTIVITAMINS WITH MINERAL	300		Rs. _____	Rs. _____
1590	TAB	MULTIVITAMINS WITH ZINC	80,000		Rs. _____	Rs. _____
1591	TAB	MYCOPHENOLATE MOFETIL 250 MG	2,500		Rs. _____	Rs. _____
1592	TAB	MYCOPHENOLATE MOFETIL 500 MG/TAB	80,000		Rs. _____	Rs. _____
1593	TAB	MYCOPHENOLATE SODIUM 360 MG	202,000		Rs. _____	Rs. _____
	TAB	MYCOPHENOLATE SODIUM 180 MG/CAP	4,500		Rs. _____	Rs. _____
1594	ORAL POWDER	MYO INOSITOL, FOLIC ACID ORAL POWDER	2,000		Rs. _____	Rs. _____
1595	TAB	NAPROXEN SODIUM 250 MG/TAB	2,200		Rs. _____	Rs. _____
	TAB	NAPROXEN SODIUM 500 MG/TAB	2,200		Rs. _____	Rs. _____
1596	TAB	NAPROXEN SODIUM 550 MG/TAB	35,500		Rs. _____	Rs. _____
1597	TAB	NEBIVOLOL 10 MG	2,700		Rs. _____	Rs. _____
1598	TAB	NEBIVOLOL 2.5 MG/TAB	3,500		Rs. _____	Rs. _____
1599	TAB	NEBIVOLOL 5MG	3,500		Rs. _____	Rs. _____
1600	TAB	NICORANDIL 10 MG/TAB	100		Rs. _____	Rs. _____
1601	TAB	NICORANDIL 20MG/TAB	250		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1602	CAP	SURBEX Z OR EQUIVALENT (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)	1,200		Rs. _____	Rs. _____
1603	CHEWING GUM	NICOTINE 2MG (CHEWING GUM)	1,200		Rs. _____	Rs. _____
1604	CHEWING GUM	NICOTINE 4MG (CHEWING GUM)	1,200		Rs. _____	Rs. _____
1605	TAB	VIDAYLIN T TAB OR EQUIVALENT (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)	1,200		Rs. _____	Rs. _____
1606	CAP	REVITALE B TABLET OR EQUIVALENT (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)	1,200		Rs. _____	Rs. _____
1607	TAB	NIFEDIPINE 20 MG	3,200		Rs. _____	Rs. _____
1608	TAB	NIFEDIPINE 30 MG/TAB	4,200		Rs. _____	Rs. _____
1609	TAB	NIFEDIPINE 30 MG/TAB PROLONGED RELEASE TABLETS	1,200		Rs. _____	Rs. _____
1610	TAB	NIFEDIPINE 60 MG	1,200		Rs. _____	Rs. _____
1611	CAP	NILOTINIB 150MG	800		Rs. _____	Rs. _____
1612	CAP	NILOTINIB 200 MG	800		Rs. _____	Rs. _____
1613	TAB	NIMESULIDE 100 MG/TAB	10,500		Rs. _____	Rs. _____
1614	TAB	NIMODIPINE 30 MG/TAB	600		Rs. _____	Rs. _____
1615	TAB	NIRMATRELVIR+RITONAVIR 150MG/100 MG	2,200		Rs. _____	Rs. _____
1616	TAB	NITAZOXANIDE 500 TAB	150		Rs. _____	Rs. _____
1617	TAB	NITRAZEPAM 5 MG/TAB	200		Rs. _____	Rs. _____
1618	TAB	NITROFURANTOIN 100 MG/TAB	300		Rs. _____	Rs. _____
1619	TAB	NORETHISTERONE 5 MG/TAB	10,500		Rs. _____	Rs. _____
1620	TAB	OESTROGEN CONJUGATED 0.3MG	2,200		Rs. _____	Rs. _____
1621	TAB	OFLOXACIN 200 MG/TAB	700		Rs. _____	Rs. _____
1622	CAP	OLANZAPINE + FLUOXETINE 3MG/25MGCAP	700		Rs. _____	Rs. _____
1623	CAP	OLANZAPINE + FLUOXETINE 6MG/25MGCAP	700		Rs. _____	Rs. _____
1624	TAB	OLANZAPINE 10MG	700		Rs. _____	Rs. _____
	TAB	OLANZAPINE 5 MG	700		Rs. _____	Rs. _____
1625	TAB	OLMESARTAN 10MG	700		Rs. _____	Rs. _____
	TAB	OLMESARTAN 20MG	700		Rs. _____	Rs. _____
	TAB	OLMESARTAN 40 MG	700		Rs. _____	Rs. _____
1626	TAB	OLMESARTAN 5MG	700		Rs. _____	Rs. _____
1627	TAB	OLMESARTAN/AMLODIPINE 20MG/5MG	700		Rs. _____	Rs. _____
1628	TAB	OLMESARTAN/AMLODIPINE 10MG/40MG	500		Rs. _____	Rs. _____
1629	TAB	OLMESARTAN/AMLODIPINE 5MG/20MG	500		Rs. _____	Rs. _____
1630	TAB	OLMESARTAN/AMLODIPINE 5MG/40MG	500		Rs. _____	Rs. _____
1631	TAB	OMEGA 3 FISH OIL 1200MG	2,000		Rs. _____	Rs. _____
1632	CAP	OMEPRAZOLE 20 MG/CAP	50,000		Rs. _____	Rs. _____
	CAP	OMEPRAZOLE 40 MG/CAP	55,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1633	ORAL POWDER	OMEPRAZOLE, SODIUM BICARBONATE 20/1680MG ORAL POWDER	6,000		Rs._____	Rs._____
	ORAL POWDER	OMEPRAZOLE, SODIUM BICARBONATE 40/1680MG ORAL POWDER	6,000		Rs._____	Rs._____
1634	CAP	OMEPRAZOLE, SODIUM BICARBONATE 40/1100MG 14'S	12,000		Rs._____	Rs._____
	CAP	OMEPRAZOLE, SODIUM BICARBONATE CAP 20/1100MG	13,000		Rs._____	Rs._____
1635	TAB	ONDANSETRON HCL 8 MG/TAB	15,000		Rs._____	Rs._____
1636	ORAL POWDER	ORAL REHYDRATION SALT LOW OSMOLAR ORAL POWDER FOR 1 LITER OF WATER SACHET	4,000		Rs._____	Rs._____
1637	ORAL POWDER	ORAL REHYDRATION SALT ORAL POWDER FOR 500ML WATER	4,000		Rs._____	Rs._____
1638	CAP	ORLISTAT 120 MG	2,700		Rs._____	Rs._____
1639	CAP	ORLISTAT 60 MG	2,700		Rs._____	Rs._____
1640	CAP	OSELTAMIVIR PHOSPHATE 75 MG	1,700		Rs._____	Rs._____
1641	TAB	OSSEIN MINERAL COMPLEX 800MG	50,200		Rs._____	Rs._____
	TAB	OSSEIN MINERAL COMPLEX+VITAMIN D 830MG/400IU	50,200		Rs._____	Rs._____
1642	TAB	OXCARBAZEPINE 300 MG	10,500		Rs._____	Rs._____
1643	TAB	OXCARBAZEPINE 600 MG	10,700		Rs._____	Rs._____
1644	TAB	OXYBUTYNINE 5MG	1,200		Rs._____	Rs._____
1645	TAB	OXYBUTYNINE 3 MG	1,000		Rs._____	Rs._____
1646	TAB	OXYMETHOLONE 50 MG	1,200		Rs._____	Rs._____
1647	TAB	PANCRELIPASE 10000 IU	2,200		Rs._____	Rs._____
1648	CAP	PANCREATIC ENZYME REPLACEMENT THERAPY CAPSULES	400		Rs._____	Rs._____
1649	TAB	PANTOPRAZOLE 20MG/TAB	10,500		Rs._____	Rs._____
1650	TAB	PANTOPRAZOLE 40 MG/TAB	10,500		Rs._____	Rs._____
1651	TAB	PARACETAMOL & CAFFEINE 500/65 MG EFFERVESCENT TABLETS	5,200		Rs._____	Rs._____
1652	TAB	PARACETAMOL & IBUPROFEN 500MG/200MG	10,200		Rs._____	Rs._____
1653	TAB	PARACETAMOL 300MG, TRIPROLIDINE 1.5MG, PSEUDOEPHEDRINE (HCL) 36MG	700		Rs._____	Rs._____
1654	TAB	PARACETAMOL 325MG+ TRAMADOL 37.5 MG	13,000		Rs._____	Rs._____
1655	TAB	PARACETAMOL 650MG+ TRAMADOL 75 MG	10,000		Rs._____	Rs._____
1656	TAB	PARACETAMOL 500 MG/TAB	400,000		Rs._____	Rs._____
1657	TAB	PARACETAMOL 500MG, CAFFEINE 65MG	8,000		Rs._____	Rs._____
1658	ORAL POWDER	PARACETAMOL 500MG, PSEUDOEPHEDRINE 30MG, MEPYRAMINE MALEATE 13MG, PHENIRAMINE MALEATE 13MG ORAL POWDER	1,800		Rs._____	Rs._____
1659	TAB	PARACETAMOL EXTENDED RELEASE TABLET 665 MG	400,000		Rs._____	Rs._____
1660	TAB	PARACETAMOL+CHLORPHENIRAMINE+PSEUDOEPHEDRINE 500MG+4MG+60MG / TAB	7,000		Rs._____	Rs._____
1661	TAB	PARACETAMOL+ORPHENADRINE CITRATE 450MG/35MG	62,000		Rs._____	Rs._____
1662	TAB	PARACETAMOL+ORPHENADRINE CITRATE 650MG/50MG	62,000		Rs._____	Rs._____
1663	TAB	PARAZOSIN 2MG	2,700		Rs._____	Rs._____
	TAB	PARAZOSIN 1MG	2,700		Rs._____	Rs._____
1664	TAB	PAROXETINE 20MG	2,700		Rs._____	Rs._____
1665	TAB	PAROXETINE 25MG	2,700		Rs._____	Rs._____
1666	TAB	PAROXETINE 37.5 MG	2,700		Rs._____	Rs._____
1667	TAB	PAROXETINE 50 MG	2,700		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1668	TAB	PAROXETINE CONTROL RELEASE 12.5MG	700		Rs. _____	Rs. _____
1669	TAB	PAROXETINE CONTROL RELEASE 25 MG	700		Rs. _____	Rs. _____
1670	TAB	PAZOPANIB 200MG	700		Rs. _____	Rs. _____
1671	TAB	PAZOPANIB 400MG	700		Rs. _____	Rs. _____
1672	TAB	PENICILLIN V 250MG	3,000		Rs. _____	Rs. _____
1673	TAB	PERINDOPRIL 2 MG/TAB	400		Rs. _____	Rs. _____
1674	TAB	PERINDOPRIL 4 MG/TAB	150		Rs. _____	Rs. _____
1675	TAB	PERINDOPRIL 8MG	150		Rs. _____	Rs. _____
1676	TAB	PERINDOPRIL/AMPLODIPINE 4MG/10MG	600		Rs. _____	Rs. _____
1677	TAB	PERINDOPRIL/AMPLODIPINE 4MG/5MG	600		Rs. _____	Rs. _____
1678	TAB	PERINDOPRIL/AMPLODIPINE 8MG/10MG	600		Rs. _____	Rs. _____
1679	TAB	PERINDOPRIL/AMPLODIPINE 8MG/5MG	600		Rs. _____	Rs. _____
1680	TAB	PERINDOPRIL/INDAPAMIDE 2MG/0.625MG	600		Rs. _____	Rs. _____
1681	TAB	PERINDOPRIL/INDAPAMIDE 5MG/1.25MG	600		Rs. _____	Rs. _____
1682	TAB	PERINDOPRIL/INDAPAMIDE 4MG/1.25MG	500		Rs. _____	Rs. _____
1683	TAB	PHENAZOPYRIDINE HCL 100 MG/TAB	4,500		Rs. _____	Rs. _____
1684	TAB	PHENIRAMINE MALEATE 25 MG	1,500		Rs. _____	Rs. _____
1685	TAB	PHENIRAMINE MALEATE 50 MG	1,500		Rs. _____	Rs. _____
1686	TAB	PHENIRAMINE MALEATE 75 MG	1,000		Rs. _____	Rs. _____
1687	TAB	PHENOBARBITONE 30 MG	700		Rs. _____	Rs. _____
1688	CAP	PHENYTOIN SODIUM 100 MG/CAP	700		Rs. _____	Rs. _____
1689	TAB	PHLOROGLUCINOL 80 MG/TAB	1,200		Rs. _____	Rs. _____
1690	TAB	PHLOROGLUCINOL+TRIMETHYLPHLOROGLUCINOL 40MG/0.04MG	5,200		Rs. _____	Rs. _____
1691	TAB	PIOGLITAZONE 15 MG	1,700		Rs. _____	Rs. _____
1692	TAB	PIOGLITAZONE 30 MG/TAB	150		Rs. _____	Rs. _____
1693	TAB	PIPEMIDIC ACID 400MG	700		Rs. _____	Rs. _____
1694	CAP	PIPEMIDIC ACID 400MG	500		Rs. _____	Rs. _____
1695	TAB	PIRFENIDONE 200 MG/TAB	250		Rs. _____	Rs. _____
1696	TAB	PIRFENIDONE 267 MG/TAB	250		Rs. _____	Rs. _____
1697	TAB	PIRFENIDONE 400 MG/TAB	200		Rs. _____	Rs. _____
1698	TAB	PIRFENIDONE 801 MG/TAB	250		Rs. _____	Rs. _____
1699	TAB	PIRIBEDIL 50MG	2,050		Rs. _____	Rs. _____
1700	TAB	PIROXICAM 10MG	2,700		Rs. _____	Rs. _____
1701	CAP	PIROXICAM 20 MG/CAP	2,500		Rs. _____	Rs. _____
1702	TAB	PIROXICAM 20 MG/TAB	4,500		Rs. _____	Rs. _____
1703	TAB	PIROXICAM BETA CYCLODEXTRIN 20MG	4,500		Rs. _____	Rs. _____
1704	TAB	PITVASTATIN 1MG	600		Rs. _____	Rs. _____
1705	TAB	PITVASTATIN 2 MG	600		Rs. _____	Rs. _____
1706	TAB	PITVASTATIN 3 MG	600		Rs. _____	Rs. _____
1707	TAB	PITVASTATIN 4 MG	600		Rs. _____	Rs. _____
1708	TAB	PLASAL WTH ENZYME OR EQUIVALENT	600		Rs. _____	Rs. _____
1709	TAB	PLECANATIDE 3MG	300		Rs. _____	Rs. _____
1710	TAB	PONATINIB 45 MG	1,000		Rs. _____	Rs. _____
1711	TAB	POSACONAZOL 100 MG/TAB	600		Rs. _____	Rs. _____
1712	TAB	POTASSIUM CHLORIDE 500 MG/TAB	14,000		Rs. _____	Rs. _____
1713	TAB	POTASSIUM CITRATE 1080 MG/TAB	2,500		Rs. _____	Rs. _____
1714	TAB	POTASSIUM PHOSPHATE 500MG	12,500		Rs. _____	Rs. _____
1715	TAB	PREDNISOLONE 5 MG/TAB	300,000		Rs. _____	Rs. _____
	TAB	PREDNISOLONE ENTERIC COATED 5 MG	300,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1716	CAP	PREGABALIN 100 MG	1,500		Rs. _____	Rs. _____
	CAP	PREGABALIN 150 MG	7,500		Rs. _____	Rs. _____
	CAP	PREGABALIN 25MG	3,500		Rs. _____	Rs. _____
	CAP	PREGABALIN 50 MG	7,500		Rs. _____	Rs. _____
	CAP	PREGABALIN 75 MG	7,500		Rs. _____	Rs. _____
	CAP	PREGABALIN 300 MG	2,000		Rs. _____	Rs. _____
1717	TAB	PRIMAQUINE 7.5MG	500		Rs. _____	Rs. _____
1718	TAB	PRIMAQUINE 15MG	1,000		Rs. _____	Rs. _____
1719	TAB	PRIMAQUINE 30MG	1,000		Rs. _____	Rs. _____
1720	ORAL POWDER	PROBIOTIC SACHET 2G ORAL POWDER	900		Rs. _____	Rs. _____
1721	TAB	PROCAINAMIDE 250MG	1,500		Rs. _____	Rs. _____
1722	CAP	PROCARBAZINE 50 MG/CAP	600		Rs. _____	Rs. _____
1723	TAB	PROCHLORPERAZINE 5 MG	2,500		Rs. _____	Rs. _____
1724	TAB	PROCYCLIDINE 10MG	1,500		Rs. _____	Rs. _____
1725	TAB	PROCYCLIDINE 5 MG/TAB	3,000		Rs. _____	Rs. _____
1726	CAP	PROGESTERONE 200 MG/CAP	700		Rs. _____	Rs. _____
1727	TAB	PROMETHAZINE 10 MG	700		Rs. _____	Rs. _____
1728	TAB	PROMETHAZINE 25 MG	700		Rs. _____	Rs. _____
1729	TAB	PROPRANOLOL 10 MG/TAB	2,500		Rs. _____	Rs. _____
	TAB	PROPRANOLOL 40 MG/TAB	2,500		Rs. _____	Rs. _____
1730	TAB	PROPYLTHIOURACIL 50MG	600		Rs. _____	Rs. _____
1731	ORAL POWDER	PSYLLIUM HUSK 25 G ORAL POWDER	2,500		Rs. _____	Rs. _____
1732	ORAL POWDER	PSYLLIUM HUSK 7 G ORAL POWDER	1,500		Rs. _____	Rs. _____
1733	ORAL POWDER	PSYLLIUM HUSK CONTAINER 290 GM JAR ORAL POWDER	1,500		Rs. _____	Rs. _____
1734	TAB	PYRANTEL PAMOATE 250MG	1,500		Rs. _____	Rs. _____
1735	TAB	PYRAZINAMIDE 500MG	1,500		Rs. _____	Rs. _____
1736	TAB	PYRIDOSTIGMINE 60MG	3,000		Rs. _____	Rs. _____
1737	TAB	PYRIDOXINE + MECLIZINE 50MG/25MG	2,200		Rs. _____	Rs. _____
1738	TAB	PYRIDOXINE 50 MG/TAB	13,000		Rs. _____	Rs. _____
1739	TAB	PYRIMETHAMINE 25MG	3,000		Rs. _____	Rs. _____
1740	TAB	QUETIAPINE 100MG	2,300		Rs. _____	Rs. _____
1741	TAB	QUETIAPINE 150 MG EXTEDED RELEASE	900		Rs. _____	Rs. _____
1742	TAB	QUETIAPINE 200 MG EXTEDED RELEASE	900		Rs. _____	Rs. _____
1743	TAB	QUETIAPINE 25 MG	900		Rs. _____	Rs. _____
1744	TAB	QUETIAPINE 200 MG	900		Rs. _____	Rs. _____
1745	TAB	RABEPRAZOLE 10MG	1,200		Rs. _____	Rs. _____
1746	TAB	RABEPRAZOLE SODIUM 20 MG	2,000		Rs. _____	Rs. _____
1747	TAB	RABEPRAZOLE 40MG	700		Rs. _____	Rs. _____
1748	CAP	RACECADOTRIL 100MG	150		Rs. _____	Rs. _____
1749	ORAL POWDER	RACECADOTRIL 10MG ORAL POWDER	150		Rs. _____	Rs. _____
1750	ORAL POWDER	RACECADOTRIL 30 MG ORAL POWDER	250		Rs. _____	Rs. _____
1751	TAB	RALOXIFENE 60 MG	700		Rs. _____	Rs. _____
1752	TAB	RAMIPRIL 10 MG/TAB	700		Rs. _____	Rs. _____
1753	TAB	RAMIPRIL 2.5 MG/TAB	2,500		Rs. _____	Rs. _____
1754	TAB	RAMIPRIL 5 MG/TAB	200		Rs. _____	Rs. _____
1755	TAB	RAMIPRIL 1.25 MG/TAB	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1756	TAB	RANOLAZINE 500 MG/TAB	2,500		Rs. _____	Rs. _____
1757	TAB	REBAMIPIDE 100MG	70		Rs. _____	Rs. _____
1758	TAB	RIBAVIRIN 100MG	2,500		Rs. _____	Rs. _____
1759	TAB	RIBAVIRIN 200MG	3,000		Rs. _____	Rs. _____
1760	CAP	RIBAVIRIN 400MG	3,000		Rs. _____	Rs. _____
1761	TAB	RIBAVIRIN 500MG	3,000		Rs. _____	Rs. _____
1762	TAB	RIBAVIRIN 600MG	3,000		Rs. _____	Rs. _____
1763	ORAL POWDER	RICE BASED ORAL REHYDRATION SALT ORAL POWDER SACHET	12,000		Rs. _____	Rs. _____
1764	TAB	RIFAMPICIN 300MG	3,500		Rs. _____	Rs. _____
1765	TAB	RIFAMPICIN 300MG, ISONIAZID 150MG	7,000		Rs. _____	Rs. _____
1766	TAB	RIFAXIMINE 550 MG/TAB	7,000		Rs. _____	Rs. _____
1767	TAB	RIFIXAMIN 200MG	7,000		Rs. _____	Rs. _____
1768	TAB	RISPERIDONE 1 MG	700		Rs. _____	Rs. _____
	TAB	RISPERIDONE 2 MG	700		Rs. _____	Rs. _____
	TAB	RISPERIDONE 3MG	700		Rs. _____	Rs. _____
	TAB	RISPERIDONE 4MG	700		Rs. _____	Rs. _____
1769	TAB	RIVAROXABAN 10 MG	5,000		Rs. _____	Rs. _____
	TAB	RIVAROXABAN 15MG	500		Rs. _____	Rs. _____
	TAB	RIVAROXABAN 2.5MG	700		Rs. _____	Rs. _____
	TAB	RIVAROXABAN 20 MG	700		Rs. _____	Rs. _____
1770	TAB	RIVAROXABAN 5MG	700		Rs. _____	Rs. _____
1771	CAP	RIVASTIGMINE 3MG	3,000		Rs. _____	Rs. _____
1772	CAP	RIVASTIGMINE 6MG	600		Rs. _____	Rs. _____
1773	CAP	RIVASTIGMINE 1.5 MG	100		Rs. _____	Rs. _____
1774	CAP	RIVASTIGMINE 4.5 MG	100		Rs. _____	Rs. _____
1775	PATCH	RIVASTIGMINE 13.3 MG	100		Rs. _____	Rs. _____
1776	PATCH	RIVASTIGMINE 18 MG	100		Rs. _____	Rs. _____
1777	PATCH	RIVASTIGMINE 9.5 MG	100		Rs. _____	Rs. _____
1778	TAB	ROPINIROLE 0.25 MG	210		Rs. _____	Rs. _____
1779	TAB	ROPINIROLE 1 MG	410		Rs. _____	Rs. _____
1780	TAB	ROPINROLE 2MG	410		Rs. _____	Rs. _____
1781	TAB	ROSUVASTATIN 10 MG/TAB	17,000		Rs. _____	Rs. _____
	TAB	ROSUVASTATIN 20 MG/TAB	12,500		Rs. _____	Rs. _____
	TAB	ROSUVASTATIN 5MG	700		Rs. _____	Rs. _____
	TAB	ROSUVASTATIN 40 MG	500		Rs. _____	Rs. _____
1782	TAB	RUXOLITINIB 15 MG	612		Rs. _____	Rs. _____
1783	TAB	RUXOLITINIB 20 MG	112		Rs. _____	Rs. _____
1784	TAB	RUXOLITINIB 5 MG	112		Rs. _____	Rs. _____
1785	ORAL POWDER	SACCHAROMYCES BOULARDII ORAL POWDER	8,000		Rs. _____	Rs. _____
1786	TAB	SACUBITRIL + VALSARTAN 200MG	600		Rs. _____	Rs. _____
1787	TAB	SACUBITRIL+VALSARTAN 100 MG/TAB	600		Rs. _____	Rs. _____
1788	TAB	SACUBITRIL+VALSARTAN 24/26MG	600		Rs. _____	Rs. _____
1789	TAB	SALBUTAMOL 2MG	700		Rs. _____	Rs. _____
	TAB	SALBUTAMOL 4MG	800		Rs. _____	Rs. _____
1790	TAB	SECNIDAZOLE 1000MG	400		Rs. _____	Rs. _____
1791	TAB	SENNA EXTRACT 8.6 MG	700		Rs. _____	Rs. _____
1792	TAB	SERRATIOPEPTIDASE 10 MG/TAB	18,000		Rs. _____	Rs. _____
1793	TAB	SERRATIOPEPTIDASE 20MG	1,500		Rs. _____	Rs. _____
1794	TAB	SERRATIOPEPTIDASE 40MG	5,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1795	TAB	SERRATIOPEPTIDASE 5 MG/TAB	5,500		Rs. _____	Rs. _____
1796	TAB	SERTRALINE HCL 100MG	3,000		Rs. _____	Rs. _____
1797	TAB	SERTRALINE HCL 25 MG	5,500		Rs. _____	Rs. _____
1798	TAB	SERTRALINE HCL 50 MG/TAB	3,000		Rs. _____	Rs. _____
1799	TAB	SEVELAMER HYDROCHLORIDE 400 MG/TAB	4,500		Rs. _____	Rs. _____
1800	TAB	SEVELAMER HYDROCHLORIDE 800MG	4,500		Rs. _____	Rs. _____
1801	TAB	SILDENAFIL 100MG	700		Rs. _____	Rs. _____
1802	TAB	SILDENAFIL 50MG	700		Rs. _____	Rs. _____
1803	TAB	SILDOSIN 4MG	700		Rs. _____	Rs. _____
1804	TAB	SILDOSIN 8MG	700		Rs. _____	Rs. _____
1805	TAB	SILYMARIN 200 MG/TAB	340		Rs. _____	Rs. _____
1806	TAB	SIMVASTATIN 10 MG	3,200		Rs. _____	Rs. _____
	TAB	SIMVASTATIN 20 MG	3,200		Rs. _____	Rs. _____
1807	TAB	SIROLIMUS 1 MG/TAB	3,200		Rs. _____	Rs. _____
1808	TAB	SIROLIMUS 2MG	2,000		Rs. _____	Rs. _____
1809	TAB	SITAGLIPTIN 100MG	12,500		Rs. _____	Rs. _____
	TAB	SITAGLIPTIN 25MG	11,000		Rs. _____	Rs. _____
	TAB	SITAGLIPTIN 50 MG/TAB	2,500		Rs. _____	Rs. _____
1810	TAB	SITAGLIPTIN 50MG+METFORMIN 500MG	7,500		Rs. _____	Rs. _____
	TAB	SITAGLIPTIN 50MG+METFORMIN 850MG	1,900		Rs. _____	Rs. _____
	TAB	SITAGLIPTIN 50MG+METFORMIN 1000MG	3,300		Rs. _____	Rs. _____
	TAB	SITAGLIPTIN 100MG+METFORMIN 1000MG	2,000		Rs. _____	Rs. _____
1811	TAB	SITAGLIPTIN 25MG+METFORMIN 500MG EXTENDED RELEASE	2,500		Rs. _____	Rs. _____
1812	TAB	SITAGLIPTIN 50MG+METFORMIN 500MG MODIFIED RELEASE	2,500		Rs. _____	Rs. _____
1813	TAB	SITAGLIPTIN 50MG+METFORMIN 850MG EXTENDED RELEASE	2,500		Rs. _____	Rs. _____
1814	TAB	SITAGLIPTIN 50MG+METFORMIN 1000MG EXTENDED RELEASE	2,500		Rs. _____	Rs. _____
1815	ORAL POWDER	SODIUM BICARBONATE 1.716GM, SODIUM CITRATE 0.613GM, CITRIC ACID 0.702GM, TARTARIC ACID 0.858GM ORAL POWDER	12,000		Rs. _____	Rs. _____
1816	TAB	SODIUM BICARBONATE 300 MG/TAB	71,000		Rs. _____	Rs. _____
1817	ORAL POWDER	SODIUM CHLORIDE+POTASSIUM CHLORIDE+CITRATE+GLUCOSE ANHYDROUS ORAL POWDER	2,500		Rs. _____	Rs. _____
1818	TAB	SODIUM FUSIDATE 250 MG	700		Rs. _____	Rs. _____
1819	TAB	SODIUM PICOSULFATE 5 MG/TAB	4,500		Rs. _____	Rs. _____
1820	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 100 G/CONTAINER ORAL POWDER	3,000		Rs. _____	Rs. _____
1821	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 15 G/CONTAINER ORAL POWDER	1,500		Rs. _____	Rs. _____
1822	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 30G ORAL POWDER	3,000		Rs. _____	Rs. _____
1823	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 450 G ORAL POWDER	70		Rs. _____	Rs. _____
1824	ORAL POWDER	SODIUMBICARBONATE, CITRIC ACID 5GM	700		Rs. _____	Rs. _____
1825	TAB	SOFOSBUVIR 400MG	700		Rs. _____	Rs. _____
1826	TAB	SOFOSBUVIR + VELPATASVIR 400/100 MG TAB	1,500		Rs. _____	Rs. _____
1827	TAB	SOFOSBUVIR 200MG +LEDIPASVIR 45MG	700		Rs. _____	Rs. _____
1828	TAB	SOFOSBUVIR 400MG +LEDIPASVIR 90MG	700		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1829	TAB	SOFOSBUVIR 400MG +VELPATASVIR 100MG+VOXILAPREVIR 100MG	700		Rs._____	Rs._____
1830	TAB	SOLIFENACIN + TAMSULOSIN 5MG/0.4MG	700		Rs._____	Rs._____
1831	TAB	SOLIFENACIN 10MG	700		Rs._____	Rs._____
	TAB	SOLIFENACIN 5 MG/TAB	1,200		Rs._____	Rs._____
1832	TAB	SORAFENIB 200MG	3,500		Rs._____	Rs._____
1833	TAB	SORAFENIB 400 MG/TAB	60		Rs._____	Rs._____
1834	TAB	SOTALOL 120MG	600		Rs._____	Rs._____
1835	TAB	SOTALOL 160MG	600		Rs._____	Rs._____
1836	TAB	SOTALOL 80MG	600		Rs._____	Rs._____
1837	TAB	SPIRONOLACTONE + FUROSEMIDE 20/50 MG	1,500		Rs._____	Rs._____
1838	TAB	SPIRONOLACTONE + FUROSEMIDE 40/50 MG	1,500		Rs._____	Rs._____
1839	TAB	SPIRONOLACTONE + HYDROCHLOROTHIAZIDE 25/25 MG	700		Rs._____	Rs._____
1840	TAB	SPIRONOLACTONE 100 MG/TAB	3,500		Rs._____	Rs._____
	TAB	SPIRONOLACTONE 25 MG/TAB	3,500		Rs._____	Rs._____
1841	ORAL POWDER	STRONTIUM RANELATE 2G ORAL POWDER	700		Rs._____	Rs._____
1842	TAB	SUCRALFATE 1000 MG/TAB	500		Rs._____	Rs._____
	TAB	SUCRALFATE 500 MG/TAB	700		Rs._____	Rs._____
1843	TAB	SULFAMETHOXAZOLE+TRIMETHOPRIM (CO-TRIMOXAZOLE) 400/80MG /TAB	8,000		Rs._____	Rs._____
	TAB	SULFAMETHOXAZOLE+TRIMETHOPRIM (CO-TRIMOXAZOLE) 800MG/160MG	12,000		Rs._____	Rs._____
1844	TAB	SULFOLAX 5MG	520		Rs._____	Rs._____
1845	TAB	SULPHASALZINE 100MG	3,500		Rs._____	Rs._____
1846	TAB	SUMATRIPTAN 100 MG	700		Rs._____	Rs._____
1847	TAB	SUMATRIPTAN 25 MG	700		Rs._____	Rs._____
1848	TAB	SUMATRIPTAN SUCCINATE 50 MG	3,000		Rs._____	Rs._____
1849	TAB	SUNATINIB 50 MG	700		Rs._____	Rs._____
1850	CAP	TACROLIMUS 0.5 MG/CAP	16,000		Rs._____	Rs._____
	CAP	TACROLIMUS 1 MG/CAP	201,000		Rs._____	Rs._____
1851	TAB	TACROLIMUS 2MG	2,500		Rs._____	Rs._____
1852	TAB	TACROLIMUS 5MG	2,500		Rs._____	Rs._____
1853	TAB	TACROLIMUS EXTENDED RELEASE 1MG	2,500		Rs._____	Rs._____
1854	TAB	TADALAFIL 5MG	700		Rs._____	Rs._____
1855	TAB	TAMOXIFEN 10 MG	3,000		Rs._____	Rs._____
1856	TAB	TAMOXIFEN 20 MG	3,000		Rs._____	Rs._____
1857	TAB	TAMSULOSIN 0.4 MG	24,000		Rs._____	Rs._____
1858	CAP	TAMSULOSIN 0.4 MG/CAP	13,000		Rs._____	Rs._____
1859	TAB	TAMSULOSIN 0 4MG , DUTASTERIDE 0 5MG TABLET	1,700		Rs._____	Rs._____
1860	TAB	TAPENTADOL 75 MG	150		Rs._____	Rs._____
1861	TAB	TEGAFUR/URACIL 100/224MG	4,000		Rs._____	Rs._____
1862	TAB	TELIVUDINE 600MG	1,200		Rs._____	Rs._____
1863	TAB	TELMISARTAN 20 MG	3,000		Rs._____	Rs._____
1864	TAB	TELMISARTAN 40 MG	3,500		Rs._____	Rs._____
1865	TAB	TELMISARTAN 80 MG	3,000		Rs._____	Rs._____
1866	TAB	TELMISARTAN 40 MG HYDROCHLOROTHIAZIDE 12.5 MG	300		Rs._____	Rs._____
1867	TAB	TELMISARTAN 80 MG HYDROCHLOROTHIAZIDE 12.5 MG	200		Rs._____	Rs._____
1868	CAP	TEMAZEPAM 15MG	2,500		Rs._____	Rs._____
1869	CAP	TEMAZEPAM 30MG	2,700		Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1870	TAB	TEMOZOLOMIDE 100 MG	2,700		Rs. _____	Rs. _____
1871	CAP	TENOFOVIR ALAFENAMIDE 25MG	1,700		Rs. _____	Rs. _____
1872	CAP	TENOFOVIR DISOPROXIL FUMERATE 300MG	1,500		Rs. _____	Rs. _____
1873	TAB	TERAZOSIN 1MG	1,500		Rs. _____	Rs. _____
1874	TAB	TERAZOSIN 2MG	1,500		Rs. _____	Rs. _____
1875	TAB	TERAZOSIN 5MG	1,500		Rs. _____	Rs. _____
1876	TAB	TERBINAFINE HCL 125 MG/TAB	1,500		Rs. _____	Rs. _____
1877	TAB	TERBINAFINE HCL 250MG/TAB	2,500		Rs. _____	Rs. _____
1878	TAB	TERBUTALINE 2.5 MG/TAB	700		Rs. _____	Rs. _____
1879	TAB	THALIDOMIDE 100MG	800		Rs. _____	Rs. _____
1880	TAB	THEOPHYLLINE 150MG	800		Rs. _____	Rs. _____
1881	TAB	THEOPHYLLINE 350MG	800		Rs. _____	Rs. _____
1882	TAB	THEOPHYLLINE PROLONGED RELEASE 300MG TABLETS	800		Rs. _____	Rs. _____
1883	CAP	THIOLCHICOSIDE 4 MG/CAP	5,050		Rs. _____	Rs. _____
1884	TAB	THIOGUANINE 40MG	1,000		Rs. _____	Rs. _____
1885	TAB	THYROXIN SODIUM 50 MCG/TAB	35,000		Rs. _____	Rs. _____
1886	TAB	TIANEPTINE 12.5MG	3,000		Rs. _____	Rs. _____
1887	TAB	TIBOLONE 2.5 MG	3,000		Rs. _____	Rs. _____
1888	TAB	TICAGRELOR 60MG	1,000		Rs. _____	Rs. _____
1889	TAB	TICAGRELOR 90 MG/TAB	1,100		Rs. _____	Rs. _____
1890	TAB	TINIDAZOLE 500 MG 500MG	2,500		Rs. _____	Rs. _____
1891	TAB	TIZANIDINE 2 MG/TAB	10,500		Rs. _____	Rs. _____
	TAB	TIZANIDINE 4MG	5,500		Rs. _____	Rs. _____
1892	TAB	TOLBUTEROL 1 MG	700		Rs. _____	Rs. _____
1893	TAB	TOLBUTEROL 2 MG	500		Rs. _____	Rs. _____
1894	TAB	TOLTERIDINE 2 MG/TAB	700		Rs. _____	Rs. _____
1895	TAB	TOLTERIDINE 4 MG	300		Rs. _____	Rs. _____
1896	TAB	TOPIRAMATE 100MG	3,500		Rs. _____	Rs. _____
1897	TAB	TOPIRAMATE 25 MG	3,500		Rs. _____	Rs. _____
1898	TAB	TOPIRAMATE 50 MG	3,300		Rs. _____	Rs. _____
1899	CAP	TRAMADOL 100 MG/CAP	3,500		Rs. _____	Rs. _____
	CAP	TRAMADOL 50 MG/CAP	11,000		Rs. _____	Rs. _____
1900	TAB	TRAMADOL HCL 37.5MG, PARACETAMOL 325MG	20,500		Rs. _____	Rs. _____
1901	TAB	TRAMADOL HCL 75MG, PARACETAMOL 650MG	20,000		Rs. _____	Rs. _____
1902	CAP	TRANEXAMIC ACID 250 MG/CAP	11,000		Rs. _____	Rs. _____
	CAP	TRANEXAMIC ACID 500 MG/CAP	3,300		Rs. _____	Rs. _____
1903	TAB	TRAZODONE 100MG	1,200		Rs. _____	Rs. _____
1904	TAB	TRAZODONE 50 MG/TAB	1,200		Rs. _____	Rs. _____
1905	CAP	TRETINOIN 10 MG/CAP	1,100		Rs. _____	Rs. _____
1906	TAB	TRIFLUOPERAZINE 1 MG	3,000		Rs. _____	Rs. _____
1907	TAB	TRIFLUOPERAZINE 5 MG	3,000		Rs. _____	Rs. _____
1908	TAB	TRIBULUS TERRESTRIS EXTRACT + VIT-E+ L-OPTI ZINC + SELENIUM	1,000		Rs. _____	Rs. _____
1909	TAB	TRIHENXYPHENIDYL 2MG	3,500		Rs. _____	Rs. _____
1910	TAB	TRIMETADAZINE MR 35MG	3,000		Rs. _____	Rs. _____
1911	TAB	TRIMETAZIDINE 20 MG	3,000		Rs. _____	Rs. _____
1912	TAB	TRIMETAZIDINE 35 MG/TAB	700		Rs. _____	Rs. _____
1913	TAB	TULOBUOTEROL 1 MG/TAB	250		Rs. _____	Rs. _____
1914	CAP	UROSDEOXYCHLOIC ACID 250 MG/CAP	6,000		Rs. _____	Rs. _____
	CAP	UROSDEOXYCHLOIC ACID 500 MG/CAP	6,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1915	TAB	VALACYCLOVIR 500 MG	2,500		Rs. _____	Rs. _____
1916	TAB	VALGANACYCLOVIR 450 MG/TAB	8,000		Rs. _____	Rs. _____
1917	TAB	VALPROATE/DIVALPROEX 250MG	1,500		Rs. _____	Rs. _____
	TAB	VALPROATE/DIVALPROEX 500MG	1,500		Rs. _____	Rs. _____
	TAB	VALPROATE/DIVALPROEX CR 500MG	1,500		Rs. _____	Rs. _____
1918	TAB	VALSARTAN 160MG	7,000		Rs. _____	Rs. _____
	TAB	VALSARTAN 80 MG/TAB	4,000		Rs. _____	Rs. _____
1919	TAB	VALSARTAN 160MG , HYDROCHLOROTHIAZIDE 25MG	1,200		Rs. _____	Rs. _____
	TAB	VALSARTAN+HYDROCHLOROTHIAZIDE (80/12.5)MG /TAB	1,200		Rs. _____	Rs. _____
	TAB	VALSARTAN 160MG , HYDROCHLOROTHIAZIDE 12.5MG	600		Rs. _____	Rs. _____
1920	TAB	VENETOCLAX 100 MG	1,000		Rs. _____	Rs. _____
1921	TAB	VENLAFAXINE 150 MG	2,500		Rs. _____	Rs. _____
1922	TAB	VENLAFAXINE 37.5 MG	2,500		Rs. _____	Rs. _____
1923	TAB	VENLAFAXINE XR 75 MG	2,500		Rs. _____	Rs. _____
1924	TAB	VERAPAMIL HYDROCHLORIDE 240MG	1,200		Rs. _____	Rs. _____
1925	TAB	VERAPAMIL HYDROCHLORIDE 40 MG/TAB	1,200		Rs. _____	Rs. _____
1926	TAB	VERAPAMIL HYDROCHLORIDE 80 MG/TAB	700		Rs. _____	Rs. _____
1927	TAB	VIGABATRIN 500 MG	3,000		Rs. _____	Rs. _____
1928	TAB	VILDAGLIPTIN 50 MG/TAB	1,400		Rs. _____	Rs. _____
1929	TAB	VILDAGLIPTIN 50MG AND METFORMIN 1000MG	1,900		Rs. _____	Rs. _____
1930	TAB	VILDAGLIPTIN 50MG AND METFORMIN 500MG	4,500		Rs. _____	Rs. _____
1931	TAB	VILDAGLIPTIN 50MG AND METFORMIN 850MG	4,500		Rs. _____	Rs. _____
1932	TAB	VILDAGLIPTIN 50MG AND METFORMIN 1000MG EXTENDED RELEASE	4,500		Rs. _____	Rs. _____
1933	TAB	VILDAGLIPTIN 50MG AND METFORMIN 500MG EXTENDED RELEASE	4,500		Rs. _____	Rs. _____
1934	TAB	VILDAGLIPTIN 50MG AND METFORMIN 850MG EXTENDED RELEASE	4,500		Rs. _____	Rs. _____
1935	TAB	VIMTAIN B COMPLEX	3,500		Rs. _____	Rs. _____
1936	CAP	VITABIOTICS FOR FERTILITY	350		Rs. _____	Rs. _____
1937	CAP	VITABIOTICS FOR PREGNANCY	350		Rs. _____	Rs. _____
1938	TAB	VITAMIN (B1, B6, B12)	1,300		Rs. _____	Rs. _____
1939	CAP	VITAMIN A 10,000IU	1,300		Rs. _____	Rs. _____
1940	TAB	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	4,000		Rs. _____	Rs. _____
1941	CAP	VITAMIN A 50000IU	1,500		Rs. _____	Rs. _____
1942	TAB	VITAMIN B	4,000		Rs. _____	Rs. _____
1943	TAB	VITAMIN B12 1000MCG	4,000		Rs. _____	Rs. _____
1944	TAB	VITAMIN B12 500MCG	4,000		Rs. _____	Rs. _____
1945	TAB	VITAMIN B12+VITAMIN B6+VITAMIN B1	22,000		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1946	TAB	VITAMIN B2, VITAMIN B1, BIOTIN, CYANOCOBALAMIN, FOLIC ACID, PYRIDOXINE, INOSITOL, PANTOTHENIC ACID, NICOTINIC ACID	5,000		Rs. _____	Rs. _____
1947	TAB	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	5,000		Rs. _____	Rs. _____
1948	CAP	VITAMIN D 2 LAC IU	15,000		Rs. _____	Rs. _____
1949	CAP	VITAMIN D 50,000 IU	1,500		Rs. _____	Rs. _____
1950	CAP	VITAMIN D 5000IU	1,500		Rs. _____	Rs. _____
1951	TAB	VITAMIN D3 1000IU	4,000		Rs. _____	Rs. _____
1952	TAB	VITAMIN D3 200000IU	1,500		Rs. _____	Rs. _____
1953	TAB	VITAMIN D3 400IU	4,000		Rs. _____	Rs. _____
1954	TAB	VITAMIN D3 800IU,CALCIUM 600MG	4,000		Rs. _____	Rs. _____
1955	TAB	VITAMIN E 1000MG	4,000		Rs. _____	Rs. _____
1956	CAP	VITAMIN E 200 MG/CAP	6,000		Rs. _____	Rs. _____
1957	CAP	VITAMIN E 400 MG/CAP	19,000		Rs. _____	Rs. _____
1958	TAB	VITAMIN E 600MG	7,000		Rs. _____	Rs. _____
1959	TAB	VITAMIN MULTI (ASCORBIC ACID / BIOTINS) 60MG/0.15MG	1,500		Rs. _____	Rs. _____
1960	TAB	VITAMIN SUPPLEMENT	4,000		Rs. _____	Rs. _____
1961	CAP	VITAMINS AND MINERALS (EACH 5ML CONTAINS: 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)	1,200		Rs. _____	Rs. _____
1962	CAP	VITMAIN A	1,500		Rs. _____	Rs. _____
1963	TAB	VITMAIN E,C AND ZINC 1 TAB	4,000		Rs. _____	Rs. _____
1964	TAB	VONOPRAZAN 10 MG/TAB	7,000		Rs. _____	Rs. _____
1965	TAB	VONOPRAZAN 20 MG/TAB	7,000		Rs. _____	Rs. _____
1966	TAB	VORICONAZOLE 200 MG/TAB	9,000		Rs. _____	Rs. _____
1967	TAB	VORTIOXETINE 10 MG	200		Rs. _____	Rs. _____
1968	TAB	VORTIOXETINE 20 MG	200		Rs. _____	Rs. _____
1969	TAB	WARFARIN 1 MG	900		Rs. _____	Rs. _____
1970	TAB	WARFARIN 2.5 MG	900		Rs. _____	Rs. _____
1971	TAB	WARFARIN 5 MG	900		Rs. _____	Rs. _____
1972	TAB	WARFARIN 10 MG	900		Rs. _____	Rs. _____
1973	ORAL POWDER	WHEAT DEXTRIN AND GREEN TEA EXTRACT ORAL POWDER	700		Rs. _____	Rs. _____
1974	ORAL POWDER	WHEAT DEXTRIN AND GREEN TEA EXTRACT ORAL POWDER 150 GM CONTAINER	700		Rs. _____	Rs. _____
1975	TAB	ZIDOVUDINE 100MG	800		Rs. _____	Rs. _____
1976	TAB	ZIDOVUDINE 300MG	800		Rs. _____	Rs. _____
1977	TAB	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	4,000		Rs. _____	Rs. _____
1978	TAB	ZINC SULFATE 20 MG/TAB	5,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
1979	TAB	ZINGIBER OFFICINALE SP + VITAMIN B6 (PYRIDOXINE)	600		Rs. _____	Rs. _____
1980	TAB	ZOLMITRIPTAN 5 MG	400		Rs. _____	Rs. _____
1981	TAB	ZOLMITRIPTAN 2.5 MG	400		Rs. _____	Rs. _____
1982	TAB	ZOLPIDEM HEMITARTRATE 10 MG	600		Rs. _____	Rs. _____
1983	TAB	ZOLPIDEM TARTRATE 10 MG	1,100		Rs. _____	Rs. _____
1984	TAB	ZOLPIDEM TARTRATE 12.5 MG	600		Rs. _____	Rs. _____
1985	TAB	ZOLPIDEM TARTRATE 6.25 MG	600		Rs. _____	Rs. _____
1986	TAB	ZUCLOPENTHIXOL 10 MG	600		Rs. _____	Rs. _____
1987	TAB	ZUCLOPENTHIXOL 2 MG	600		Rs. _____	Rs. _____
1988	TAB	ZUCLOPENTHIXOL 25 MG	600		Rs. _____	Rs. _____
1989	TAB	ZUCLOPENTHIXOL 5 MG	600		Rs. _____	Rs. _____
OTIC PREPARATIONS						
1990	EAR DROP	CIPROFLOXACIN 0.2%+HYDROCORTISONE 1% 10 ML/BOTTLE EAR DROP	300		Rs. _____	Rs. _____
1991	EAR DROP	CIPROFLOXACIN 5 ML/BOTTLE EAR DROP	700		Rs. _____	Rs. _____
1992	EAR DROP	CIPROFLOXACIN+DEXAMETHASONE 5 ML/BOTTLE EAR DROP	300		Rs. _____	Rs. _____
1993	EAR DROP	CLOTRIMAZOLE EAR DROP	600		Rs. _____	Rs. _____
1994	EAR DROP	MOXIFLOXACIN+DEXAMETHASONE 5 ML/BOTTLE EAR DROP	500		Rs. _____	Rs. _____
1995	EAR DROP	NEOMYCIN AND POLYMYXIN EAR DROP	150		Rs. _____	Rs. _____
1996	EAR DROP	OFLOXACIN 5ML/BOTTLE EAR DROP	600		Rs. _____	Rs. _____
1997	EAR DROP	OTOSPORIN OR EQUIVALENT EAR DROP	600		Rs. _____	Rs. _____
1998	EAR DROP	POLYMYXIN SULPHATE+PROPYLENE GLYCOL+LIGNOCAINE 5 ML/BOTTLE EAR DROP	300		Rs. _____	Rs. _____
1999	EAR DROP	POLYMYXIN+NEOMYCIN+HYDROCORTISONE 5 ML/BOTTLE EAR DROP	300		Rs. _____	Rs. _____
2000	EAR DROP	TOBRAMYCIN+DEXAMETHASONE	200		Rs. _____	Rs. _____
2001	EAR DROP	SODA GLYCERIN EAR DROP OR EQUIVALENT	11,000		Rs. _____	Rs. _____
2002	EAR DROP	SODIUM BICARBONATE+GLYCERINE 10 ML/BOTTLE EAR DROP	1,500		Rs. _____	Rs. _____
RADIOLOGY						
2003	CONTRAST	BARIUM SULFATE 98% W/W 340GM (E-Z-HD / VIZUMAX - HD) OR EQUIVALENT	1,110		Rs. _____	Rs. _____
2004	CONTRAST	CONTRAST FOR MRI SYSTEM 20ML 1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	3,010		Rs. _____	Rs. _____
2005	CONTRAST	CONTRAST FOR MRI SYSTEM 15ML /1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	3,010		Rs. _____	Rs. _____
2006	CONTRAST	CONTRAST FOR MRI SYSTEM 7.5 ML /1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	8,010		Rs. _____	Rs. _____
2007	CONTRAST	DIATRIZOATE MAGLUMINE + DIATRIZOATE SODIUM SOLUTION 4.8MG+0.21 MG SODIUM & 367MG IODINE 100ML LIQUID	300		Rs. _____	Rs. _____
2008	CONTRAST	NON-IONIC CONTRAST FOR CT SCANNER 350/370 1-ML/100 ML, MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	23,000		Rs. _____	Rs. _____
2009	CONTRAST	NON-IONIC CONTRAST FOR CT SCANNER 350/370 1-ML/50 ML, MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	6,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2010	CONTRAST	SODIUM AMIDOTRIZOATE AND MEGLUMINE AMIDOTRIZOATE 76% 20 ML/AMP	1,500		Rs. _____	Rs. _____
2011	CONTRAST	SODIUM AMINDOTRIZOATE+MEGLUMINE AMIDOTRIZATE (IONIC) 76% 0.1G + 0.66G, 370MG/ML 100ML	800		Rs. _____	Rs. _____
2012	GEL	ULTRASOUND GEL 260 GM	4,800		Rs. _____	Rs. _____
2013	GEL	ULTRASOUND GEL 5KG CAN	550		Rs. _____	Rs. _____
2014	ROLL	ULTRASOUND ROLL 110MM X 20M	6,350		Rs. _____	Rs. _____
RESPIRATORY PREPARATIONS AND DEVICES						
2015	NEBULIZER LIQUID	BECLOMETHASONE 0.8MG NEBULIZER LIQUID	300		Rs. _____	Rs. _____
2016	NASAL SPARY	BECLOMETHASONE 100 MCG/BOTTLE NASAL SPARY	300		Rs. _____	Rs. _____
2017	INHALER	BECLOMETHASONE DIPROPIONATE 250MCG/INHALER	300		Rs. _____	Rs. _____
2018	INHALER	BECLOMETHASONE DIPROPIONATE 50 MCG/INHALER	300		Rs. _____	Rs. _____
2019	INHALER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (100/6) INHALER	300		Rs. _____	Rs. _____
2020	INHALER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (200/6) INHALER	300		Rs. _____	Rs. _____
2021	INHALATION POWDER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 100/6) INHALER	300		Rs. _____	Rs. _____
2022	INHALATION POWDER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 200/6) INHALER	300		Rs. _____	Rs. _____
2023	NEBULIZER LIQUID	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL 2 ML/VIAL NEBULIZER LIQUID	30,000		Rs. _____	Rs. _____
2024	INHALER	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL SINGLE STRENGTH INHALER	300		Rs. _____	Rs. _____
2025	INHALER	BUDESONIDE+FORMOTEROL FUROATE 1 INHALER	1,000		Rs. _____	Rs. _____
2026	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 200MCG/6MCG	2,500		Rs. _____	Rs. _____
2027	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 400MCG/12MCG	9,000		Rs. _____	Rs. _____
2028	NASAL SPARY	DESMOPRESSIN NASAL SPRAY 0.01MG/DOSE 2.5ML	300		Rs. _____	Rs. _____
2029	NASAL SPARY	FLUNISOLIDE NASAL SPARY 0.03%BOTTLE	300		Rs. _____	Rs. _____
2030	NASAL SPRAY	FLUTICASONE FUROATE NASAL SPRAY 0.05% W/W	300		Rs. _____	Rs. _____
2031	NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY 0.05%	200		Rs. _____	Rs. _____
2032	ROTA CAPSULE	INDACATEROL MALEATE CAP 150MCG ROTA CAPSULE	300		Rs. _____	Rs. _____
2033	ROTA CAPSULE	INDACATEROL MALEATE CAP 300MCG ROTA CAPSULE	300		Rs. _____	Rs. _____
2034	NEBULIZER LIQUID	IPRATROPIUM BROMIDE 500 MCG/2ML NEBULIZER LIQUID	110,000		Rs. _____	Rs. _____
2035	INHALER	IPRATROPIUM BROMIDE HFA AEROSOL INH 20MCG INHALER	2,000		Rs. _____	Rs. _____
2036	NASAL SPARY	MOMETASONE FUROATE NASAL SPARY 50 MCG/BOTTLE	150		Rs. _____	Rs. _____
2037	NASAL DROPS	NORMAL SALINE 0.9% 30 ML/BOTTLE NASAL DROPS	1,500		Rs. _____	Rs. _____
2038	NEBULIZER DEVICE	REVOLIZER	1,500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2039	INHALER	SALBUTAMOL 100 MCG/INHALER	700		Rs. _____	Rs. _____
2040	NEBULIZER LIQUID	SALBUTAMOL 5 MG/ML NEBULIZER LIQUID	2,500		Rs. _____	Rs. _____
2041	INHALER	SALBUTAMOL, BECLOMETHASONE DIPROPIONATE 100MCG/50MCG	150		Rs. _____	Rs. _____
2042	NEBULIZER LIQUID	SALBUTAMOL, IPRATOPIUM BROMIDE 0.5MG/2.5MG NEBULIZER LIQUID	2,700		Rs. _____	Rs. _____
2043	INHALER	SALBUTAMOL+BECLOMETHASONE DIPROPIONATE DOUBLE STRENGTH INHALER	90		Rs. _____	Rs. _____
2044	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 125MCG INHALER	90		Rs. _____	Rs. _____
2045	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 250MCG INHALER	90		Rs. _____	Rs. _____
2046	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 50 MCG INHALER	90		Rs. _____	Rs. _____
2047	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 100MCG INHALER	90		Rs. _____	Rs. _____
2048	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 250MCG INHALER	90		Rs. _____	Rs. _____
2049	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 500MCG INHALER	90		Rs. _____	Rs. _____
2050	NASAL SPRAY	SALMO-CALCITONIN.SYNTH. 200 IU NASAL SPARY	90		Rs. _____	Rs. _____
2051	NASAL SPRAY	SODIUM CROMOGLYCATE NASAL SPARY	300		Rs. _____	Rs. _____
2052	NASAL SPARY	SODIUM CROMOGLYCATE+XYLOMETAZOLINE NASAL SPARY 15 ML/BOTTLE	300		Rs. _____	Rs. _____
2053	DEVICE	SPACER DEVICE ADULT WITH LARGE MASK	150		Rs. _____	Rs. _____
2054	DEVICE	SPACER DEVICE ADULT WITH MOUTH PIECE	150		Rs. _____	Rs. _____
2055	DEVICE	SPACER DEVICE ADULT WITH SMALL MASK	150		Rs. _____	Rs. _____
2056	DEVICE	SPACER DEVICE FOR ADULT	150		Rs. _____	Rs. _____
2057	DEVICE	SPACER FOR DEVICE FOR KIDS 0-18MONTHS	150		Rs. _____	Rs. _____
2058	DEVICE	SPACER FOR DEVICE FOR KIDS 18 MONTHS – 5 YEARS	150		Rs. _____	Rs. _____
2059	DEVICE	SPACER FOR DEVICE FOR KIDS ABOVE 5 YEARS	150		Rs. _____	Rs. _____
2060	CAPSULE ROTA	TIOTROPIUM BROMIDE 18 MCG/CAP	6,000		Rs. _____	Rs. _____
2061	NASAL SPARY	XYLOMETAZOLINE HCL 0.1% NASAL SPARY 20 ML/BOTTLE	900		Rs. _____	Rs. _____
2062	NASAL DROPS	XYLOMETAZOLINE HCL PEADS 0.05% 15 ML/BOTTLE NASAL DROPS	150		Rs. _____	Rs. _____
2063	NASAL SPRAY	ZOLMITRIPTAN NASAL SPRAY	150		Rs. _____	Rs. _____
SUPPOSITORIES, ENEMAS, PESSARIES, VAGINAL CREAMS						
2064	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS VAGINAL CREAM 2% 20G	300		Rs. _____	Rs. _____
2065	PESSARY	CLOTRIMAZOLE 0.1 G/TAB	1,000		Rs. _____	Rs. _____
2066	PESSARY	CLOTRIMAZOLE 0.5 G/TAB	400		Rs. _____	Rs. _____
2067	VAGINAL CREAM	CLOTRIMAZOLE 1% 10GM	400		Rs. _____	Rs. _____
2068	VAGINAL CREAM	CLOTRIMAZOLE 1% 15GM	400		Rs. _____	Rs. _____
2069	VAGINAL CREAM	CLOTRIMAZOLE 10% 5GM	300		Rs. _____	Rs. _____
2070	PESSARY	CLOTRIMAZOLE 500 MG/TAB	400		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2071	SUPPOSITORIES	DICLOFENAC SODIUM 100 MG/SUPP	8,000		Rs. _____	Rs. _____
2072	SUPPOSITORIES	DICLOFENAC SODIUM 25MG/SUPP	7,000		Rs. _____	Rs. _____
2073	PESSARY	DINOPROSTONE 3 MG/TAB	500		Rs. _____	Rs. _____
2074	SUPPOSITORIES	GLYCERIN ADULT	35,000		Rs. _____	Rs. _____
2075	SUPPOSITORIES	GLYCERIN PEADS	11,068		Rs. _____	Rs. _____
2076	SUPPOSITORIES	NYSTATIN, NEOMYCIN AND POLYMYXIN B VAGINAL CAPSULE	300		Rs. _____	Rs. _____
2077	SUPPOSITORIES	PARACETAMOL 125 MG/SUPP	1,200		Rs. _____	Rs. _____
2078	SUPPOSITORIES	PARACETAMOL 250 MG/SUPP	1,500		Rs. _____	Rs. _____
2079	PESSARY	PROGESTERONE 400 MG	1,000		Rs. _____	Rs. _____
2080	ENEMA	SODIUM BIPHOSPHATE 19.2GM, SODIUM PHOSPHATE 7.2GM, SODIUM CONTENTS 4.5GM 120ML/BOTTLE	6,000		Rs. _____	Rs. _____
2081	ENEMA	SODIUM CITRATE+SODIUM LAURYL SULPHATE + GLYCERIN 20 ML/BOTTLE	70		Rs. _____	Rs. _____
2082	ENEMA	SODIUM CITRATE+SODIUM LAURYL SULPHATE+GLYCERINE 10 ML/BOTTLE	70		Rs. _____	Rs. _____
TOPICALS						
2083	CREAM	ACYCLOVIR 5% 5 G/TUBE CREAM	300		Rs. _____	Rs. _____
2084	OINTMENT	ACYCLOVIR5% 5 G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2085	CREAM	ACYLCOVIR 10GM CREAM	300		Rs. _____	Rs. _____
2086	CREAM	ADAPALENE CREAM 10GM CREAM	300		Rs. _____	Rs. _____
2087	GEL	ADAPALENE GEL 10GM	200		Rs. _____	Rs. _____
2088	TOPICAL SOLUTION	ANTICOAGULANT CITRATE DEXTROSE SOLUTION 500 ML/BOTTLE TOPICAL SOLUTION	300		Rs. _____	Rs. _____
2089	CREAM	ANTISEPTIC HEALING CREAM 60 G/CONTAINER	800		Rs. _____	Rs. _____
2090	OINTMENT	BACITRACIN+NEOMYCIN SULPHATE+POLYMYXIN B SULPHATE+LIDOCAINE 14.17 G/TUBE OINTMENT	800		Rs. _____	Rs. _____
2091	TOPICAL SOLUTION	BENZOIN COMPOUND 30 ML/BOTTLE TOPICAL SOLUTION	800		Rs. _____	Rs. _____
2092	TOPICAL SOLUTION	BENZYL BENZOATE 25% W/V	150		Rs. _____	Rs. _____
2093	OINTMENT	BETAMETHASONE + GENTAMYCIN 15 G/TUBE	500		Rs. _____	Rs. _____
2094	OINTMENT	BETAMETHASONE 0.05% , CALCIPOTRIOL 0.005% OINTMENT 15G	300		Rs. _____	Rs. _____
2095	LOTION	BETAMETHASONE 0.1% 60ML/BOTTLE LOTION	500		Rs. _____	Rs. _____
2096	LOTION	BETAMETHASONE 30 ML/BOTTLE LOTION	800		Rs. _____	Rs. _____
2097	CREAM	BETAMETHASONE CREAM 0.1% 10G	300		Rs. _____	Rs. _____
2098	CREAM	BETAMETHASONE CREAM 0.1% 15G	300		Rs. _____	Rs. _____
2099	CREAM	BETAMETHASONE CREAM 0.1% 20G	200		Rs. _____	Rs. _____
2100	OINTMENT	BETAMETHASONE DIPROPIONATE 0.05% , SALICYLIC ACID 03% OINT 15GM	500		Rs. _____	Rs. _____
2101	OINTMENT	BETAMETHASONE OINTMENT 0.1% 20GM	500		Rs. _____	Rs. _____
2102	OINTMENT	BETAMETHASONE OINTMENT 0.1% 5GM	500		Rs. _____	Rs. _____
2103	LOTION	BETAMETHASONE VALERATE 0.05% 20ML/BOTTLE LOTION	500		Rs. _____	Rs. _____
2104	LOTION	BETAMETHASONE VALERATE 0.05% 60ML/BOTTLE LOTION	500		Rs. _____	Rs. _____
2105	CREAM	BETAMETHASONE+NEOMYCIN 15 G/TUBE CREAM	300		Rs. _____	Rs. _____
2106	OINTMENT	BETAMETHASONE+NEOMYCIN 15G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2107	OINTMENT	BETAMETHASONE+SALICYLIC ACID 15GM/TUBE OINTMENT	500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2108	CREAM	BETAMETHASONE+SALICYLIC ACID CREAM	300		Rs. _____	Rs. _____
2109	LOTION	BETAMETHASONE+SALICYLIC ACID LOTION	500		Rs. _____	Rs. _____
2110	LOTION	CALAMINE 120 ML/BOTTLE LOTION	800		Rs. _____	Rs. _____
2111	CREAM	CALCIPOTRIOL 30GM CREAM	150		Rs. _____	Rs. _____
2112	OINTMENT	CALCIPTRIOL OINTMENT 30G 50MCG/0.5MG	300		Rs. _____	Rs. _____
2113	OINTMENT	CAMPHOR+EUCALYPTUS OIL+MENTHOL OINTMENT	800		Rs. _____	Rs. _____
2114	LOTION	CERAMIDES, HYALURONIC ACID, LIGHT LIQUID PARAFFIN, WHITE SOFT PARAFFIN, CAPRYLIC/CAPRIC TRIGLYCERIDES, GLYCERIN, C12-15, ALKYL BENZOATE, CYCLOMETICONE, MICOFINE, TITANIUM DIOXIDE, OCTINOXIDE, DEIONIZED WATER, DISODIUM EDTA, CARBOMER, METHYL PARABEN, ROPYL PARABEN TOPICAL LOTION	600		Rs. _____	Rs. _____
2115	SHAMPOO	CICLOPIROX OLAMINE 60ML/BOTTLE SHAMPOO	600		Rs. _____	Rs. _____
2116	CREAM	CLINDAMYCIN 2% 40 G/TUBE CREAM	300		Rs. _____	Rs. _____
2117	TOPICAL SOLUTION	CLINDAMYCIN 1% 30 ML/BOTTLE TOPICAL SOLUTION	300		Rs. _____	Rs. _____
2118	GEL	CLINDAMYCIN TOPICAL GEL 1%	300		Rs. _____	Rs. _____
2119	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS 40G/TUBE VAGINAL CREAM	300		Rs. _____	Rs. _____
2120	GEL	CLINDAMYCIN+TRETINOIN 20 G/TUBE GEL	300		Rs. _____	Rs. _____
2121	CREAM	CLOBETASOL + NEOMYCIN 10 G/TUBE CREAM	300		Rs. _____	Rs. _____
2122	CREAM	CLOBETASOL + NEOMYCIN 15 G/TUBE	300		Rs. _____	Rs. _____
2123	CREAM	CLOBETASOL + NEOMYCIN 20 G/TUBE CREAM	300		Rs. _____	Rs. _____
2124	LOTION	CLOBETASOL + SALICYLIC ACID LOTION	250		Rs. _____	Rs. _____
2125	LOTION	CLOBETASOL 20ML LOTION	300		Rs. _____	Rs. _____
2126	OINTMENT	CLOBETASOL PROPIONATE , NYSTATIN , NEOMYCIN SULPHATE 15GM/TUBE OINTMENT	300		Rs. _____	Rs. _____
2127	OINTMENT	CLOBETASOL PROPIONATE 10 G/TUBE OINTMENT	1,200		Rs. _____	Rs. _____
2128	OINTMENT	CLOBETASOL PROPIONATE 20 G/OINTMENT	300		Rs. _____	Rs. _____
2129	CREAM	CLOBETASOL PROPIONATE 20 G/TUBE CREAM	300		Rs. _____	Rs. _____
2130	TOPICAL SOLUTION	CLOBETASOL PROPIONATE 20 ML/BOTTLE TOPICAL SOLUTION	300		Rs. _____	Rs. _____
2131	CREAM	CLOTRIMAZOLE + HYDROCORTISONE 20GM/TUBE CREAM	300		Rs. _____	Rs. _____
2132	LOTION	CLOTRIMAZOLE 1% 60 ML/BOTTLE LOTION	500		Rs. _____	Rs. _____
2133	TOPICAL SOLUTION	CLOTRIMAZOLE 1% 60 ML/BOTTLE TOPICAL SOLUTION	500		Rs. _____	Rs. _____
2134	CREAM	CLOTRIMAZOLE 10G/TUBE VAGINAL CREAM	500		Rs. _____	Rs. _____
2135	CREAM	CLOTRIMAZOLE 20 G/TUBE CREAM	300		Rs. _____	Rs. _____
2136	VAGINAL CREAM	CLOTRIMAZOLE 5GM WITH APPLICATOR 5 G/TUBE VAGINAL CREAM	300		Rs. _____	Rs. _____
2137	LOTION	COAL TAR 1% 200ML SHAMPOO	450		Rs. _____	Rs. _____
2138	CREAM	CROTAMITON+SULPHUR 20 G CREAM	300		Rs. _____	Rs. _____
2139	TOPICAL SOLUTION	CROTAMITON+SULPHUR LOTION	300		Rs. _____	Rs. _____
2140	CREAM	DEEP HEAT CREAM OR EQUIVALENT	200		Rs. _____	Rs. _____
2141	SPRAY	DEEP HEAT SPRAY OR EQUIVALENT	1,000		Rs. _____	Rs. _____
2142	GEL	DICLOFENAC SODIUM 20 G/TUBE GEL	1,500		Rs. _____	Rs. _____
2143	CREAM	EFLORNITHINE HYDROCHLORIDE 15GM/TUBE CREAM	300		Rs. _____	Rs. _____
2144	OIL	ETHYL ESTERS OF IODINATED FATTY ACIDS OF POPPY SEED OIL 10 ML TOPICAL SOLUTION	220		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2145	TOPICAL SOLUTION	EUCALYPTUS OIL 1000 ML/BOTTLE TOPICAL SOLUTION	600		Rs. _____	Rs. _____
2146	LOTION	FLUCTICASONE 0.05% 20 ML/BOTTLE LOTION	510		Rs. _____	Rs. _____
2147	CREAM	FLUOCINOLONE ACETONIDE 0.025% 30GM	250		Rs. _____	Rs. _____
2148	GEL	FLUOCINOLONE ACETONIDE 0.025% 30GM	250		Rs. _____	Rs. _____
2149	LOTION	FLUOCINOLONE ACETONIDE 0.01% W/V 120 ML LOTION	250		Rs. _____	Rs. _____
2150	CREAM	FLUOCINOLONE ACETONIDE 0.025%, NEOMYCIN SULPHATE 0.50% 15GM/TUBE CREAM	300		Rs. _____	Rs. _____
2151	CREAM	FLUTICASONE PROPIONATE 5GM CREAM	300		Rs. _____	Rs. _____
2152	CREAM	FUCIDIC ACID+HYDROCORTISONE ACETATE 15 G/TUBE CREAM	1,000		Rs. _____	Rs. _____
2153	CREAM	FUSIDIC ACID 2% 15 G/TUBE CREAM	1,000		Rs. _____	Rs. _____
2154	CREAM	FUSIDIC ACID+BETAMETHASONE 15 G/TUBE CREAM	1,000		Rs. _____	Rs. _____
2155	CREAM	FUSIDIC ACID+HYDROCORTISONE 15G/TUBE CREAM	1,000		Rs. _____	Rs. _____
2156	TOPICAL SOLUTION	GENTIAN VOILET 1% 25 ML/BOTTLE TOPICAL SOLUTION	600		Rs. _____	Rs. _____
2157	TOPICAL SOLUTION	GENTIAN VOILET ANTISEPTIC 25ML	600		Rs. _____	Rs. _____
2158	TOPICAL SOLUTION	GENTIAN VOILET ANTISEPTIC 450ML/BOTTLE	600		Rs. _____	Rs. _____
2159	TOPICAL SOLUTION	GLUCOSAMINE 500MG,CHONDROTIN 500 MG.METHYLSULFONYL METHANE 400 MG,HYALURONIC ACID 1.67 MG TOPICAL SPRAY	300		Rs. _____	Rs. _____
2160	CREAM	HALCINONIDE 60GM/TUBE CREAM	300		Rs. _____	Rs. _____
2161	GEL	HEPARIN SODIUM 5000IU, ALLANTOIN 1.0GM, EXTRACT CAPAE 10GM GEL	150		Rs. _____	Rs. _____
2162	GEL	HEPARIN SODIUM TOPICAL,CEPAE, ALLANTOIN 20G/TUBE GEL	300		Rs. _____	Rs. _____
2163	CREAM	HYDROCORTISONE + CLOTRIMAZOLE 20 G/TUBE CREAM	800		Rs. _____	Rs. _____
2164	CREAM	HYDROCRTISONE 1% 10GM/TUBE CREAM	600		Rs. _____	Rs. _____
2165	CREAM	HYDROCRTISONE 1% 5GM/TUBE CREAM	600		Rs. _____	Rs. _____
2166	LOTION	HYDROCRTISONE LOTION 2.5% 60ML	600		Rs. _____	Rs. _____
2167	TOPICAL SOLUTION	HYDROGEN PEROXIDE 450 ML/BOTTLE TOPICAL SOLUTION	1,000		Rs. _____	Rs. _____
2168	TUBE	HYDROQUINON + FLUOCINOLONE ACETONIDE + TRETINOIN	300		Rs. _____	Rs. _____
2169	CREAM	HYDROQUINON CREAM 2%	200		Rs. _____	Rs. _____
2170	CREAM	HYDROQUINON CREAM 4%	200		Rs. _____	Rs. _____
2171	PATCH	HYOSCINE PATCH	200		Rs. _____	Rs. _____
2172	CREAM	IBUPROFEN 30 G/TUBE CREAM	300		Rs. _____	Rs. _____
2173	CREAM	ISOCONAZOLE 10 G/TUBE CREAM	250		Rs. _____	Rs. _____
2174	CREAM	ISOCONAZOLE+DIFLUCORTOLONE VALERATE 10G/TUBE CREAM	1,000		Rs. _____	Rs. _____
2175	GEL	ISOTRETINOIN 0.05%, ERYTHROMYCIN 2% 10GM/TUBE GEL	300		Rs. _____	Rs. _____
2176	GEL	ISOTRETINOIN GEL 0.05% 10GM GEL	250		Rs. _____	Rs. _____
2177	CREAM	ITRACONAZOLE 20GM/TUBE CREAM	600		Rs. _____	Rs. _____
2178	LOTION	KETOCONAZOLE 2% 60 ML/BOTTLE LOTION	200		Rs. _____	Rs. _____
2179	CREAM	KETOCONAZOLE 2% 10 G/TUBE CREAM	200		Rs. _____	Rs. _____
2180	LOTION	KETOCONAZOLE SHAMPOO 2% 60ML	300		Rs. _____	Rs. _____
2181	GEL	KETOPROFEN 2.5% 30G/TUBE GEL	600		Rs. _____	Rs. _____
2182	LOTION	LACTIC ACID 1% LOTION	800		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2183	LOTION	LACTIC ACID 2% LOTION	800		Rs. _____	Rs. _____
2184	LOTION	LACTIC ACID 5% LOTION	800		Rs. _____	Rs. _____
2185	TOPICAL SOLUTION	LICOR CARBONIC PARA 1 ML/BOTTLE TOPICAL SOLUTION	1,000		Rs. _____	Rs. _____
2186	JELLY	LIDOCAINE HCL 2% JELLY 15 G/TUBE	30,000		Rs. _____	Rs. _____
2187	CREAM	LIDOCAINE+PRILOCAINE 5%G/TUBE CREAM	300		Rs. _____	Rs. _____
2188	CREAM	LIGNOCAINE 5% 30G CREAM	700		Rs. _____	Rs. _____
2189	TOPICAL SOLUTION	LIGNOCAINE HCL 4% 2000 MG/50ML TOPICAL SOLUTION	1,500		Rs. _____	Rs. _____
2190	GEL	LIGNOCAINE HCL 2% 15 G/TUBE GEL	5,000		Rs. _____	Rs. _____
2191	GEL	LIGNOCAINE+MENTHOL+EUCALYPTUS+ETHANOL ORAL GEL 20 G/TUBE	800		Rs. _____	Rs. _____
2192	TOPICAL SOLUTION	LIQUID PARAFFIN 1 LTR TOPICAL SOLUTION	70		Rs. _____	Rs. _____
2193	TOPICAL SOLUTION	LIQUID PARAFFIN 120 ML/BOTTLE TOPICAL SOLUTION	70		Rs. _____	Rs. _____
2194	OINTMENT	LUBREX CREAM OR EQUIVALENT	700		Rs. _____	Rs. _____
2195	TOPICAL SOLUTION	LUBREX LOTION OR EQUIVALENT	700		Rs. _____	Rs. _____
2196	CREAM	MEHYLPREDNISOLONE 0.1% 10 G/TUBE CREAM	300		Rs. _____	Rs. _____
2197	CREAM	MENTHOL+METHYL SALICYLATE 50 G/TUBE CREAM	900		Rs. _____	Rs. _____
2198	OINTMENT	MENTHOL+METHYL SALICYLATE 50 G/TUBE OINTMENT	150		Rs. _____	Rs. _____
2199	POWDER	METHYL SALICYLATE 1 KG TOPICAL POWDER	70		Rs. _____	Rs. _____
2200	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 10 G/TUBE CREAM	300		Rs. _____	Rs. _____
2201	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 20 G/TUBE CREAM	300		Rs. _____	Rs. _____
2202	OINTMENT	METHYLPREDNISOLONE ACEPONATE 0.1% 20 G/TUBE FATTY OINTMENT	300		Rs. _____	Rs. _____
2203	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 5 G/TUBE CREAM	300		Rs. _____	Rs. _____
2204	OINTMENT	METHYLPREDNISOLONE ACEPONATE 0.1% 5 G/TUBE FATTY OINTMENT	300		Rs. _____	Rs. _____
2205	OINTMENT	METHYLSALICYLATE 12.17%, MENTHOL, EUCALYPTOL, THYMOL, OLEORESIN OF CAPSICUM 50GM/TUBE BALM	300		Rs. _____	Rs. _____
2206	OINTMENT	METHYLSALICYLATE 5% W/W, IODINE 4% W/W 28GM/TUBE	300		Rs. _____	Rs. _____
2207	TOPICAL SOLUTION	MINOXIDIL 2% 60 ML/BOTTLE TOPICAL SOLUTION	300		Rs. _____	Rs. _____
2208	TOPICAL SOLUTION	MINOXIDIL 5% TOPICAL SOLUTION	200		Rs. _____	Rs. _____
2209	LOTION	MINOXIDIL LOTION 2.5% 60ML	300		Rs. _____	Rs. _____
2210	CREAM	MOMETASONE FUROATE 10 G/TUBE CREAM	300		Rs. _____	Rs. _____
2211	OINTMENT	MOMETASONE FUROATE 10 G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2212	CREAM	MOMETASONE FUROATE CREAM 0.1% 5GM	300		Rs. _____	Rs. _____
2213	LOTION	MOMETASONE FUROATE LOTION 0.1% 20ML	300		Rs. _____	Rs. _____
2214	OINTMENT	MOMETASONE FUROATE OINTMENT 5GM	300		Rs. _____	Rs. _____
2215	OINTMENT	MUPIROCIN 15 G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2216	PATCH	NICOTINE PATCH	200		Rs. _____	Rs. _____
2217	POWDER	NEOMYCIN SULPHATE + BACITRACIN 20 G/CONTAINER TOPICAL POWDER	180		Rs. _____	Rs. _____
2218	CREAM	PERMETHRIN 5% 30 G/TUBE CREAM	180		Rs. _____	Rs. _____
2219	LOTION	PERMETHRIN 60 ML LOTION	500		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2220	OINTMENT	PETROLEUM JELLY 300G/BOTTLE	800		Rs. _____	Rs. _____
2221	OINTMENT	PETROLEUM JELLY 50 ML/BOTTLE	800		Rs. _____	Rs. _____
2222	OINTMENT	PETROLEUM JELLY 500G/BOTTLE	800		Rs. _____	Rs. _____
2223	OINTMENT	POLYMYXIN B+BACITRACIN 10 G/TUBE OINTMENT	8,000		Rs. _____	Rs. _____
2224	OINTMENT	POLYMYXIN B+BACITRACIN 20 G/TUBE OINTMENT	8,000		Rs. _____	Rs. _____
2225	OINTMENT	POLYMYXIN B+BACITRACIN+LIGNOCAINE 10 G/TUBE OINTMENT	8,000		Rs. _____	Rs. _____
2226	OINTMENT	POLYMYXIN B+BACITRACIN+LIGNOCAINE 20 G/TUBE OINTMENT	8,000		Rs. _____	Rs. _____
2227	GEL	POVIDONE-IODINE 20GM/TUBE GEL	600		Rs. _____	Rs. _____
2228	TOPICAL SOLUTION	POVIDONE-IODINE 450 ML TOPICAL SOLUTION	5,000		Rs. _____	Rs. _____
2229	SCRUB	POVIDONE-IODINE 450 ML/BOTTLE SCRUB	2,000		Rs. _____	Rs. _____
2230	TOPICAL SOLUTION	POVIDONE-IODINE 60 ML TOPICAL SOLUTION	7,000		Rs. _____	Rs. _____
2231	CREAM	PREDNICARBATE 0.25% 20GM/TUBE CREAM	300		Rs. _____	Rs. _____
2232	LOTION	PREDNICARBATE LOTION 20GM	300		Rs. _____	Rs. _____
2233	GEL	SCAR HEALING GEL 20GM	150		Rs. _____	Rs. _____
2234	GEL	SILICON SCAR GEL	800		Rs. _____	Rs. _____
2235	CREAM	SILVER SULFADIAZINE 1% 15G/TUBE CREAM	300		Rs. _____	Rs. _____
2236	CREAM	SILVER SULFADIAZINE 1% 25G/TUBE CREAM	300		Rs. _____	Rs. _____
2237	CREAM	SILVER SULFADIAZINE 250G/TUBE CREAM	300		Rs. _____	Rs. _____
2238	CREAM	SILVER SULFADIAZINE 50 G/TUBE CREAM	150		Rs. _____	Rs. _____
2239	OINTMENT	SUDO CREAM OR EQUIVALENT	700		Rs. _____	Rs. _____
2240	CREAM	SUN SCNREEN SPF 40 30GM/TUBE CREAM	300		Rs. _____	Rs. _____
2241	GEL	SUN SCNREEN SPF 40 GEL 45ML	300		Rs. _____	Rs. _____
2242	LOTION	SUN SCNREEN SPF 60 88ML/BOTTLE LOTION	300		Rs. _____	Rs. _____
2243	CREAM	TACROLIMUS 0.01% CREAM	300		Rs. _____	Rs. _____
2244	OINTMENT	TACROLIMUS 0.03% 10 G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2245	CREAM	TACROLIMUS 0.1% CREAM	300		Rs. _____	Rs. _____
2246	OINTMENT	TACROLIMUS 0.1% 10 G/TUBE OINTMENT	300		Rs. _____	Rs. _____
2247	GEL	TAZAROTENE 0.1% 30GM GEL/TUBE	300		Rs. _____	Rs. _____
2248	CREAM	TAZAROTENE 0.1% CREAM	300		Rs. _____	Rs. _____
2249	CREAM	TERBINAFINE HCL 0.05% 10G/TUBE CREAM	600		Rs. _____	Rs. _____
2250	CREAM	TERBINAFINE HCL 1% 10 G/TUBE CREAM	600		Rs. _____	Rs. _____
2251	CREAM	TERBINAFINE HCL 1% 20 G/TUBE CREAM	700		Rs. _____	Rs. _____
2252	TOPICAL SOLUTION	TERBINAFINE HCL 20ML TOPICAL SOLUTION	550		Rs. _____	Rs. _____
2253	TOPICAL SOLUTION	TETRACHLORODECAOXIDE 30 ML TOPICAL SOLUTION	150		Rs. _____	Rs. _____
2254	TOPICAL SOLUTION	TETRACHLORODECAOXIDE 50 ML TOPICAL SOLUTION	150		Rs. _____	Rs. _____
2255	CREAM	TRIAMCINOLONE ACETONIDE, NEOMYCIN SULFATE, GRAMICIDIN AND NYSTATIN, 10G/TUBE CREAM	300		Rs. _____	Rs. _____
2256	OINTMENT	VICKS VAPOUR RUB BALM OR EQUIVALENT	150		Rs. _____	Rs. _____
2257	CREAM	ZINC OXIDE+BENZALKONIUM 20 G/TUBE CREAM	600		Rs. _____	Rs. _____
VACCINES, TOXOIDS, IMMUNOGLOBULINS,						
2258	INJ	CMV IMMUNOGLOBULIN 10ML VIAL	20		Rs. _____	Rs. _____
2259	INJ	CMV IMMUNOGLOBULIN 50ML VIAL	20		Rs. _____	Rs. _____
2260	INJ	DIPHThERIA ANTITOXIN (PFS) PFS	20		Rs. _____	Rs. _____
2261	INJ	DIPHThERIA, TETANUS, ACELLULAR PERTUSSIS (DPT) 0.5ML	450		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2262	INJ	HEPATITIS B IMMUNOGLOBULIN 0.5 ML/PFS	50		Rs. _____	Rs. _____
2263	INJ	HEPATITIS B IMMUNOGLOBULIN 50 IU/ML VIAL	100		Rs. _____	Rs. _____
2264	INJ	HEPATITIS B IMMUNOGLOBULIN FOR INFUSION 100IU/2ML VIAL	70		Rs. _____	Rs. _____
2265	INJ	HEPATITIS B PEADS 0.05MG/ML VACCINE	70		Rs. _____	Rs. _____
2266	INJ	HUMAN ANTI D IMMUNOGLOBULIN 300 MCG/2ML PFS	150		Rs. _____	Rs. _____
2267	INJ	HUMAN IMMUNE GLOBULIN 10% 100ML	70		Rs. _____	Rs. _____
2268	INJ	HUMAN IMMUNE GLOBULIN 10% 10ML	70		Rs. _____	Rs. _____
2269	INJ	HUMAN IMMUNE GLOBULIN 10% 50ML	70		Rs. _____	Rs. _____
2270	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 1G/20ML	70		Rs. _____	Rs. _____
2271	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 2.5G/50ML	700		Rs. _____	Rs. _____
2272	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 5G/100ML	80		Rs. _____	Rs. _____
2273	INJ	RABIES ANTI SERUM 1000IU	150		Rs. _____	Rs. _____
2274	INJ	RABIES IMMUNOGLOBULIN 300 IU	300		Rs. _____	Rs. _____
2275	INJ	TETANUS IMMUNOGLOBULIN 1 ML/PFS	700		Rs. _____	Rs. _____
2276	INJ	TETANUS TOXOID ADSORBED 0.5 ML/AMP	7,000		Rs. _____	Rs. _____
2277	INJ	TETANUS, LOW DOSE DIPHTHERIA, ACELLULAR PERTUSSIS (DPT) 0.5ML	1,250		Rs. _____	Rs. _____
2278	INJ	THYMOGLOBULIN 25MG OR EQUIVALENT	300		Rs. _____	Rs. _____
2279	INJ	VARICELLA ZOSTER IMMUNE GLOBULIN 0.5ML	70		Rs. _____	Rs. _____
2280	INJ	ANTI RABIES VACCINE 0.5 ML/VIAL	3,000		Rs. _____	Rs. _____
2281	INJ	ANTI SNAKE VENOM 10 ML	520		Rs. _____	Rs. _____
2282	INJ	ANTI SNAKE VENOM POLYVALENT 1 MG/VIAL	300		Rs. _____	Rs. _____
2283	INJ	BCG VACCINE	350		Rs. _____	Rs. _____
2284	INJ	BOTULINUM TOXIN 150 UNITS/VIAL	20		Rs. _____	Rs. _____
2285	INJ	BOTULINUM TOXIN 200 UNITS/VIAL	20		Rs. _____	Rs. _____
2286	INJ	COMBINED DIPHTHERIA, TETANUS, WHOLE-CELL PERTUSSIS AND HEPATITIS B VACCINE 0.5ML	150		Rs. _____	Rs. _____
2287	INJ	COVID VACCINE	4,500		Rs. _____	Rs. _____
2288	INJ	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DPT), HEPATITIS B RECOMBINANT, INACTIVATED POLIOMYELITIS, CONJUGATED HAEMOPHILUS INFLUENZA TYPE B VACCINE 0.5ML	450		Rs. _____	Rs. _____
2289	INJ	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, 0.5ML	450		Rs. _____	Rs. _____
2290	INJ	HEPATITIS B VACCINE ADULT 20MCG PFS	500		Rs. _____	Rs. _____
2291	INJ	HEPATITIS B VACCINE PAEDS 10MCG PFS	500		Rs. _____	Rs. _____
2292	INJ	HEPATITIS A VACCINE ADULT 0.5ML	500		Rs. _____	Rs. _____
2293	INJ	HEPATITIS A VACCINE PAEDS	500		Rs. _____	Rs. _____
2294	INJ	HUMAN PAPILOMAVIRUS VACCINE 0.5ML	30		Rs. _____	Rs. _____
2295	INJ	HUMAN PAPILOMAVIRUS VACCINE 0.5ML BIVALENT	30		Rs. _____	Rs. _____
2296	INJ	HUMAN PAPILOMAVIRUS VACCINE 0.5ML QUADRAVALENT	30		Rs. _____	Rs. _____
2297	INJ	INFLUENZA VACCINE QUADRIVALENT 0.5 ML	1,500		Rs. _____	Rs. _____
2298	INJ	INFLUENZA VACCINE TRIVALENT 0.5 ML	150		Rs. _____	Rs. _____
2299	INJ	INJECTABLE POLIOVIRUS VACCINE	300		Rs. _____	Rs. _____
2300	INJ	MENINGOCOCCAL (GROUP A,C,Y AND W135) POLYSACCHARIDE DIPHTHERIA TOXOID CONJUGATE VACCINE	150		Rs. _____	Rs. _____
2301	INJ	MENINGOCOCCAL CONJUGATE VACCINE 0.5 ML/VIAL	150		Rs. _____	Rs. _____
2302	INJ	MMR (MEASLES, MUMPS, AND RUBELLA) VACCINE 0.5ML	800		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2303	INJ	PNEUMOCOCCAL CONJUGATE VACCINE 10 VALENT 0.5 ML/PFS	60		Rs. _____	Rs. _____
2304	INJ	PNEUMOCOCCAL VACCINE 23 VALENT 0.5ML	1,000		Rs. _____	Rs. _____
2305	INJ	PNEUMOCOCCAL VACCINE POLYSACCHARIDE CONJUGATE 13 VALENT 0.5ML	700		Rs. _____	Rs. _____
2306	DROP	POLIOVIRUS VACCINE ORAL DROP	1,500		Rs. _____	Rs. _____
2307	INJ	RECOMBINANT HEPATITIS B VACCINE (PAEDS) 10MCG	100		Rs. _____	Rs. _____
2308	INJ	RECOMBINANT HEPATITIS B VACCINE 20 MCG/ML	150		Rs. _____	Rs. _____
2309	INJ	RECOMBINANT HEPATITIS E VACCINE 0.5 ML/PFS	100		Rs. _____	Rs. _____
2310	ORAL	ROTA VIRUS VACCINE 0.5ML	450		Rs. _____	Rs. _____
2311	INJ	TYPHOID VACCINE 0.5ML	500		Rs. _____	Rs. _____
2312	INJ	VARICELLA VACCINE 0.5ML	400		Rs. _____	Rs. _____
2313	INJ	ZOSTER VACCINE	30		Rs. _____	Rs. _____
2314	INJ	ANTI-HUMAN T-LYMPHOCYTE IMMUNOGLOBULIN FROM RABBIT 100MG	500		Rs. _____	Rs. _____
2315	INJ	ANTI-THYMOCYTE GLOBULIN (HORSE)	500		Rs. _____	Rs. _____
2316	INJ	ANTI-THYMOCYTE GLOBULIN 25 MG/VIAL (RABBIT) VIAL	200		Rs. _____	Rs. _____
2317	INJ	MENINGOCOCCAL VACCINE	50		Rs. _____	Rs. _____
2318	INJ	ANTI-D (RHO) IMMUNOGLOBULIN 300 MCG FOR ITP PATIENT	50		Rs. _____	Rs. _____
2319	INJ	ANTI-D (RHO) IMMUNOGLOBULIN 300MCG	50		Rs. _____	Rs. _____
2320	INJ	PNEUMOCOCCAL ADULT 25MCG/0.5ML PEV-13	50		Rs. _____	Rs. _____
2321	INJ	PNEUMOCOCCAL PEADS 2 MCG/0.5ML	50		Rs. _____	Rs. _____

NOTE: Only single brand of the same dosage form with multiple strength will be selected in Tender in order to ensure patient adherence and to manage compatibility issued of IV dilutions

GROUP – B **(SURGICAL DISPOSABLES & ALLIED ITEMS)**

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2322	PIECE	DISPOSABLE STERILE SYRINGE 10CC 21GX1.5" WITH LEUR LOCK LATEX FREE	700,000		Rs. _____	Rs. _____
2323	PIECE	ANTIBACTERIAL CVP QUAD LUMEN ALL ASSORTED SIZES	600		Rs. _____	Rs. _____
2324	PIECE	BABY WIPES	25,000		Rs. _____	Rs. _____
2325	PIECE	DIAPER ADULT LARGE	105,000		Rs. _____	Rs. _____
2326	PIECE	DIAPER ADULT MEDIUM	2,500		Rs. _____	Rs. _____
2327	PIECE	DIAPER ADULT SMALL	25,000		Rs. _____	Rs. _____
2328	PIECE	DIAPER ADULT XL	7,000		Rs. _____	Rs. _____
2329	PIECE	DIAPER ADULT XXL	7,000		Rs. _____	Rs. _____
2330	PIECE	DIAPER PEADS ALL ASSORTED SIZES	25,000		Rs. _____	Rs. _____
2331	PIECE	DJ STENT ALL ASSORTED SIZES	700		Rs. _____	Rs. _____
2332	PIECE	DRIP SET WITH Y PORT AND LEUR LOCK	500,000		Rs. _____	Rs. _____
2333	PIECE	PLASTER OF PARIS BANDAGES 2"	6,000		Rs. _____	Rs. _____
2334	PIECE	PLASTER OF PARIS BANDAGES 3"	6,000		Rs. _____	Rs. _____
2335	PIECE	PLASTER OF PARIS BANDAGES 6"	6,000		Rs. _____	Rs. _____
2336	PIECE	NEPHROSTOMY TRACK BALLOON DILATOR 30FR	30		Rs. _____	Rs. _____
2337	PIECE	NON LOCKING PIGTAIL CATHETER 10 FR	700		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2338	PIECE	NON LOCKING PIGTAIL CATHETER 8 FR	700		Rs. _____	Rs. _____
2339	PIECE	NON LOCKING PIGTAIL CATHETER 12 FR	500		Rs. _____	Rs. _____
2340	PIECE	OPEN ENDED URETERAL CATHETER ALL ASSORTED SIZES	700		Rs. _____	Rs. _____
2341	PIECE	PHACO KNIFE 3.2	150		Rs. _____	Rs. _____
2342	PIECE	EXTENTION TUBE (PRESSURE LINE) 1200MM 1500PSI	3,000		Rs. _____	Rs. _____
2343	PIECE	EXTENTION TUBE (PRESSURE LINE) 1500MM 1500PSI	20,000		Rs. _____	Rs. _____
2344	PIECE	SPONG STON	1,500		Rs. _____	Rs. _____
2345	PAIR	STERILE SURGICAL GLOVES (PAIR) (SIZES 6, 6.5, 7, 7.5 & 8)	150,000		Rs. _____	Rs. _____
2346	PIECE	TR BAND	600		Rs. _____	Rs. _____
2347	PIECE	VASCULAR BALLOON (ALL ASORTED SIZES)	30		Rs. _____	Rs. _____
2348	PIECE	YUNKER SUCTION HANDLE PLAIN TIP	6,000		Rs. _____	Rs. _____
2349	PIECE	COVID-19 RAPID ANTIGEN KITS CE MARKED WITH FDA OR WHO AUTHORIZATION	5,000		Rs. _____	Rs. _____
2350	PIECE	EMG NEEDLE	3,000		Rs. _____	Rs. _____
2351	PIECE	ODM PROBE	150		Rs. _____	Rs. _____
2352	PIECE	ULTRASOUND PROBE COVER	1,200		Rs. _____	Rs. _____
2353	PIECE	FACIAL DILATORS 6FR, 8FR, 10FR, 12FR	500		Rs. _____	Rs. _____
2354	PIECE	EMBOLIZATION COIL (0.35) (ALL ASSORTED SIZES)	20		Rs. _____	Rs. _____
2355	PIECE	CO AXIAL NEEDLE 15 G X 5 CM	10		Rs. _____	Rs. _____
2356	PIECE	CO AXIAL NEEDLE 15 G X 10 CM	10		Rs. _____	Rs. _____
2357	PIECE	CO AXIAL NEEDLE 17 G X 10 CM	10		Rs. _____	Rs. _____
2358	PIECE	CO AXIAL NEEDLE 17 G X 5 CM	10		Rs. _____	Rs. _____
2359	PIECE	MICRO EMBOLIZATION COIL (0.18) (ALL ASSORTED SIZES)	20		Rs. _____	Rs. _____
2360	PIECE	ABSORBABLE TACK FIXATION DEVICE	20		Rs. _____	Rs. _____
2361	PIECE	STERILE BREATHING FILTER (INTER GUARD OR EQUIVALENT)	500		Rs. _____	Rs. _____
2362	PIECE	STERILE HME FILTER (INTER THERM OR EQUIVALENT)	500		Rs. _____	Rs. _____
2363	PIECE	EXTENDABLE ANAESTHETIC BREATHING SYSTEM WITH 2L BAG 22MM (COMPACT OR EQUIVALENT)	500		Rs. _____	Rs. _____
2364	PACKET	PLASTIC GLOVES (POLYETHENE GLOVES) (PACK OF 100)	10,000		Rs. _____	Rs. _____
2365	PIECE	TPN BAGS 500 ML	1,000		Rs. _____	Rs. _____
2366	PIECE	TPN BAGS 1000 ML	1,000		Rs. _____	Rs. _____
2367	PIECE	TPN BAGS 2000 ML	1,000		Rs. _____	Rs. _____
2368	PIECE	TPN BAGS 3000 ML	1,000		Rs. _____	Rs. _____
2369	PIECE	FACE MASK WITH ROPE 3PLY 75GSM (ULTRASONIC LOOP WELDING) (1 X 50)	6,000		Rs. _____	Rs. _____
2370	PIECE	MULTILUMEN ACCESS CATHETER	50		Rs. _____	Rs. _____
2371	PIECE	50CC SYRINGE WITH LEUR LOCK	10,000		Rs. _____	Rs. _____
2372	PIECE	OT CAP MALE	50,000		Rs. _____	Rs. _____
2373	CAN	INTERSORB PLUS JERICAN 5L BOTTLE / CAN	50		Rs. _____	Rs. _____
2374	CAN	MDT SOLUTION FOR DIALYZER 5L CAN	50		Rs. _____	Rs. _____
2375	CAN	BULOL SOLUTION FOR REPROCESSOR MACHINE 5L CAN	50		Rs. _____	Rs. _____
2376	PIECE	CHLORHEXIDINE SKIN WIPES (1X200)	100		Rs. _____	Rs. _____
2377	PIECE	ALCOHOL DISINFECTANT WIPES (1X200)	100		Rs. _____	Rs. _____
2378	TAB	EFFERVESCENT DISINFECTANT TABLETS 5GM	10,000		Rs. _____	Rs. _____
2379	CAN	HIGH LEVEL DISINFECTANT FOR MEDICAL DEVICES 5L CAN	50		Rs. _____	Rs. _____
2380	PIECE	AIR GUARD TRAUMA SET	50		Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	Unit Rate	Total Amount
2381	PIECE	CONTAINER URINE C/S (50 ML) STERILIZED	600,000		Rs. _____	Rs. _____
2382	SET	SUCTION JAR WITH SOLIDIFIER COMPATIBLE WITH CUSA MACHINE	10		Rs. _____	Rs. _____
2384	PIECE	NASOPHARYNGEAL TUBE UNCUFFED WITH MURPHY EYE DEHP FREE ALL ASSORTED SIZE	250		Rs. _____	Rs. _____
2385	PIECE	NASOPHARYNGEAL AIR WAY CUFFED WITH TAPER-GUARD ALL ASSORTED SIZE	500		Rs. _____	Rs. _____