

# BIDDING DOCUMENTS

**TENDER NO: DUHS / DP / 2024 / 264; DATED: 19<sup>th</sup> FEBRUARY, 2024**

**PROCUREMENT OF DRUGS / MEDICINES /  
NUTRITION / CONTRAST MEDIA / SURGICAL DISP. /  
CARDIOLOGY / CATH. LAB. & ALLIED ITEMS**

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



**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](mailto:director.procurement@duhs.edu.pk)

**NOTICE INVITING TENDER (NIT)**  
NO. DUHS/DP/2024/264; Dated: 19<sup>th</sup> February, 2024

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. / Cardiology / Cath. Lab. & 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 <b>20<sup>th</sup> March, 2024</b>
Bids Delivery Date & Time	<b>21<sup>st</sup> March, 2024 up to 11:00 AM</b>
Bid Opening Date & Time	<b>21<sup>st</sup> March, 2024 at 11:30 AM</b>

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](http://www.duhs.edu.pk)) and Sindh Public Procurement Regulatory Authority ([www.ppms.ppr.sindh.gov.pk](http://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.

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

Office of the Director Procurement, 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. 4404), Email: [director.procurement@duhs.edu.pk](mailto:director.procurement@duhs.edu.pk)

**Director Procurement**  
**Dow University of Health Sciences, Karachi**

## **BID DATA SHEET (BDS)**

Procuring Agency	:	<b>Dow University of Health Sciences,</b>
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
Name of Contract	:	<b>Procurement of Drugs / Medicines / Nutrition / Contrast Media / Surgical Disp. / Cardiology / Cath Lab. &amp; Allied Items</b>
N.I.T No.	:	DUHS / DP / 2024 / 264; Dated: 19 <sup>th</sup> February, 2024
Bid Validity	:	90 days – As per SPP Rules – 2010
Amount of Bid Security	:	<b>1% of Total Bid Value</b>
Tender Purchasing Date	:	<b>From the date of Publishing to 20 March, 2024</b>
Date of Submission	:	<b>21<sup>st</sup> March, 2024 upto 11:00 A.M.</b>
Date of Opening	:	<b>21<sup>st</sup> March, 2024 at 11:30 A.M</b>
Performance Security	:	<b>2% of the Total Contract Value</b>
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure as per SPPRA Rule 46(2)

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

# **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](http://www.duhs.edu.pk) or Sindh Public Procurement Authority i.e. [www.ppps.pprasinhd.gov.pk](http://www.ppps.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.
- 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.
- 4.1.13 Terms and Conditions Certificate 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 Biosmiliar 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 Bids of JV / Consortium, 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 **ALTERNATIVE BIDS: 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. In case, any bidder encloses the financial bid within the technical bid, the same shall be rejected summararily.

16.4.6 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.

16.4.7 Financial Bids / Proposals of Technically disqualified / rejected bidders will not be opened and sealed envelope shall be returned to the bidder.

16.4.8 Bids not accompanied by the Bid Security of required amount and form shall be rejected.

16.4.9 Procuring Agency shall not be responsible for any erroneous calculation of taxes and all differences arising out shall be fully borne by the Successful Bidder.

# **BID EVALUATION CRITERIA FOR GROUP / LOT – A** **(Quality and Cost Based Selection Method)**

1. **THE BIDS SHALL BE EVALUATED ON MOST ADVANTAGEOUS BIDS BASIS**
2. Marks obtained in the detailed technical evaluation will be carried forward and prorated. Tender will be awarded to the Responding Organization with maximum accumulative points (Technical Score + Financial Score).
3. The formula for technical scoring is “**Technical Marks / Score = Total Technical Marks of the respective bidder x 0.7**”.
4. The formula for financial scoring is that the lowest bidder gets 30% Marks and the other bidders score **30 multiplied by the ratio of the lowest bid divided by the quoted price**.

**EXAMPLE:**

**TECHNICAL EVALUATION**

**The formula to calculate the technical points / marks / score of the bidder is given below:**

Technical Marks / Score = Total Technical Marks of respective bidder x 0.7

- **Solved Example of Financial Scoring:**  
Technical scoring out of 100 = 85  
Carried Forward & Prorated Technical scoring = 85 x 0.70

**FINANCIAL EVALUATION**

**The formula to calculate the Marks for the price by the bidders other than lowest bidder is given below:**

- **Financial Evaluation Score of individual quoted Product:**  
= [Lowest quoted price of the item ÷ Next higher proposed price of the competing item] x Total Allocable financial score
- **Solved Example of Financial Scoring:**  
*If the lowest quoted price of an item is Rs. 86/- the same lowest will obtain score as below:*  
=  $[86 \div 86] \times 30 = 30$   
= 30 marks being the lowest bidder for the quoted item  
  
*If the next higher quoted price of the same item is Rs. 105/- the marks obtained will be:*  
=  $[86 \div 105] \times 30 = 24.57$   
  
*If the next higher quoted price of the same items is Rs. 130/- the marks obtained will be:*  
=  $[86 \div 130] \times 30 = 19.84$  Marks and so on.

5. The following merit point system for weighing evaluation factors / criteria will be applied for technical bids / proposals. Bidders achieving **minimum 70% marks** will be qualified and considered only for further process / evaluation besides compliance of all mandatory clauses. Documentary evidence must be attached in support of your claim.

S#	Description	Marks for Evaluation	Max Marks
<b>1</b>	<b>PRODUCT'S PAST EXPERIENCE</b>		<b>20</b>
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 <b>evidence</b> of poor quality of the product OR offered product not conforming to the required technical specifications	Technically Rejected/ Disqualify	
<b>2</b>	<b>ACTIVE PHARMACEUTICAL INGREDIENT(API) SOURCE</b> <i>(Credible documentary evidence must be provided)</i>		<b>20</b>
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	
<b>3</b>	<b>CREDIBILITY &amp; CERTIFICATION OF MANUFACTURER</b> <i>(Credible documentary evidence must be provided)</i>		<b>15</b>
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	
<b>4</b>	<b>ACTIVE PHARMACEUTICAL MANUFACTURING PLANT</b>		<b>15</b>
4.1	Valid cGMP Certificate of API Plant of last one year	15	
<b>5.</b>	<b>Quality of Product (Undertaking / Affidavit on PKR 100 stamp paper must be submitted in this regard)</b>		<b>10</b>
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	
<b>6</b>	<b>FINANCIAL STRENGTH OF BIDDER – Average Annual Turnover during the last 03 fiscal years (Income Tax Return Forms must be attached as supporting documents)</b>		<b>15</b>
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	
<b>7</b>	<b>Product Recall</b>		<b>5</b>
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	
<b>TOTAL MARKS</b>			<b>100</b>

## **BID EVALUATION CRITERIA FOR GROUP / LOT – B**

1. THE BIDS SHALL BE EVALUATED ON MOST ADVANTAGEOUS BIDS BASIS
2. The following merit point system for weighing evaluation factors / criteria will be applied for technical bids / proposals. Bidders achieving **minimum 70% marks** will be qualified and considered only for further process / evaluation besides compliance of all mandatory clauses. Documentary evidence must be attached in support of your claim.

S#	Description	Marks for Evaluation	Max Marks
<b>1</b>	<b>PRODUCT'S PAST EXPERIENCE</b>		<b>20</b>
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 <b>evidence</b> of poor quality of the product OR offered product not conforming to the required technical specifications	Technically Rejected/ Disqualify	
<b>2</b>	<b>ACTIVE PHARMACEUTICAL INGREDIENT(API) SOURCE</b> <i>(Credible documentary evidence must be provided)</i>		<b>20</b>
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	
<b>3</b>	<b>CREDIBILITY &amp; CERTIFICATION OF MANUFACTURER</b> <i>(Credible documentary evidence must be provided)</i>		<b>15</b>
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	
<b>4</b>	<b>ACTIVE PHARMACEUTICAL MANUFACTURING PLANT</b>		<b>15</b>
4.1	Valid cGMP Certificate of API Plant of last one year	15	
<b>5.</b>	<b>Quality of Product</b> <i>(Undertaking / Affidavit on PKR 100 stamp paper must be submitted in this regard)</i>		<b>10</b>
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	
<b>6</b>	<b>FINANCIAL STRENGTH OF BIDDER – Average Annual Turnover during the last 03 fiscal years (Income Tax Return Forms must be attached as supporting documents)</b>		<b>15</b>
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	
<b>7</b>	<b>Product Recall</b>		<b>5</b>
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	
<b>TOTAL MARKS</b>			<b>100</b>

## BID EVALUATION CRITERIA FOR GROUP / LOT – C

**1. THE BIDS SHALL BE EVALUATED ON MOST ADVANTAGEOUS BIDS BASIS**

2. Technical evaluation of the products will be assessed on clinical experience of the consultant(s) of the relevant specialty beside best evaluated sample, supplied by the bidder.
3. Relevant experience (Documentary Evidence should be attached) for the last three years with reputable Hospitals.
4. Bidders average annual Turnover of last three (03) years must be PKR 25Million or above (**Income Tax Return Forms must be attached as supporting documents**)
5. **The final decision for qualification shall be on the basis of provision of all documents and approval of samples by the committee.**

## BID EVALUATION CRITERIA FOR GROUP / LOT – D

**1. THE BIDS SHALL BE EVALUATED ON MOST ADVANTAGEOUS BIDS BASIS**

2. The following merit point system for weighing evaluation factors / criteria will be applied for technical bids / proposals. Bidders achieving **minimum 70% marks** will be qualified and considered only for further process / evaluation besides compliance of all mandatory clauses. Documentary evidence must be attached in support of your claim.

S#	Description	Marks for Evaluation	Max Marks
<b>1</b>	<b>PRODUCT'S PAST EXPERIENCE</b>		<b>30</b>
1.1	The product has experience with minimum 500 bedded Hospital. Satisfactory performance report (regarding efficacy of the product) along with copy of Purchase Order issued from the concerned authority of the minimum 500 Bed Hospital must be attached. <i>(5 marks for each certificate) (Max. Marks 25)</i>	25	
1.2	The product has experience with minimum 200 bedded Hospital (This should be other than experience claimed against evaluation criteria mentioned at Sr. No. 1.1). Satisfactory performance report (regarding efficacy of the product) along with copy of Purchase Order issued by the concerned authority of the minimum 200 Bed Hospital must be attached. <i>(2.5 marks for each certificate) (Max. Marks 15)</i>	15	
1.3	The product has experience with minimum 100 bedded Hospital (This should be other than experience claimed against evaluation criteria mentioned at Sr. No. 1.1 & 1.2). Satisfactory performance report (regarding efficacy of the product) along with copy of Purchase Order issued by the concerned authority of the minimum 100 Bed Hospital must be attached. <i>(1 marks for each certificate) (Max Marks 5)</i>	5	
1.4	Procuring agency has evidence of poor quality of the product OR offered product not conforming to the required technical specifications	Technically Rejected/ Disqualified	
<b>2</b>	<b>FINANCIAL STRENGTH OF BIDDER – Average Annual Turnover during the last 03 fiscal years (Income Tax Return Forms must be attached as supporting documents)</b>		<b>25</b>
2.1	Above PKR 100 million	25	
2.2	Above PKR 50 million	18	
2.3	Above PKR 25 million	12	
2.4	Above PKR 5 million	05	
<b>3</b>	<b>CERTIFICATIONS</b>		<b>35</b>
3.1	CGMP Certification (Last One Year)	9	
3.2	Valid Quality Certification of WHO / US FDA/ EMA / EU MDD / EC / CE / JpMHLW	12	
3.3	Valid ISO13485 Quality Management System	9	
3.4	Valid ISO56002 OR OHSAS18001 for occupational safety or equivalent	5	
<b>4</b>	<b>EXPORT OF QUOTED PRODUCT</b>		<b>10</b>
4.1	Valid Free Sales Certificate in the country of origin	10	
<b>TOTAL MARKS</b>			<b>100</b>

**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/Offers 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.

**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.

**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 Univeristy 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). Untill otherwise, approved by the DUHS Authrity 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 Cancelation 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.

**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 for **procurement of Drugs / Medicines / Nutrition / Contrast Media / Surgical Disp. / Cardiology / Cath. Lab. & 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 from the date of contract agreement with DUHS (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 \_\_\_\_\_ 2024 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 \_\_\_\_\_ 2024 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 guarantee]* 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.	<b>Name of the company</b>				
1.a	<b>Year of establishment</b>				
1.b	<b>Form of the company Annex copy of registration</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Private limited</li> <li>• Public limited</li> <li>• Partnership</li> <li>• Corporation</li> <li>• Other (specify)</li> </ul>				
1.c	<b>Address of the firm</b> <ul style="list-style-type: none"> <li>• Registered office,</li> <li>• Telephone no.</li> <li>• Fax No. E mail address etc.</li> </ul>				
1.d	<b>Location of the firm Annex certificate</b> <ul style="list-style-type: none"> <li>• Industrial</li> <li>• Commercial</li> <li>• Residential</li> <li>• Agricultural</li> <li>• Other (specify)</li> </ul>				
1.e	<b>Enlistment with any stock exchange</b> (in Pakistan / overseas. If any. Annex details)				
1.f	<b>Blacklisting / complaint against the firm</b> (by any govt. or other org. if any)				
2.	<b>Drugs manufacturing license number</b> (Annex copy of Drugs manufacturing License)				
2.a	<b>Type of activity being carried out by the company:-</b> <ul style="list-style-type: none"> <li>• Formulation</li> <li>• Repacking</li> <li>• Other (specify)</li> </ul>				
2.b	<b>Name &amp; Address of the companies / subsidiaries</b> and associated companies, <b>if any,</b> With whom there is collaboration or joint venture	1			
		2			
		3			
2.c	<b>Annual sales turnover of the firm in the previous 3 years (In millions)</b>	year	Domestic sales	Export	Govt Sector
	• 1.				
	• 2.				
	• 3.				

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

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

**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"><li>• Raw material</li><li>• Labels &amp; packaging material and</li><li>• Finished products</li></ul>				
ii.	Separate quarantine facilities for :- Incoming raw material Packaging materials				
iii	Cold rooms facility for: <ul style="list-style-type: none"><li>• Vaccines, biological and other controlled temperature products</li><li>• Cold chain facility</li></ul>				
Iv	Temperature & humidity control facility in the stores.				
v.	Identification slips for raw material: <ul style="list-style-type: none"><li>• Approved</li><li>• Rejected</li><li>• Quarantine</li></ul>				
Vi	Source of raw materials <ul style="list-style-type: none"><li>• Active and</li><li>• Inactive</li></ul> (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"><li>• Quarantine</li><li>• Approved,</li><li>• Rejected</li><li>• Recalled</li><li>• Expired material/ drugs</li></ul>				
Xi	Storage of materials:- <ul style="list-style-type: none"><li>• On pallet, stands</li><li>• Shelves / racks</li><li>• Off the floor,</li><li>• Off the walls</li></ul> (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"> <li>• Washing</li> <li>• Drying</li> <li>• Blowing</li> </ul>				
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"> <li>• Facility and Procedures for storing of granules prior to QC release for compression</li> <li>• Facility and procedures for storing of tables prior to QC release for packing</li> </ul>				
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"> <li>• For storing of material prior to QC release for filling</li> <li>• For storing of Capsules prior to QC release for packing</li> </ul>				

**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"> <li>• De Cartooning</li> <li>• Washing Facility</li> <li>• Drying Facility</li> <li>• Blowing Facility</li> </ul>				
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"> <li>• Sterilization record</li> <li>• Fumigation record</li> <li>• Mopping Record</li> </ul>				
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.	<b>Dedicated Air Handling Unit HVAC System</b> (As per requirement of the area)				
ii.	<b>Positive pressure</b> Positive Pressure maintained in each filling room <0.05 inch of water col. Manometer installed				
iii.	<b>Water Treatment Plant</b> Multi effect Multi col, Fabricated with GMP standard SS lines & pyrogen free water				
iv.	<b>Water Storage Facility &amp; Capacity, If stored</b> (SS storage tank, with sufficient capacity, kept at 80c with 24 hours circulation through loop under UV light)				
v.	<b>Filtration of solution</b> (aseptically, through recommended filter)				
vi.	Laminar Flow Hood for filling Machine				
vii.	<b>Change Rooms &amp; Buffers</b> (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	<b>Area and Environment Monitoring Record &amp; SOPs</b> <ul style="list-style-type: none"> <li>• installation, Operational &amp; Performance of all equipment being conducted &amp; maintained</li> <li>• Aseptic filling process monitoring through media fill and broth fill trial performed (biannually minimum)</li> <li>• sterilizers integrity checked and maintained</li> <li>• Calibrations of all measuring and monitoring devices being conducted / maintained regularly</li> </ul>				
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"> <li>• Active Raw Material</li> <li>• Inactive Material</li> <li>• In process products</li> <li>• packing &amp; Packaging Materials</li> <li>• Finished Products</li> </ul>				
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"> <li>• Chemist</li> <li>• pharmacists</li> <li>• Biochemist</li> <li>• Microbiologist</li> <li>• Others</li> </ul>				
31	Quality Standards being followed <ul style="list-style-type: none"> <li>• United State Pharmacopoeia</li> <li>• British Pharmacopoeia</li> <li>• Japanese Pharmacopoeia</li> <li>• Pakistan Pharmacopoeia</li> <li>• Chinese Pharmacopoeia</li> <li>• Any other / Own specifications</li> </ul>				
32	Retention samples of each batch in its original container				
33	Quality Control tests invariably conducted for: <ul style="list-style-type: none"> <li>• Active</li> <li>• Non Active and</li> <li>• Packaging Materials</li> <li>• In process / Intermediate</li> <li>• Bulk and</li> <li>• Finished products</li> </ul>				
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.	<b>Name of the company</b>			
2.	<b>Year of establishment</b>			
3.	<b>Address of the firm</b> <ul style="list-style-type: none"> <li>• Registered office,</li> <li>• Telephone no.</li> <li>• Fax No. E mail address etc.</li> </ul>			
4.	<b>Location of the Company</b> <ul style="list-style-type: none"> <li>• Industrial</li> <li>• Commercial</li> <li>• Residential</li> </ul>			
5.	<b>Form of the company Annex copy of MOA/ registration</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Private limited</li> <li>• Public limited</li> <li>• Partnership</li> <li>• Corporation</li> <li>• Other (specify)</li> </ul>			
6.				
7.	<b>Blacklisting / Complaint / Litigation against the firm</b> (By any govt. or other org. if any)			
8.	<b>Drugs sale license number, if applicable</b> (Annex copy License)			
9.	<b>Type of activity being carried out by the company:-</b> <ul style="list-style-type: none"> <li>• Manufacturing</li> <li>• Assembly /Repacking</li> <li>• Import</li> <li>• Other (specify)</li> </ul>			
10.	<b>Name &amp; Address of the Principal(s) companies</b>			
11.	<b>Capital value of the firm/sole agent;</b> <ul style="list-style-type: none"> <li>• Authorized Capital</li> <li>• Paid up capital</li> </ul>			
12	<b>Annual sales turnover of the firm in the previous 3 years (In millions)</b>	Year	Market Sale	Govt. Sector
		• 1.		
		• 2.		
		• 3.		

13.	<b>Income Tax no (NTN)</b> <ul style="list-style-type: none"> <li>• Attach copy of certificates,</li> <li>• Attach details of tax paid during past 3 years</li> <li>• Attach copy of last annual income tax return</li> </ul>					
14.	<b>Sales Tax Registration No. (if any. Applicable )</b> Attach copy of certificate, and details of sales tax Paid during past 3 years					
15.	<b>G M P compliance certificate &amp; GMP audit report of the Principal(s)</b> (Attach report/ certificate) (if applicable)					
16.	<b>Free Sale Certificate of the items in the country of origin</b>					
17.	<b>Registration with MOH, Islamabad where applicable</b> 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.	<b>Market Availability</b> <ul style="list-style-type: none"> <li>• Products routinely manufactured/imported Only occasionally / on request</li> </ul>					
21.	<b>No of registered / items of the principals</b> (In case of drugs only)					
22.	<b>No of Thermo labile drugs</b> (if any)					
23.	<b>Storage Facilities</b> [For thermo labile drugs]					
24.	<b>Storage Facilities</b> [For the drugs to be stored at room temperature]					
25.	<b>Cold Chain Facility including cold room / storage and during transport</b>					
26.	GMP Certificate of the Principals, from the country of origin					
27.	<b>Export of the products to the countries other than Pakistan</b>					
28.	<b>Drug registration Certificate in the country of origin</b> (In case of drugs only)					
29.	<b>Emergency power supply arrangements</b> (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. / CARDIOLOGY / CATH. LAB. & ALLIED ITEMS

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

<b>GROUP / LOT – A</b>							
Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>INJECTIONS</b>							
1	INJ	ACYCLOVIR 250MG/VIAL	5,500			Rs.____	Rs.____
2	INJ	ACYCLOVIR 500 MG/VIAL	7,000			Rs.____	Rs.____
3.1	INJ	AMOXICILLIN+CLAVULANIC ACID 1200 MG/VIAL	33,000			Rs.____	Rs.____
3.2	INJ	AMOXICILLIN+CLAVULANIC ACID 600 MG/VIAL	6,000			Rs.____	Rs.____
4.1	INJ	ATRACURIUM BESYLATE 25MG/2.5ML	60,000			Rs.____	Rs.____
4.2	INJ	ATRACURIUM BESYLATE 30 MG/3ML AMP	80,000			Rs.____	Rs.____
4.3	INJ	ATRACURIUM BESYLATE 50 MG/5ML AMP	7,000			Rs.____	Rs.____
5	INJ	AZITHROMYCIN 500 MG/5ML VIAL	13,000			Rs.____	Rs.____
6	INJ	BUPIVACAINE 5 MG/10ML AMP	5,000			Rs.____	Rs.____
7	INJ	BUPIVACAINE 5MG DEXTROSE ANHYDROUS 80MG AMP	5,000			Rs.____	Rs.____
8	INJ	BUPIVACAINE HYDROCHLORIDE 10MG/10ML AMP	5,000			Rs.____	Rs.____
9	INJ	BUPIVACAINE+DEXTROSE 7.5MG/ML	5,000			Rs.____	Rs.____
10	INJ	KETOROLAC 30 MG/ML AMP	82,000			Rs.____	Rs.____
11.1	INJ	MEROPENEM 1 G/VIAL	130,000			Rs.____	Rs.____
11.2	INJ	MEROPENEM 500 MG/VIAL	55,000			Rs.____	Rs.____
12.1	INJ	METHYLPREDNISOLONE SUCCINATE 125MG/VIAL	550			Rs.____	Rs.____
12.2	INJ	METHYLPREDNISOLONE SUCCINATE 1000 MG/VIAL	3,000			Rs.____	Rs.____
12.3	INJ	METHYLPREDNISOLONE SUCCINATE 500 MG/VIAL	4,000			Rs.____	Rs.____
13.1	INJ	METHYLPREDNISOLONE ACETATE 40MG/ML VIAL	3,000			Rs.____	Rs.____
13.2	INJ	METHYLPREDNISOLONE ACETATE 80MG/2ML VIAL	1,500			Rs.____	Rs.____
14	INJ	METOCLOPROPAMIDE 10 MG/2ML AMP	105,000			Rs.____	Rs.____
15	INJ	OMEPRAZOLE 40 MG/VIAL	150,000			Rs.____	Rs.____
16.1	INJ	PIPERCILLIN+TAZOBACTUM 2.25 G/VIAL	50,000			Rs.____	Rs.____
16.2	INJ	PIPERCILLIN+TAZOBACTUM 4.5 G/VIAL	80,000			Rs.____	Rs.____
17	INJ	TIGECYCLINE 50 MG/VIAL	10,500			Rs.____	Rs.____
18.1	INJ	VANCOMYCIN 1 G/VIAL	40,000			Rs.____	Rs.____
18.2	INJ	VANCOMYCIN 500 MG/VIAL	75,000			Rs.____	Rs.____
19	INJ	BUPIVACAINE HYDROCHLORIDE 5 MG/ML	2,030			Rs.____	Rs.____
20.1	INJ	CIPROFLOXACIN 200 MG/100ML VIAL	15,000			Rs.____	Rs.____
20.2	INJ	CIPROFLOXACIN 400MG/100ML VIAL	5,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>OPHTHALMIC PREPARATIONS</b>							
21	EYE DROPS	FLUOROMETHOLONE 0.1% 5 ML/BOTTLE	1,050			Rs.____	Rs.____
22	EYE DROPS	FLUOROMETHOLONE 0.25% 5 ML/BOTTLE	1,050			Rs.____	Rs.____
23	EYE DROPS	MOXIFLOXACIN 0.5% 5 ML/BOTTLE	5,050			Rs.____	Rs.____
24	EYE DROPS	PHENYLEPHRINE HYDROCHLORIDE 10% 5 ML/BOTTLE	3,050			Rs.____	Rs.____
25	EYE DROPS	TOBRAMYCIN 0.3% 5 ML/BOTTLE	3,050			Rs.____	Rs.____
26	EYE OINT.	TOBRAMYCIN 3.5 G/TUBE	3,050			Rs.____	Rs.____
27	EYE OINT.	TOBRAMYCIN+DEXAMETHASONE 3.5 G/TUBE	5,050			Rs.____	Rs.____
28	EYE DROPS	TOBRAMYCIN+DEXAMETHASONE 5 ML/BOTTLE	5,050			Rs.____	Rs.____
29	EYE DROPS	TROPICAMIDE 1% 15 ML/BOTTLE	5,050			Rs.____	Rs.____
30	EYE DROPS	NEPAFENAC SODIUM 0.1% 5 ML/BOTTLE	5,050			Rs.____	Rs.____
31	EYE DROP	ARTIFICIAL TEAR 10ML	5,050			Rs.____	Rs.____
32	EYE DROPS	OLOPTADINE 0.2% 5 ML/BOTTLE	5,050			Rs.____	Rs.____
<b>ORAL SOLID DOSAGE FORMS</b>							
33.1	TAB	AMLODIPINE BESYLATE 10 MG/TAB	40,000			Rs.____	Rs.____
33.2	TAB	AMLODIPINE BESYLATE 5 MG/TAB	40,000			Rs.____	Rs.____
34.1	TAB	AMOXICILLIN+CLAVULANIC ACID 1000 MG/TAB	26,000			Rs.____	Rs.____
34.2	TAB	AMOXICILLIN+CLAVULANIC ACID 375 MG/TAB	71,000			Rs.____	Rs.____
34.3	TAB	AMOXICILLIN+CLAVULANIC ACID 625 MG/TAB	81,000			Rs.____	Rs.____
35.1	TAB	ATORVASTATIN 10 MG/TAB	15,000			Rs.____	Rs.____
35.2	TAB	ATORVASTATIN 20 MG/TAB	15,000			Rs.____	Rs.____
35.3	TAB	ATORVASTATIN 40MG	13,000			Rs.____	Rs.____
36.1	TAB	CIPROFLOXACIN 250 MG/TAB	9,000			Rs.____	Rs.____
36.2	TAB	CIPROFLOXACIN 500 MG/TAB	45,000			Rs.____	Rs.____
36.3	TAB	CIPROFLOXACIN XL 500MG	8,000			Rs.____	Rs.____
36.4	TAB	CIPROFLOXACIN 750MG	5,000			Rs.____	Rs.____
37	CAP	CYCLOSPORIN 100 MG/CAP	80,500			Rs.____	Rs.____
38	CAP	CYCLOSPORIN 25 MG/CAP	200,500			Rs.____	Rs.____
39	TAB	CYCLOSPORIN 50 MG	260,500			Rs.____	Rs.____
40.1	CAP	CEFIXIME 200 MG/CAP	16,000			Rs.____	Rs.____
40.2	CAP	CEFIXIME 400 MG/CAP	26,000			Rs.____	Rs.____
41.1	TAB	CLARITHROMYCIN 250 MG/TAB	8,000			Rs.____	Rs.____
41.2	TAB	CLARITHROMYCIN 500 MG/TAB	8,000			Rs.____	Rs.____
41.3	TAB	CLARITHROMYCIN XL 500MG	8,000			Rs.____	Rs.____
42.1	CAP	ESOMEPRAZOLE 20 MG/CAP	151,000			Rs.____	Rs.____
42.2	CAP	ESOMEPRAZOLE 40 MG/CAP	61,000			Rs.____	Rs.____
43.1	CAP	FLUCONAZOLE 150 MG	12,000			Rs.____	Rs.____
43.2	CAP	FLUCONAZOLE 200 MG/CAP	10,000			Rs.____	Rs.____
43.3	CAP	FLUCONAZOLE 50 MG/CAP	13,000			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
44.1	CAP	OMEPRAZOLE 20 MG/CAP	90,000			Rs.____	Rs.____
44.2	CAP	OMEPRAZOLE 40 MG/CAP	110,000			Rs.____	Rs.____
45.1	CAP	TACROLIMUS 0.5 MG/CAP	100,600			Rs.____	Rs.____
45.2	CAP	TACROLIMUS 1 MG/CAP	500,600			Rs.____	Rs.____
46	TAB	TACROLIMUS 2MG	50,600			Rs.____	Rs.____
47	TAB	TACROLIMUS 5MG	30,600			Rs.____	Rs.____
48	TAB	TACROLIMUS EXTENDED RELEASE 1MG	501,000			Rs.____	Rs.____
49	TAB	SIROLIMUS 1MG	8,500			Rs.____	Rs.____
50	TAB	SIROLIMUS 2MG	8,500			Rs.____	Rs.____
51	TAB	VALGANCYCLOVIR 450 MG/TAB	21,000			Rs.____	Rs.____
52	INJ	ISOVUCONAZOLE 200mg (POWDER FOR INJECTION)	200			Rs.____	Rs.____
53	CAP	ISOVUCONAZOLE 100mg	1,400			Rs.____	Rs.____
54.1	TAB	MYCOPHENOLATE MOFETIL 250 MG	100,500			Rs.____	Rs.____
54.2	TAB	MYCOPHENOLATE MOFETIL 500 MG	500,500			Rs.____	Rs.____
55.1	TAB	MYCOPHENOLATE SODIUM 360 MG	500,500			Rs.____	Rs.____
55.2	TAB	MYCOPHENOLATE SODIUM 180 MG	300,500			Rs.____	Rs.____
56	TAB	MOXIFLOXACIN 400 MG	15,500			Rs.____	Rs.____

# Annexure “A”

## DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

### PROCUREMENT OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA / SURGICAL DISP. / CARDIOLOGY / CATH. LAB. & ALLIED ITEMS

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

<b>GROUP / LOT – B</b>							
Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>EYE EAR NOSE DROPS / OINTMENT</b>							
1	DROPS	BETAMETHASONE SODIUM PHOSPHATE 7.5ML/BOTTLE EYE EAR NOSE DROPS	550			Rs.____	Rs.____
2	DROPS	BETAMETHASONE+NEOMYCIN 7.5 ML/BOTTLE EYE EAR NOSE DROPS	550			Rs. ____	Rs.____
3	DROP	BETAMETHASONE (EYE/EAR/NOSE) OINTMENT	550			Rs.____	Rs.____
<b>INJECTIONS</b>							
4	INJ	ABCIXIMAB 10MG VIAL	20			Rs.____	Rs.____
5	INJ	ACETYLCYSTEINE 1 G/5ML AMP	2,500			Rs. ____	Rs.____
6	INJ	ADENOSINE 18MG VIAL	550			Rs.____	Rs.____
7	INJ	ADENOSINE 6 MG/2ML VIAL	550			Rs.____	Rs.____
8.1	INJ	ADO-TRASTUZUMAB EMATANSINE 100MG	100			Rs.____	Rs.____
8.2	INJ	ADO-TRASTUZUMAB EMATANSINE 160MG	100			Rs.____	Rs.____
9	INJ	ADRENALINE 1 MG/ML AMP	28,000			Rs.____	Rs.____
10	INJ	AFLIBERCEPT 40MG	20			Rs.____	Rs.____
11	INJ	ALEMTUZUMAB 12MG	30			Rs.____	Rs.____
12	INJ	ALPROSTADIL 10 MCG	100			Rs.____	Rs.____
13	INJ	ALPROSTADIL 20 MCG	100			Rs.____	Rs.____
14	INJ	ALPROSTADIL 40 MCG	100			Rs.____	Rs.____
15	INJ	ALTEPLASE 50MG VIAL	100			Rs.____	Rs.____
16.1	AMP	AMIKACIN SULPHATE 100 MG/2ML AMP	6,000			Rs.____	Rs.____
16.2	AMP	AMIKACIN SULPHATE 250 MG/2ML AMP	6,000			Rs.____	Rs.____
16.3	AMP	AMIKACIN SULPHATE 500 MG/2ML AMP	6,000			Rs.____	Rs.____
17.1	VIAL	AMIKACIN SULPHATE 100 MG/2ML VIAL	6,000			Rs.____	Rs.____
17.2	VIAL	AMIKACIN SULPHATE 250 MG/2ML VIAL	6,000			Rs.____	Rs.____
17.3	VIAL	AMIKACIN SULPHATE 500 MG/2ML VIAL	6,000			Rs.____	Rs.____
18	INJ	AMINOPHYLLINE 250 MG/10ML AMP	1,100			Rs.____	Rs.____
19	INJ	AMIODARONE HCL 150 MG/3ML AMP	3,600			Rs.____	Rs.____
20.1	INJ	AMOXICILLIN 1G	600			Rs.____	Rs.____
20.2	INJ	AMOXICILLIN 250MG	750			Rs.____	Rs.____
20.3	INJ	AMOXICILLIN 500MG	750			Rs.____	Rs.____
21	INJ	AMPHOTERICIN B 50 MG/VIAL	5,500			Rs.____	Rs.____
22	INJ	AMPICILLIN 250MG	1,100			Rs.____	Rs.____
23	INJ	AMPICILLIN 500 MG/VIAL	1,100			Rs.____	Rs.____
24	INJ	AMPICILLIN 250 MG+CLOXACILLIN 250MG 500 MG/VIAL	10,100			Rs.____	Rs.____
25	INJ	AMPICILLIN 125MG+CLOXACILLIN 125MG 250MG/VIAL	5,200			Rs.____	Rs.____
26	INJ	ANTI-HEMOPHILIC FACTOR (AHF) VIIA (RECOMBINANT)	120			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
27	INJ	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN (VIAL)	120			Rs.____	Rs.____
28	INJ	ARGATROBAN 250MG	200			Rs.____	Rs.____
29	INJ	ARSENIC TRIOXIDE 10 MG/10ML VIAL	550			Rs.____	Rs.____
30.1	INJ	ARTEMETHER 80MG (VIAL)	1,100			Rs.____	Rs.____
30.2	INJ	ARTEMETHER 40 MG/ML AMP	1,100			Rs.____	Rs.____
30.3	INJ	ARTEMETHER 80 MG/ML AMP	1,100			Rs.____	Rs.____
31.1	INJ	ARTESUNATE 120 MG/VIAL	4,000			Rs.____	Rs.____
31.2	INJ	ARTESUNATE 60 MG/VIAL	3,000			Rs.____	Rs.____
31.3	INJ	ARTESUNATE 30 MG/VIAL	1,500			Rs.____	Rs.____
32	INJ	ASCORBIC ACID 100 MG/ML AMP	3,500			Rs.____	Rs.____
33	INJ	ASPARAGINASE 10000 IU/VIAL	1,020			Rs.____	Rs.____
34	INJ	ATROPINE SULPHATE 1 MG/ML AMP	23,000			Rs.____	Rs.____
35	INJ	AZACITIDINE 100 MG	60			Rs.____	Rs.____
36.1	INJ	AZTREONAM 1GM	200			Rs.____	Rs.____
36.2	INJ	AZTREONAM 2GM	200			Rs.____	Rs.____
37	INJ	BASILIXIMAB 20 MG/VIAL	200			Rs.____	Rs.____
38	INJ	BENDAMUSTINE 100 MG/VIAL	3,000			Rs.____	Rs.____
39.1	INJ	BENZATHINE PENICILLIN 0.6MIU	2,000			Rs.____	Rs.____
39.2	INJ	BENZATHINE PENICILLIN 1.2MIU	2,500			Rs.____	Rs.____
39.3	INJ	BENZATHINE PENICILLIN 2.4MIU	2,500			Rs.____	Rs.____
40.1	INJ	BENZYL PENICILLIN 0.6MIU	2,500			Rs.____	Rs.____
40.2	INJ	BENZYL PENICILLIN 1.2MIU	2,500			Rs.____	Rs.____
40.3	INJ	BENZYL PENICILLIN 1000000IU VIAL	1,500			Rs.____	Rs.____
41	INJ	SURVANTA OR EQUIVALENT	150			Rs.____	Rs.____
42	INJ	BERIPLAST P COMBI SET OR EQUIVALENT	100			Rs.____	Rs.____
43	INJ	BEVACIZUMAB 100 MG/16ML VIAL	500			Rs.____	Rs.____
44	INJ	BEVACIZUMAB 400 MG/16ML	500			Rs.____	Rs.____
45	INJ	BLEOMYCIN 15 MG/VIAL	300			Rs.____	Rs.____
46	INJ	BORTEZOMIB 2 MG/VIAL	1,000			Rs.____	Rs.____
47	INJ	BORTEZOMIB 3.5MG	1,000			Rs.____	Rs.____
48	INJ	BOTULINUM TOXIN 50 UNITS/VIAL	100			Rs.____	Rs.____
49	INJ	BOTULINUM TOXIN 100 UNITS/VIAL	100			Rs.____	Rs.____
50.1	INJ	BOVINE LIPID EXTRACT SURFACTANT 3ML	100			Rs.____	Rs.____
50.2	INJ	BOVINE LIPID EXTRACT SURFACTANT 4ML	100			Rs.____	Rs.____
50.3	INJ	BOVINE LIPID EXTRACT SURFACTANT 5ML	100			Rs.____	Rs.____
51	INJ	BRENTUXIMAB 50 MG/VIAL	500			Rs.____	Rs.____
52	INJ	BRIVARACETAM 50MG/5ML	200			Rs.____	Rs.____
53	INJ	BUPRENORPHINE INJECTION	500			Rs.____	Rs.____
54	INJ	BUSULFAN 60 MG/VIAL	500			Rs.____	Rs.____
55	INJ	CAFFEIN CITRATE 20 MG/ML AMP	5,500			Rs.____	Rs.____
56	INJ	CALCITONIN 100IU AMP	100			Rs.____	Rs.____
57	INJ	CALCITRIOL 1 MCG/ML AMP	1,050			Rs.____	Rs.____
58	INJ	CALCIUM CHLORIDE 20% 10ML/AMP	3,000			Rs.____	Rs.____
59.1	INJ	CALCIUM FOLINATE/LEUCOVORIN 100MG	3,100			Rs.____	Rs.____
59.2	INJ	CALCIUM FOLINATE/LEUCOVORIN 50MG	3,100			Rs.____	Rs.____
59.3	INJ	CALCIUM FOLINATE/LEUCOVORIN 15MG	3,100			Rs.____	Rs.____
60	INJ	CALCIUM GLUCONATE 1 G/10ML AMP	45,000			Rs.____	Rs.____
61.1	INJ	CARBOPLATIN 10 MG/ML 150MG VIAL	1,000			Rs.____	Rs.____
61.2	INJ	CARBOPLATIN 10 MG/ML 450MG VIAL	1,000			Rs.____	Rs.____
62	INJ	CARBOPROST 250MCG	10			Rs.____	Rs.____
63	INJ	CARFILZOMIB 60 MG/VIAL	20			Rs.____	Rs.____
64	INJ	CARMUSTINE 100 MG	30			Rs.____	Rs.____
65.1	INJ	CASPOFUNGIN 50 MG/VIAL	10,300			Rs.____	Rs.____
65.2	INJ	CASPOFUNGIN 70MG VIAL	10,300			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
66.1	INJ	CEFAZOLIN 1000MG VIAL	4,000			Rs.____	Rs.____
66.2	INJ	CEFAZOLIN 500MG VIAL	3,300			Rs.____	Rs.____
66.3	INJ	CEFAZOLIN 250 MG VIAL	3,300			Rs.____	Rs.____
67.1	INJ	CEFEPIME 1000 MG/VIAL	1,100			Rs.____	Rs.____
67.2	INJ	CEFEPIME 500 MG/VIAL	1,100			Rs.____	Rs.____
68.1	INJ	CEFOPERAZONE+SULBACTAM SODIUM 1000 MG/VIAL	4,000			Rs.____	Rs.____
68.2	INJ	CEFOPERAZONE+SULBACTAM SODIUM 2000 MG/VIAL	4,000			Rs.____	Rs.____
69.1	INJ	CEFOTAXIME SODIUM 1000 MG/5ML VIAL	6,000			Rs.____	Rs.____
69.2	INJ	CEFOTAXIME SODIUM 250 MG/5ML VIAL	11,000			Rs.____	Rs.____
69.3	INJ	CEFOTAXIME SODIUM 500 MG/5ML VIAL	5,500			Rs.____	Rs.____
70	INJ	CEFTAZIDIME / AVIBACTAM 1000MG	6,000			Rs.____	Rs.____
71	INJ	CEFTAZIDIME-AVIBACTAM 2G/0.5G VIAL	6,500			Rs.____	Rs.____
72	INJ	CEFTAZIDIME / AVIBACTAM 750MG	5,100			Rs.____	Rs.____
73.1	INJ	CEFTAZIDIME 1 G/VIAL	8,000			Rs.____	Rs.____
73.2	INJ	CEFTAZIDIME 250 MG/VIAL	4,000			Rs.____	Rs.____
73.3	INJ	CEFTAZIDIME 500MG	4,000			Rs.____	Rs.____
74.1	INJ	CEFTIZOXIME 1GM	600			Rs.____	Rs.____
74.2	INJ	CEFTIZOXIME 500MG	600			Rs.____	Rs.____
74.3	INJ	CEFTIZOXIME 250MG	600			Rs.____	Rs.____
75.1	INJ	CEFTRIAZONE SODIUM 1 G/VIAL	70,000			Rs.____	Rs.____
75.2	INJ	CEFTRIAZONE SODIUM 2000 MG/VIAL	70,000			Rs.____	Rs.____
75.3	INJ	CEFTRIAZONE SODIUM 250 MG/VIAL	4,500			Rs.____	Rs.____
75.4	INJ	CEFTRIAZONE SODIUM 500 MG/VIAL	33,000			Rs.____	Rs.____
76.1	INJ	CEFTRIAZONE SODIUM 250 MG/VIAL (IM)	2,500			Rs.____	Rs.____
76.2	INJ	CEFTRIAZONE SODIUM 500 MG/VIAL (IM)	3,500			Rs.____	Rs.____
76.3	INJ	CEFTRIAZONE SODIUM 1 G/VIAL (IM)	3,500			Rs.____	Rs.____
77.1	INJ	CEFTAROLINE FOSAMIL 400MG	3,100			Rs.____	Rs.____
77.2	INJ	CEFTAROLINE FOSAMIL 600MG	3,100			Rs.____	Rs.____
78.1	INJ	CEFUROXIME 1.5 G/VIAL	3,300			Rs.____	Rs.____
78.2	INJ	CEFUROXIME 250 MG	1,003			Rs.____	Rs.____
78.3	INJ	CEFUROXIME 750 MG/VIAL	3,300			Rs.____	Rs.____
79	INJ	CEPHRADINE 500MG	500			Rs.____	Rs.____
80	INJ	CETUXIMAB INJ 100MG	30			Rs.____	Rs.____
81	INJ	CHLORPHENIRAMINE 10MG/ML	3,300			Rs.____	Rs.____
82.1	INJ	CIDOFOVIR 250MG	50			Rs.____	Rs.____
82.2	INJ	CIDOFOVIR 375MG	50			Rs.____	Rs.____
83	INJ	CIS-ATRACURIUM 10 MG/ML AMP	2,000			Rs.____	Rs.____
84.1	INJ	CISPLATIN 10MG	1,000			Rs.____	Rs.____
84.2	INJ	CISPLATIN 50 MG	1,000			Rs.____	Rs.____
84.3	INJ	CISPLATIN 25MG	1,000			Rs.____	Rs.____
84.4	INJ	CISPLATIN 100MG	1,000			Rs.____	Rs.____
85.1	INJ	CITICOLINE 1 GRAM	20			Rs.____	Rs.____
85.2	INJ	CITICOLINE 100 MG	20			Rs.____	Rs.____
85.3	INJ	CITICOLINE 125 MG	20			Rs.____	Rs.____
85.4	INJ	CITICOLINE 250MG/2ML	500			Rs.____	Rs.____
86	INJ	CLADRIBINE 10 MG/ML VIAL	50			Rs.____	Rs.____
87	INJ	CLARITHROMYCIN 500 MG/VIAL	4,000			Rs.____	Rs.____
88	INJ	CLEMASTINE 1MG VIAL	5,000			Rs.____	Rs.____
89.1	INJ	CLINDAMYCIN 300 MG/4ML AMP	6,000			Rs.____	Rs.____
89.2	INJ	CLINDAMYCIN 600 MG/4ML AMP	21,000			Rs.____	Rs.____
90	INJ	CLOFARABINE 20 MG VIAL	30			Rs.____	Rs.____
91	INJ	CLOXACILLIN 250 MG/VIAL	1,000			Rs.____	Rs.____
92	INJ	COLISTIMETHATE SODIUM 1000000 IU/VIAL	110,000			Rs.____	Rs.____
93	INJ	COLISTIMETHATE SODIUM 2MIU VIAL	1,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
94	INJ	COLISTIMETHATE SODIUM 3MIU VIAL	4,000			Rs.____	Rs.____
95	INJ	COLISTIMETHATE SODIUM 4.5MIU VIAL	1,000			Rs.____	Rs.____
97	INJ	COLISTIMETHATE SODIUM 5MIU VIAL	1,500			Rs.____	Rs.____
98	INJ	COTRIMOXAZOLE 400/80 MG	1,100			Rs.____	Rs.____
99	INJ	CYCLOPHASPHOMIDE 500MG	600			Rs.____	Rs.____
100	INJ	CYCLOPHOSPHAMIDE 1 G/VIAL	3,050			Rs.____	Rs.____
101	INJ	CYCLOSPORIN 250 MG/VIAL	550			Rs.____	Rs.____
102.1	INJ	CYTARABINE 1 G/10ML VIAL	2,500			Rs.____	Rs.____
102.2	INJ	CYTARABINE 500 MG/VIAL	5,000			Rs.____	Rs.____
103	INJ	DACARBAZINE 200 MG/VIAL	300			Rs.____	Rs.____
104	INJ	DACTINOMYCIN 0.5 MG VIAL	100			Rs.____	Rs.____
105	INJ	DANTROLENE SODIUM 20MG	50			Rs.____	Rs.____
106	INJ	DARATUMUMAB 100MG	30			Rs.____	Rs.____
107.1	INJ	DAUNORUBICIN 20 MG/VIAL	1,000			Rs.____	Rs.____
107.2	INJ	DAUNORUBICIN 80 MG/VIAL	1,000			Rs.____	Rs.____
108	INJ	DECITABINE 50MG	30			Rs.____	Rs.____
109	INJ	DEFEROXAMINE 500MG	200			Rs.____	Rs.____
110	INJ	DENOSUMAB 120MG	100			Rs.____	Rs.____
111	INJ	DENOSUMAB 60MG	100			Rs.____	Rs.____
112	INJ	DEFERIOXAMINE 500 MG/VIAL	210			Rs.____	Rs.____
113	INJ	DESMOPRESSIN 4MCG	200			Rs.____	Rs.____
114	INJ	DEXAMETHASONE 20MG/5ML VIAL	25,000			Rs.____	Rs.____
115	INJ	DEXAMETHASONE 4 MG/ML AMP	15,000			Rs.____	Rs.____
116	INJ	DEXAMETHASONE 4 MG/ML VIAL	65,000			Rs.____	Rs.____
117	INJ	DEXMEDETOMIDINE 100 MCG/ML AMP	1,500			Rs.____	Rs.____
118	INJ	DEXTROSE 5% 50ML (EUROCAP)	15,000			Rs.____	Rs.____
119	INJ	DHEAS 60MG	30			Rs.____	Rs.____
120	INJ	DIAZEPAM 10MG/2ML	4,000			Rs.____	Rs.____
121	INJ	DICLOFENAC SODIUM 75 MG/3ML AMP	12,000			Rs.____	Rs.____
122	INJ	DIGOXIN 0.25MG	550			Rs.____	Rs.____
123	INJ	DIGOXIN 0.5MG/2ML	1,100			Rs.____	Rs.____
124	INJ	DIMENHYDRINATE 50 MG/ML AMP	23,000			Rs.____	Rs.____
125	INJ	DINOPROST 1ML	30			Rs.____	Rs.____
126	INJ	DIPYRIDAMOLE 5MG/5ML	500			Rs.____	Rs.____
127	INJ	DOBUTAMINE 250 MG/5ML AMP	1,500			Rs.____	Rs.____
128	INJ	DOBUTAMINE 250MG/20ML	1,500			Rs.____	Rs.____
129.1	INJ	DOCETAXEL 20 MG	1,000			Rs.____	Rs.____
129.2	INJ	DOCETAXEL 80 MG	1,000			Rs.____	Rs.____
130	INJ	DOPAMINE 200 MG/5ML AMP	4,000			Rs.____	Rs.____
131	INJ	DORIPENAM 500MG VIAL	3,100			Rs.____	Rs.____
132.1	INJ	DOXORUBICIN 10 MG/ML	5,000			Rs.____	Rs.____
132.2	INJ	DOXORUBICIN 50 MG/VIAL	5,000			Rs.____	Rs.____
133	INJ	DROTAVERIN HCL 40 MG/2ML AMP	25,000			Rs.____	Rs.____
134	TAB	ELBASVIR 50MG/GRAZOPREXIVIR 100MG	200			Rs.____	Rs.____
135	INJ	ENOXAPARIN SODIUM 20 MG/0.2ML PREFILLED SYRINGE	1,500			Rs.____	Rs.____
136.1	INJ	ENOXAPARIN SODIUM 40 MG/0.4ML PREFILLED SYRINGE	18,000			Rs.____	Rs.____
136.2	INJ	ENOXAPARIN SODIUM 60 MG/0.6ML PREFILLED SYRINGE	15,000			Rs.____	Rs.____
136.3	INJ	ENOXAPARIN SODIUM 80 MG/0.8ML PREFILLED SYRINGE	4,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
137.1	INJ	ENOXAPARIN SODIUM 20MG (VIAL)	1,500			Rs.____	Rs.____
137.2	INJ	ENOXAPARIN SODIUM 40 MG/ML (VIAL)	7,000			Rs.____	Rs.____
137.3	INJ	ENOXAPARIN SODIUM 60 MG/ML (VIAL)	5,000			Rs.____	Rs.____
137.4	INJ	ENOXAPARIN SODIUM 80MG (VIAL)	2,000			Rs.____	Rs.____
138	INJ	EPHEDRINE 50 MG	230			Rs.____	Rs.____
139	INJ	EPINEPHRINE AUTO INJECTOR PEN 0.15MG/0.3ML	130			Rs.____	Rs.____
140	INJ	EPINEPHRINE AUTO INJECTOR PEN 0.3MG/0.3ML	1,100			Rs.____	Rs.____
141.1	INJ	EPIRUBICIN 10MG	150			Rs.____	Rs.____
141.2	INJ	EPIRUBICIN 50MG	60			Rs.____	Rs.____
142	INJ	EPOETIN BETA 2000 IU/PFS	600			Rs.____	Rs.____
143	INJ	EPOETIN BETA 5000 IU/PFS	3,500			Rs.____	Rs.____
144	INJ	EPOETIN BETA 10000 IU/PFS	150			Rs.____	Rs.____
145	INJ	ERGOMETRINE 0.5MG	50			Rs.____	Rs.____
146	INJ	ERTAPENEM 1 G/VIAL	700			Rs.____	Rs.____
147	INJ	ERYTHROPOIETIN 10000 IU (VIAL)	8,000			Rs.____	Rs.____
148	INJ	ERYTHROPOIETIN 4000 IU/VIAL	5,000			Rs.____	Rs.____
149	INJ	ERYTHROPOIETIN 2000 IU/VIAL	5,000			Rs.____	Rs.____
150	INJ	ERYTHROPOIETIN 2000 IU/PFS	5,000			Rs.____	Rs.____
151	INJ	ERYTHROPOIETIN 4000 IU/PFS	5,000			Rs.____	Rs.____
152	INJ	ERYTHROPOIETIN 5000IU	5,000			Rs.____	Rs.____
153	INJ	ERYTHROPOIETIN 6000 IU/PFS	5,000			Rs.____	Rs.____
154	INJ	ESOMEPRAZOLE 20MG	1,500			Rs.____	Rs.____
155	INJ	ESOMEPRAZOLE 40MG	1,500			Rs.____	Rs.____
156	INJ	ETANERCEPT 25MG	20			Rs.____	Rs.____
157	INJ	ETANERCEPT 50MG PREFILLED SYRINGE	20			Rs.____	Rs.____
158	INJ	ETOMIDATE LIPURO 10ML	700			Rs.____	Rs.____
159	INJ	ETOPOSIDE 100 MG/5ML VIAL	800			Rs.____	Rs.____
160	INJ	FACTOR IX 1500IU	80			Rs.____	Rs.____
161	INJ	FACTOR VIIA (EPTACOG ALFA 50 KIU) 1 MG	80			Rs.____	Rs.____
162	INJ	FACTOR VIII 250IU	80			Rs.____	Rs.____
163	INJ	FACTOR VIII 1000IU	100			Rs.____	Rs.____
164	INJ	FACTOR VIII 500IU	100			Rs.____	Rs.____
165	INJ	FAT EMULSION 20% 250ML	5,500			Rs.____	Rs.____
166	INJ	FENTANYL 0.25 MG/5ML	3,500			Rs.____	Rs.____
167	INJ	FERRICARBOXY MALTOSE 50MG/10ML	5,500			Rs.____	Rs.____
168	INJ	FIBRINOGEN CONCENTRATE	80			Rs.____	Rs.____
169	INJ	FILGRASTIM 300 MCG/ML VIAL	11,000			Rs.____	Rs.____
170	INJ	FLUDARABINE 50 MG/VIAL	600			Rs.____	Rs.____
171	INJ	FLUMAZENIL 1000 MCG/10ML AMP	550			Rs.____	Rs.____
172	INJ	FLUOROURACIL 1000 MG	5,500			Rs.____	Rs.____
173	INJ	FLUOROURACIL 250 MG	5,500			Rs.____	Rs.____
174	INJ	FLUOROURACIL 500 MG/VIAL	5,500			Rs.____	Rs.____
175	INJ	FLUPENTHIXOL 20 MG	30			Rs.____	Rs.____
176	INJ	FLUPENTHIXOL 40 MG	70			Rs.____	Rs.____
177	INJ	FLUPHENAZINE 125MG	70			Rs.____	Rs.____
178	INJ	FLUPHENAZINE 25 MG	30			Rs.____	Rs.____
179	INJ	FOLLITROPIN ALPHA 75IU	70			Rs.____	Rs.____
180	INJ	FONDAPARINUX 2.5MG/0.5ML	70			Rs.____	Rs.____
181	INJ	FONDAPARINUX 7.5MG/0.5ML	20			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
182	INJ	FOSFOMYCIN 1000 MG/VIAL	4,000			Rs.____	Rs.____
183	INJ	FUROSEMIDE 20 MG/2ML AMP	130,000			Rs.____	Rs.____
184	INJ	GANCICLOVIR 250 MG/VIAL	1,300			Rs.____	Rs.____
185.1	INJ	GEMCITABINE 1000 MG/VIAL	1,100			Rs.____	Rs.____
185.2	INJ	GEMCITABINE 200MG	2,100			Rs.____	Rs.____
186	INJ	GENTAMYCIN 10 MG	150			Rs.____	Rs.____
187	INJ	GENTAMYCIN 20 MG	600			Rs.____	Rs.____
188	INJ	GENTAMYCIN 40 MG/ML AMP	3,500			Rs.____	Rs.____
189	INJ	GENTAMYCIN 80 MG/2ML AMP	5,500			Rs.____	Rs.____
190	INJ	GENTAMYCIN 160MG AMP	5,500			Rs.____	Rs.____
191	INJ	GLYCOPYROLATE 0.2 MG/ML AMP	6,000			Rs.____	Rs.____
192	INJ	GLYCOPYROLATE+NEOSTIGMINE 0.5/2.5MG ML/AMP	8,100			Rs.____	Rs.____
193	INJ	GOSERELIN ACETATE 3.6MG	230			Rs.____	Rs.____
194	INJ	GRANISETRON HCL 3 MG/3ML VIAL	3,100			Rs.____	Rs.____
195	INJ	HALOPERIDOL 5 MG/ML AMP	3,500			Rs.____	Rs.____
196	INJ	HEPARIN 25000 IU/5ML VIAL	30,500			Rs.____	Rs.____
197	INJ	HEPARIN 100000IU PREFILLED SYRINGE	600			Rs.____	Rs.____
198	INJ	HEPARIN 4100IU PREFILLED SYRINGE	600			Rs.____	Rs.____
199	INJ	HEPARIN 6150IU PREFILLED SYRINGE	600			Rs.____	Rs.____
200	INJ	HEPARIN PRESERVATIVE FREE 0.5ML	600			Rs.____	Rs.____
201	INJ	HISTOACRYL FOR ENDOSCOPY OR EQUIVALENT	3,000			Rs.____	Rs.____
202	INJ	HUMAN CHORIONIC GONADOTROPIN 10000IU	1,100			Rs.____	Rs.____
203	INJ	HUMAN CHRIONIC GONADOTROPIN 5000 IU/VIAL	1,100			Rs.____	Rs.____
204	INJ	HUMAN RECOMBINANT FOLLITROPIN 5000 IU/VIAL	1,100			Rs.____	Rs.____
205	INJ	HYDRALAZINE HCL 20 MG/ML AMP	11,000			Rs.____	Rs.____
206.1	INJ	HYDROCORTISONE SODIUM SUCCINATE 100 MG/VIAL	15,000			Rs.____	Rs.____
206.2	INJ	HYDROCORTISONE SODIUM SUCCINATE 250 MG/VIAL	25,000			Rs.____	Rs.____
207	INJ	HYDROXYPROGESTERONE 250 MG/ML AMP	550			Rs.____	Rs.____
208	INJ	HYLAURONIC ACID 10MG	300			Rs.____	Rs.____
209	INJ	HYLAURONIC ACID HIGH MOLECULAR WEIGHT INTRA ARTICULAR INJECTION	300			Rs.____	Rs.____
210	INJ	IBANDRONIC ACID 3MG PREFILLED SYRINGE	600			Rs.____	Rs.____
211	INJ	IBUPROFEN 400MG	4,000			Rs.____	Rs.____
212	INJ	IBUTLIDE 1MG	30			Rs.____	Rs.____
213.1	INJ	IDARUBICIN 10 MG/VIAL	3,000			Rs.____	Rs.____
213.2	INJ	IDARUBICIN 5 MG	3,000			Rs.____	Rs.____
214.1	INJ	IFOSFAMIDE 1000 MG	5,300			Rs.____	Rs.____
214.2	INJ	IFOSFAMIDE 2GM 2G	5,300			Rs.____	Rs.____
215.1	INJ	IMIPENEM/CILASTATIN 250/250MG	6,000			Rs.____	Rs.____
215.2	INJ	IMIPENEM/CILASTATIN 500/500MG VIAL	21,000			Rs.____	Rs.____
216	INJ	INDOMETHACIN 50MG	400			Rs.____	Rs.____
217	INJ	INTERLEUKIN 11 ( 12 MIU/1.5MG)	50			Rs.____	Rs.____
218	INJ	IRINOTECAN 100 MG	150			Rs.____	Rs.____
219	INJ	IRON CARBOXYMALTOSE 50 MG/ML VIAL	5,000			Rs.____	Rs.____
220	INJ	IRON ISOMALTOSIDE 100MG/ML	500			Rs.____	Rs.____
221	INJ	IRON SUCROSE COMPLEX 100 MG/5ML AMP	9,000			Rs.____	Rs.____
222	INJ	ISOFLURANE 100 ML/BOTTLE INFLUSION BOTTLE	1,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
223	INJ	ISOMALTOSIDE 100 MG/ML AMP	1,500			Rs.____	Rs.____
224	INJ	ISOSORBIDE DINITRATE	1,500			Rs.____	Rs.____
225	INJ	JETEPAR OR EQUIVALENT 10ML	1,000			Rs.____	Rs.____
226	INJ	JETEPAR OR EQUIVALENT 2ML	1,000			Rs.____	Rs.____
227.1	INJ	KETAMINE HCL 50MG / VIAL	4,500			Rs.____	Rs.____
227.2	INJ	KETAMINE HCL 100MG / VIAL	4,500			Rs.____	Rs.____
227.3	INJ	KETAMINE HCL 250 MG/5ML AMP	4,500			Rs.____	Rs.____
228.4	INJ	KETAMINE HCL 500 MG/VIAL	4,500			Rs.____	Rs.____
229	INJ	LABETALOL HCL 50 MG/10ML AMP	8,000			Rs.____	Rs.____
230	INJ	LACOSAMIDE 10 MG/ML AMP	5,000			Rs.____	Rs.____
231	INJ	L-ASPARAGINASE	5,500			Rs.____	Rs.____
232	INJ	LEUPROLIDE ACETATE 11.25 MG	50			Rs.____	Rs.____
233	INJ	LEUPROLIDE ACETATE 3.75 MG	50			Rs.____	Rs.____
234	INJ	LEUPROLINE ACETATE 7.5 MG	50			Rs.____	Rs.____
235	INJ	LEVETIRACETAM 500 MG/5ML AMP	40,000			Rs.____	Rs.____
236	INJ	LEVOBUPIVACAINE HCL 2.5MG	500			Rs.____	Rs.____
237	INJ	LEVOBUPIVACAINE HCL 5MG	500			Rs.____	Rs.____
238	INJ	LEVOBUPIVACAINE HCL 7.5MG	500			Rs.____	Rs.____
239	INJ	LEVOFLOXACIN 500 MG/100ML	13,000			Rs.____	Rs.____
240	INJ	LIDOCAINE HCL (USP) EPINEPHRINE BITARTRATE (USP) (1:100,000) 1.8ML X 50CATRIDGES (DENTAL CARTRIDGES)	1,000			Rs.____	Rs.____
241	INJ	LIGNOCAINE 2%, ADRENALINE 10 ML/AMP	20,500			Rs.____	Rs.____
242	INJ	LIGNOCAINE HCL 1% 10 ML	5,000			Rs.____	Rs.____
243	INJ	LIGNOCAINE HCL 2% 10 ML/AMP	52,000			Rs.____	Rs.____
244	INJ	LINCOMYCIN 300 MG/ML AMP	1,500			Rs.____	Rs.____
245	INJ	LINCOMYCIN 600MG/2ML	1,500			Rs.____	Rs.____
246.1	INJ	LINEZOLID 200MG/100ML	1,500			Rs.____	Rs.____
246.2	INJ	LINEZOLID 400MG/200ML	1,500			Rs.____	Rs.____
246.3	INJ	LINEZOLID INFUSION 600MG/300ML	15,000			Rs.____	Rs.____
247	INJ	LIPOSOMAL AMPHOTERICIN B 50 MG/VIAL	6,000			Rs.____	Rs.____
248	INJ	LIXISENATIDE 10MCG	50			Rs.____	Rs.____
249	INJ	LIXISENATIDE 20MCG	50			Rs.____	Rs.____
250	INJ	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, CITRATE 4%	200			Rs.____	Rs.____
251	INJ	LOCK SOLUTION CONTAINING CYCLO-TAULRODINE, HEPARIN, CITRATE 4%	200			Rs.____	Rs.____
252	INJ	L-ORNITHINE L-ASPARTATE 5 G/10ML AMP	10,500			Rs.____	Rs.____
253	INJ	LUTROPIN ALPHA 75IU	30			Rs.____	Rs.____
254	INJ	LYPHOLIZED REMDESIVIR 100MG	10,500			Rs.____	Rs.____
255	INJ	MAGNESIUM CHLORIDE 200 MG/VIAL	600			Rs.____	Rs.____
256	INJ	MAGNESIUM SULPHATE 40 MEQ/10ML AMP	20,000			Rs.____	Rs.____
257	INJ	MAGNESIUM SULPHATE 8 MEQ/2ML AMP	8,000			Rs.____	Rs.____
258	INJ	MECOBALAMIN 500 MCG/ML AMP	6,000			Rs.____	Rs.____
259	INJ	MEDROXYPROGESTERONE ACETATE 150 MG/ML VIAL	50			Rs.____	Rs.____
260	INJ	MEDROXYPROGESTERONE ACETATE 1000 MG	50			Rs.____	Rs.____
261	INJ	MEGLUMINE ANTIMONIATE 1.5G	30			Rs.____	Rs.____
262	INJ	MELPHALAN 50 MG/VIAL	500			Rs.____	Rs.____
263	INJ	MENAPHTHONE 10 MG/ML AMP	5,000			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
264	INJ	MENOTROPIN 150IU	30			Rs.____	Rs.____
265	INJ	MENOTROPIN 75IU	30			Rs.____	Rs.____
266	INJ	MESNA 400 MG/4ML AMP	6,050			Rs.____	Rs.____
267.1	INJ	METHOTREXATE 1000 MG/VIAL	2,100			Rs.____	Rs.____
267.2	INJ	METHOTREXATE 50 MG/VIAL	2,100			Rs.____	Rs.____
267.3	INJ	METHOTREXATE 500 MG	2,100			Rs.____	Rs.____
268	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 100 MCG/0.3ML PFS	350			Rs.____	Rs.____
269	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 150MCG	80			Rs.____	Rs.____
270	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 200MCG	80			Rs.____	Rs.____
271	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 50MCG	80			Rs.____	Rs.____
272	INJ	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 75MCG	80			Rs.____	Rs.____
273	INJ	METHYL CELLULOSE GEL	70			Rs.____	Rs.____
274	INJ	METHYLERGOMETRINE 0.2MG	130			Rs.____	Rs.____
275	INJ	METOPROLOL 5 MG/5ML AMP	1,500			Rs.____	Rs.____
276	INJ	MIDAZOLAM 5 MG/5ML AMP	45,000			Rs.____	Rs.____
277	INJ	MILRINONE 10 MG/10ML AMP	1,500			Rs.____	Rs.____
278	INJ	MINOCYCLIN 100 MG/VIAL	7,000			Rs.____	Rs.____
279	INJ	MITOMYCIN 10MG	1,050			Rs.____	Rs.____
280	INJ	MITOMYCIN 2MG	1,050			Rs.____	Rs.____
281	INJ	MITOMYCIN 5 MG/ML	1,050			Rs.____	Rs.____
282	INJ	MITOXANTRONE 20 MG/VIAL	30			Rs.____	Rs.____
283	INJ	MORHPINE 2MG	5,000			Rs.____	Rs.____
284	INJ	MOXIFLOXACIN 400 MG/250ML	15,500			Rs.____	Rs.____
285	INJ	MULTIVITAMIN 10ML AMP	5,500			Rs.____	Rs.____
286.1	INJ	NALBUPHINE 10 MG/ML AMP	70,000			Rs.____	Rs.____
286.2	INJ	NALBUPHINE 20 MG/ML AMP	4,000			Rs.____	Rs.____
287	INJ	NALOXONE 0.4 MG/ML AMP	1,100			Rs.____	Rs.____
288	INJ	NEOSTIOGMINE 2.5MG/5ML	600			Rs.____	Rs.____
289	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	6,000			Rs.____	Rs.____
290	INJ	NIMODIPINE 10 MG/50 ML	130			Rs.____	Rs.____
291	INJ	NOREPINEPHRINE BITARTRATE 4MG / 4ML AMP	80,000			Rs.____	Rs.____
292	INJ	NOREPINEPHRINE BITARTRATE 8MG / 4ML AMP	62,000			Rs.____	Rs.____
293	INJ	NORETHISTERONE 200MG	30			Rs.____	Rs.____
294	INJ	NORETHISTERONE ESTERDIOL VALERATE 50MG	30			Rs.____	Rs.____
295	INJ	OBINUTUZUMAB 1000MG / 40ML	30			Rs.____	Rs.____
296	INJ	OCRELIZUMAB 300MG	10			Rs.____	Rs.____
297.1	INJ	OCTREOTIDE ACETATE 0.05 MG/ML AMP	10,500			Rs.____	Rs.____
297.2	INJ	OCTREOTIDE ACETATE 0.1 MG/ML AMP	10,500			Rs.____	Rs.____
298	INJ	OCTREOTIDE ACETATE 0.5 MG/ML AMP	10,500			Rs.____	Rs.____
299	INJ	OCTREOTIDE LAR 20MG	10			Rs.____	Rs.____
300	INJ	OCTREOTIDE LAR 30MG	10			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
301	INJ	OFATUMUMAB 1000MG	10			Rs.____	Rs.____
302	INJ	ONCOTIZED BCG 40 MG/ML	20			Rs.____	Rs.____
303	INJ	ONDANSETRON HCL 8 MG/4ML AMP	70,000			Rs.____	Rs.____
304.1	INJ	OXALIPLATIN 100 MG	1,000			Rs.____	Rs.____
304.2	INJ	OXALIPLATIN 50 MG	1,000			Rs.____	Rs.____
305	INJ	OXYTOCIN 5 IU/ML AMP	40,000			Rs.____	Rs.____
306	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 260 MG	2,000			Rs.____	Rs.____
307.1	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 100 MG	5,000			Rs.____	Rs.____
307.2	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 150 MG	4,000			Rs.____	Rs.____
307.3	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 300 MG	2,000			Rs.____	Rs.____
307.4	INJ	PACLITAXEL WITH 5% GLASS BOTTLE AND DRIP SET 30MG	5,000			Rs.____	Rs.____
308	INJ	PAMIDRONATE 30 MG	150			Rs.____	Rs.____
309	INJ	PAMIDRONATE 60 MG	150			Rs.____	Rs.____
310	INJ	PAMIDRONATE 90 MG VIAL	150			Rs.____	Rs.____
311	INJ	PANCURONIUM 10MG	50			Rs.____	Rs.____
312	INJ	PANTOPRAZOLE 40 MG/VIAL	4,000			Rs.____	Rs.____
313	INJ	PAPAVERIN HCL 30 MG/ML AMP	1,000			Rs.____	Rs.____
314	INJ	PARACETAMOL 1 G/100ML VIAL	180,000			Rs.____	Rs.____
315	INJ	PARACETAMOL 300MG	500			Rs.____	Rs.____
316	INJ	PEG INTERFERON 180 MCG/ML VIAL	50			Rs.____	Rs.____
317	INJ	PEGINTERFERON ALFA 2A 180 MCG	50			Rs.____	Rs.____
318	INJ	PEG INTERFERON ALPHA 2B 3MIU	50			Rs.____	Rs.____
319	INJ	PEGASPARGASE 3750 IU/5ML VIAL	200			Rs.____	Rs.____
320	INJ	PEGASPARGASE 750 IU/ML VIAL	200			Rs.____	Rs.____
321	INJ	PEG-FILGRASTIM 6MG/0.6ML	1,000			Rs.____	Rs.____
322	INJ	PEMETREXED 100MG	30			Rs.____	Rs.____
323	INJ	PEMETREXED 500 MG	30			Rs.____	Rs.____
324	INJ	PENICILLIN G BENZATHINE 1200000 IU/VIAL	600			Rs.____	Rs.____
329	INJ	PENICILLIN G BENZATHINE 600000 IU/VIAL	600			Rs.____	Rs.____
326	INJ	PENICLIIN G 1 MIU	600			Rs.____	Rs.____
327.1	INJ	PENTAGLOBIN 5% OR EQUIVALENT 50ML	3,050			Rs.____	Rs.____
327.2	INJ	PENTAGLOBIN 5% OR EQUIVALENT 100ML	3,050			Rs.____	Rs.____
327.3	INJ	PENTAGLOBIN 5% OR EQUIVALENT 10ML	3,050			Rs.____	Rs.____
328	INJ	PENTAMIDINE 300MG	50			Rs.____	Rs.____
329	INJ	PETHIDINE 50MG	5,000			Rs.____	Rs.____
330	INJ	PHENIRAMINE MALEATE 45.5 MG/2ML AMP	11,000			Rs.____	Rs.____
331	INJ	PHENOBARBITAL 200MG	1,100			Rs.____	Rs.____
332	INJ	PHENTOLAMINE 5MG	30			Rs.____	Rs.____
333	INJ	PHENYLEPHRINE HYDROCHLORIDE 10 MG/ML AMP	5,500			Rs.____	Rs.____
334	INJ	PHENYTOIN SODIUM 250 MG/5ML AMP	7,000			Rs.____	Rs.____
335	INJ	PHLOROGLUCINOL 40 MG/4ML AMP	2,100			Rs.____	Rs.____
336	INJ	PHLOROGLUCINOL/TRIMETHYLEPHLOROGLUCINOL 4ML	2,100			Rs.____	Rs.____
337.1	INJ	PHYTOMENADIONE ( VITAMIN K1 ) 10 MG/ML AMP	11,000			Rs.____	Rs.____
338.2	INJ	PHYTOMENADIONE ( VITAMIN K1 ) 2 MG/ML AMP	11,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
339	INJ	PLERIXAFOR 20 MG/ML VIAL	130			Rs.____	Rs.____
340	INJ	PLERIXAFOR 24 MG/VIAL	130			Rs.____	Rs.____
341	INJ	PORACTANT ALFA (SURFACTANT EXTRACT) 1.5 ML/VIAL	60			Rs.____	Rs.____
342	INJ	POSACONAZOLE 300 MG/16.7 ML VIAL	200			Rs.____	Rs.____
343	INJ	PRALIDOXIME 20 MG/ML AMP	3,100			Rs.____	Rs.____
344	INJ	PROCHLORPERAZINE 12.5MG	2,500			Rs.____	Rs.____
345	INJ	PROCYCLIDINE 10 MG	2,500			Rs.____	Rs.____
346	INJ	PROMETHAZINE 25 MG/ML AMP	2,500			Rs.____	Rs.____
347	INJ	PROPOFOL 1% (10MG/ML) MCT+LCT 20ML	40,000			Rs.____	Rs.____
348	AMP.	PROPOFOL 10 MG/ML, 20ML INFUSION	35,000			Rs.____	Rs.____
349	INJ	PROTAMIN SULPHATE 50 MG/5ML AMP	600			Rs.____	Rs.____
350	INJ	PROTEIN BOUND PACLITEXIL 100MG	100			Rs.____	Rs.____
351	INJ	PROTHROMBIN COMPLEX CONCENTRATE 500IU	150			Rs.____	Rs.____
352	INJ	QUININE DIHYDROCHLORIDE 300MG/2ML AMP	200			Rs.____	Rs.____
353	INJ	RAMUCIRUMAB 500MG/50ML	20			Rs.____	Rs.____
354	INJ	RANIBIZUMAB 3MG/0.3ML VIAL	10			Rs.____	Rs.____
355	INJ	RANIBIZUMAB 10MG/ML VIAL	10			Rs.____	Rs.____
356	INJ	RASBURICASE 6MG	30			Rs.____	Rs.____
357	INJ	RECOMBINANT HUMAN ERYTHROPOITEIN 10000 IU/ML VIAL	3,000			Rs.____	Rs.____
358	INJ	REMDESIVIR (LYPHOLIZED) 100 MG/VIAL	6,000			Rs.____	Rs.____
359	INJ	REMDESIVIR 100 MG/VIAL	6,000			Rs.____	Rs.____
360	INJ	RIFAMPICIN 600MG	800			Rs.____	Rs.____
361.1	INJ	RITUXIMAB 100 MG/10ML VIAL	500			Rs.____	Rs.____
361.2	INJ	RITUXIMAB 500 MG/VIAL	500			Rs.____	Rs.____
362	INJ	RITUXIMAB SC 120 MG/ML	100			Rs.____	Rs.____
363	INJ	ROCURONIUM BROMIDE 50 MG/5ML AMP	1,000			Rs.____	Rs.____
364	INJ	ROMIPLOSTIM 250 MCG	150			Rs.____	Rs.____
365	INJ	ROMIPLOSTIM 500 MCG	150			Rs.____	Rs.____
366	INJ	ROPIVACAINE 0.5% INJECTION 5MG	30			Rs.____	Rs.____
367	INJ	SALMO-CALCITONIN.SYNTH. 200IU	30			Rs.____	Rs.____
368	INJ	SECUKINUMAB 150 MG/VIAL	50			Rs.____	Rs.____
369	INJ	SEMAGLUTIDE 2MG/1/5ML PFP	70			Rs.____	Rs.____
370	INJ	SEMAGLUTIDE 4MG/3ML PFP	70			Rs.____	Rs.____
371	INJ	SEMAGLUTIDE 1.7MG PFS	70			Rs.____	Rs.____
372	INJ	SEMAGLUTIDE 1MG PFS	70			Rs.____	Rs.____
373	INJ	SEMAGLUTIDE 2.4MG PFS	70			Rs.____	Rs.____
374	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	700			Rs.____	Rs.____
375	INJ	SODIUM CHLORIDE 0.9% 20 ML	50,000			Rs.____	Rs.____
376	INJ	SODIUM CHLORIDE 0.9% 25 ML/VIAL	50,000			Rs.____	Rs.____
377	INJ	SODIUM CHLORIDE 0.9% 50 ML	300,000			Rs.____	Rs.____
378	INJ	SODIUM CHLORIDE 0.9% 50 ML (EUROCAP)	300,000			Rs.____	Rs.____
379	INJ	SODIUM CHONDROITIN SULFATE/SODIUM HYALURONATE 0.5 ML/PFS	600			Rs.____	Rs.____
380	INJ	SODIUM HYALURONATE 20 MG	80			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
381	INJ	HYALURONIC SODIUM 60MG/4ML	80			Rs.____	Rs.____
382	INJ	SODIUM HYALURONATE 25 MG	80			Rs.____	Rs.____
383	INJ	SODIUM NITROPRUSSIDE 50 MG	80			Rs.____	Rs.____
384	INJ	STREPTOKINASE 1.5MIU	400			Rs.____	Rs.____
385	INJ	STREPTOMYCIN 1GM	5,500			Rs.____	Rs.____
386	INJ	SUMATRIPTAN 6 MG	20			Rs.____	Rs.____
387	INJ	SUXAMETHONIUM CHLORIDE 100 MG	4,000			Rs.____	Rs.____
388	INJ	SUXAMETHONIUM CHLORIDE 500MG	3,500			Rs.____	Rs.____
389	INJ	TEICOPLANIN 200 MG VIAL	550			Rs.____	Rs.____
390	INJ	TEICOPLANIN 400 MG	550			Rs.____	Rs.____
391	INJ	TERBUTALINE 0.5MG	800			Rs.____	Rs.____
392	INJ	TERLIPRESSIN ACETATE 1 MG/VIAL	5,500			Rs.____	Rs.____
393	INJ	THIOPENTAL 1000MG	50			Rs.____	Rs.____
394	INJ	THIOPENTAL 500MG	50			Rs.____	Rs.____
395	INJ	THIOTEPA 100 MG/VIAL	30			Rs.____	Rs.____
396	INJ	THIOTEPA 50MG 50MG	50			Rs.____	Rs.____
397	INJ	TIROFIBAN HCL 12.5 MG/VIAL	70			Rs.____	Rs.____
398	INJ	TOBRAMYCIN 10MG	550			Rs.____	Rs.____
399	INJ	TOBRAMYCIN 20MG	550			Rs.____	Rs.____
400	INJ	TOBRAMYCIN 80MG	550			Rs.____	Rs.____
401	INJ	TOBRAMYCIN 40MG	550			Rs.____	Rs.____
402	INJ	TOCILIZUMAB 162 MG/0.9ML	300			Rs.____	Rs.____
403	INJ	TOCILIZUMAB 200 MG/VIAL	300			Rs.____	Rs.____
404	INJ	TOCILIZUMAB 400 MG/20ML	300			Rs.____	Rs.____
405	INJ	TOCILIZUMAB 80 MG/VIAL	300			Rs.____	Rs.____
406	INJ	TOPOTECAN 4MG	30			Rs.____	Rs.____
407	INJ	TRAMADOL 100 MG	151,500			Rs.____	Rs.____
408.1	INJ	TRANEXAMIC ACID 250 MG/ 5ML	62,000			Rs.____	Rs.____
408.2	INJ	TRANEXAMIC ACID 500 MG/5ML AMP	65,000			Rs.____	Rs.____
409	INJ	TRASTUZUMAB 440 MG	300			Rs.____	Rs.____
410	INJ	TRASTUZUMAB 600MG SC	300			Rs.____	Rs.____
411	INJ	TRIAMCINOLONE ACETATE 40 MG/ML VIAL	3,100			Rs.____	Rs.____
412	INJ	ULINASTATIN 100000 IU	500			Rs.____	Rs.____
413	INJ	UROFOLLITROPIN (FSH) INJECTION 75IU	100			Rs.____	Rs.____
414	INJ	UROFOLLITROPIN (FSH) INJECTION 150IU	100			Rs.____	Rs.____
415	INJ	VALPROATE SODIUM 500 MG/5ML AMP	6,500			Rs.____	Rs.____
416	INJ	VASOPRESSIN 1 ML/ML AMP	2,000			Rs.____	Rs.____
417	INJ	VINORELBINE 50MG	300			Rs.____	Rs.____
418	INJ	VINORAELEBIN 10MG	300			Rs.____	Rs.____
419	INJ	VERAPAMIL HYDROCHLORIDE 5 MG/2ML AMP	1,100			Rs.____	Rs.____
420	INJ	VINBLASTINE 10 MG/VIAL	500			Rs.____	Rs.____
421	INJ	VINCRISTINE 1 MG	1,000			Rs.____	Rs.____
422	INJ	VINCRISTINE 2 MG VIAL	1,000			Rs.____	Rs.____
423	INJ	VITAMIN B12+VITAMIN B6+VITAMIN B1 3 ML/AMP	25,000			Rs.____	Rs.____
424	INJ	VITAMIN C AMP	2,500			Rs.____	Rs.____
425	INJ	VITAMIN D3 200000IU ORAL/IM	13,000			Rs.____	Rs.____
426	INJ	VITAMIN D3 600000 IU/ML	13,000			Rs.____	Rs.____
427	INJ	VITAMIN SUPPLEMENT 10 ML/AMP	4,000			Rs.____	Rs.____
428	INJ	VORICONAZOLE 200 MG/VIAL	5,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
429	INJ	ZOLEDRONIC ACID 4 MG	530			Rs.____	Rs.____
430	INJ	ZOLEDRONIC ACID 5 MG	130			Rs.____	Rs.____
431	INJ	ZUCLOPENTHIXOL 25 MG	20			Rs.____	Rs.____
432	INJ	ZUCLOPENTHIXOL 100 MG	20			Rs.____	Rs.____
433	INJ	ZUCLOPENTHIXOL 200 MG	30			Rs.____	Rs.____
434	INJ	ZUCLOPENTHIXOL 50 MG	20			Rs.____	Rs.____
435	INJ	SUFENTANIL 50 MCG/ML	530			Rs.____	Rs.____
436	INJ	REMIFENTANIL 1MG/VIAL	530			Rs.____	Rs.____
437	INJ	INJ ERIBULIN	3			Rs.____	Rs.____
438	INJ	INJ PEMBROLIZUMAB 200MG	30			Rs.____	Rs.____
439	INJ	INJ NIVOLUMAB	50			Rs.____	Rs.____
440	INJ	INJ ATEZOLIZUMAB	100			Rs.____	Rs.____
441	INJ	INJ PALONOSETRON 0.25MG/5ML	3,000			Rs.____	Rs.____
442	INJ	INFLIXIMAB 100MG	50			Rs.____	Rs.____
443	INJ	ADALIMUMAB	100			Rs.____	Rs.____
444	INJ	FERRIC CITRATE INJ 1.1GM	1,200			Rs.____	Rs.____
445	INJ	ISAVUCONAZOLE 200MG	150			Rs.____	Rs.____
<b>INSULINS AND RELATED ITEMS</b>							
446	INJ	DULAGLUTIDE 0.75MG/0.5ML PEN	70			Rs.____	Rs.____
447	INJ	DULAGLUTIDE 1.5M/0.5ML PEN	70			Rs.____	Rs.____
448	INJ	DULAGLUTIDE 3.0MG/0.5ML PEN	70			Rs.____	Rs.____
449	INJ	DULAGLUTIDE 4.5MG/0.5ML PEN	70			Rs.____	Rs.____
450	INJ	GLARGINE INSULIN 100 IU/ML PFP	250			Rs.____	Rs.____
451	INJ	GLARGINE INSULIN 1000 IU/10ML VIAL	250			Rs.____	Rs.____
452	INJ	GLARGINE INSULIN 300 IU/ 1.5ML PFP	250			Rs.____	Rs.____
453	INJ	HUMAN NPH INSULIN 100IU/VIAL	2,300			Rs.____	Rs.____
454	INJ	INSULIN ASPART 100IU PFP	2,300			Rs.____	Rs.____
455	INJ	INSULIN ASPART 100UNITS /ML 3 ML CARTRIDGE	2,300			Rs.____	Rs.____
456	INJ	INSULIN ASPART 100UNITS/ML 10 ML VIAL	2,300			Rs.____	Rs.____
457	INJ	INSULIN ASPART 30%, INSULIN PROTAMINE 70% 100IU PFP	3,300			Rs.____	Rs.____
458	INJ	INSULIN DEGLUDEC 70% ,INSULIN ASPART 30% 100IU PFP	520			Rs.____	Rs.____
459	INJ	INSULIN DEGLUDEC,LIRAGLUTIDE 100/3.6 PFP	520			Rs.____	Rs.____
460	INJ	INSULIN DETEMIR 100 IU/ML PFP	600			Rs.____	Rs.____
461	INJ	INSULIN GLULISINE 100 IU/ML PFP	600			Rs.____	Rs.____
462	INJ	INSULIN GLULISINE 100 IU/ML 10 ML VIAL	600			Rs.____	Rs.____
463	INJ	INSULIN LISPRO 100 IU/ML VIAL	550			Rs.____	Rs.____
464	INJ	INSULIN LISPRO 100IU/3ML CART	550			Rs.____	Rs.____
465	INJ	INSULIN LISPRO 100U/M/ 3ML PFP	550			Rs.____	Rs.____
466	INJ	INSULIN LISPRO 200U/M/ 3ML PFP	550			Rs.____	Rs.____
467	INJ	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMIN 75% 100 IU/ML CARTRIDGE 3ML	550			Rs.____	Rs.____
468	INJ	INSULIN LISPRO 25%/INSULIN LISPRO PROTAMINE 75% 100 IU/ML PREFILLED PEN 3ML	550			Rs.____	Rs.____
468	INJ	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML CATRIDGE 3ML	550			Rs.____	Rs.____
470	INJ	INSULIN LISPRO 50%/INSULIN LISPRO PROTAMIN 50% 100 IU/ML PREFILLED PEN 3ML	550			Rs.____	Rs.____
471	INJ	ISOPHANE HUMAN INSULIN 1000 IU/10ML VIAL	3,050			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
472	INJ	ISOPHANE HUMAN INSULIN 100IU/CARTRIDGE	3,050			Rs.____	Rs.____
473	INJ	LIRAGLUTIDE 1.2MG/PFP	70			Rs.____	Rs.____
474	INJ	LIRAGLUTIDE 1.8MG/PFP	70			Rs.____	Rs.____
475	INJ	LIRAGLUTIDE 6MG/ML 3ML PFP	70			Rs.____	Rs.____
476	INJ	REGULAR HUMAN INSULIN 100 IU CARTRIDGE	5,500			Rs.____	Rs.____
477	INJ	REGULAR HUMAN INSULIN 1000 IU/10MLVIAL	5,500			Rs.____	Rs.____
478	INJ	REGULAR HUMAN INSULIN 100IU PREFILLED PEN	5,500			Rs.____	Rs.____
479	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % 100 IU/ML VIAL	5,500			Rs.____	Rs.____
480	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % 1000 IU/10ML CARDTRIDGE	5,500			Rs.____	Rs.____
481	INJ	REGULAR HUMAN INSULIN 30 %+NPH HUMAN INSULIN 70 % PENFILL 100 IU/PEN	5,500			Rs.____	Rs.____
<b>INTRAVENOUS INFUSION</b>							
482	INJ	AMINO ACID 5% VITAMIN 10% SORBITOL 500ML (AMINOVEL OR EQUIVALENT)	7,000			Rs.____	Rs.____
483	INJ	AMINO ACID 500 ML/BOTTLE (PANAMIN G INFUSION 500ML OR EQUIVALENT)	4,000			Rs.____	Rs.____
484	INJ	AMINO ACID 8% (AMINOLEBAN OR EQUIVALENT) 500 ML	7,100			Rs.____	Rs.____
485	INJ	AMINO ACID INTRAVENOUS 600MG 500 ML	7,005			Rs.____	Rs.____
486	INJ	AMINO ACID SOLUTION 10% 1000ML	5,100			Rs.____	Rs.____
487	INJ	AMINO ACID SOLUTION 10% 500ML	5,100			Rs.____	Rs.____
488	INJ	AMINO ACID SOLUTION 20% 1000ML	5,100			Rs.____	Rs.____
489	INJ	AMINO ACID SOLUTION 20% 500ML	5,100			Rs.____	Rs.____
490	INJ	AMINO ACID SOLUTION 5% 1000ML	5,100			Rs.____	Rs.____
491	INJ	BALANCED FULL ELECTROLYTE SOLUTION 1000 ML/DRIP	2,100			Rs.____	Rs.____
492	INJ	BALANCED FULL ELECTROLYTE SOLUTION 500ML	4,100			Rs.____	Rs.____
493	INJ	DEXTROSE 25% 1000 ML/DRIP	1,000			Rs.____	Rs.____
494	INJ	DEXTROSE 25% 500ML	6,000			Rs.____	Rs.____
495	INJ	DEXTROSE 25% 500ML (EUROCAP)	6,000			Rs.____	Rs.____
496	INJ	DEXTROSE 5% 100 ML	20,000			Rs.____	Rs.____
497	INJ	DEXTROSE 5% 100 ML (EUROCAP)	20,000			Rs.____	Rs.____
498	INJ	DEXTROSE 5% 1000 ML (EUROCAP)	8,000			Rs.____	Rs.____
499	INJ	DEXTROSE 5% 1000 ML/DRIP	8,000			Rs.____	Rs.____
500	INJ	DEXTROSE 5% 500 ML	30,000			Rs.____	Rs.____
501	INJ	DEXTROSE 5% 500 ML (EUROCAP)	30,000			Rs.____	Rs.____
502	INJ	DEXTROSE WATER 10% 1000 ML (EUROCAP)	3,500			Rs.____	Rs.____
503	INJ	DEXTROSE WATER 10% 1000 ML/DRIP	3,500			Rs.____	Rs.____
504	INJ	DEXTROSE WATER 10% 500 ML	1,500			Rs.____	Rs.____
505	INJ	DEXTROSE WATER 10% 500 ML (EUROCAP)	1,500			Rs.____	Rs.____
506	INJ	DEXTROSE WATER 3.3%+SODIUM CHLORIDE 0.3% 500ML	1,300			Rs.____	Rs.____
507	INJ	DEXTROSE WATER 4.3% + SODIUM CHLORIDE 0.18% 500 ML/BOTTLE	4,300			Rs.____	Rs.____
508	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML	2,300			Rs.____	Rs.____
509	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 1000 ML (EUROCAP)	9,000			Rs.____	Rs.____
510	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML (EUROCAP)	9,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
511	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE 0.45% 500 ML/DRIP	9,000			Rs.____	Rs.____
512	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML (EUROCAP)	13,000			Rs.____	Rs.____
513	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 1000 ML/DRIP	13,000			Rs.____	Rs.____
514	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500 ML/DRIP	13,000			Rs.____	Rs.____
515	INJ	DEXTROSE WATER 5%+SODIUM CHLORIDE0.9% 500ML (EUROCAP)	13,000			Rs.____	Rs.____
516	INJ	ESSENTIAL AMINOACID 7% OR NEPHROSTERIL EQUIVALENT 500 ML	1,300			Rs.____	Rs.____
517	INJ	FLUCONAZOLE 100 MG/50ML VIAL	8,000			Rs.____	Rs.____
518	INJ	GENERIC PROTECTANT 8% 500 ML/BOTTLE	2,500			Rs.____	Rs.____
519	INJ	GLYCINE 15 GM/3000ML	2,500			Rs.____	Rs.____
520	INJ	HUMAN ALBUMIN 20% 10 G/100ML VIAL	13,000			Rs.____	Rs.____
521	INJ	HUMAN ALBUMIN 20% 50ML VIAL	13,000			Rs.____	Rs.____
522	INJ	HUMAN ALBUMIN 25% 100ML VIAL	13,000			Rs.____	Rs.____
523	INJ	HUMAN ALBUMIN 25% 50ML VIAL	13,000			Rs.____	Rs.____
524	INJ	LACTATED RINGER 1000 ML (EUROCAP)	60,000			Rs.____	Rs.____
525	INJ	LACTATED RINGER 500 ML (EUROCAP)	35,000			Rs.____	Rs.____
526	INJ	LACTATED RINGER 1000 ML/DRIP	60,000			Rs.____	Rs.____
527	INJ	LACTATED RINGER 500 ML/DRIP	35,000			Rs.____	Rs.____
528	INJ	MANNITOL 20% 500 ML/DRIP	5,300			Rs.____	Rs.____
529	INJ	MANNITOL 10% 500 ML/DRIP	5,300			Rs.____	Rs.____
530	INJ	MANNITOL 10% 1000 ML/DRIP	5,300			Rs.____	Rs.____
531	INJ	METRONIDAZOLE 500 MG/100ML	42,000			Rs.____	Rs.____
532	INJ	MODIFIED FLUID GELATIN 4% 500 ML/DRIP	2,500			Rs.____	Rs.____
533	INJ	NORMAL SALINE 0.9% 100 ML/DRIP	800,000			Rs.____	Rs.____
534	INJ	NORMAL SALINE 0.9% 500 ML/DRIP	45,000			Rs.____	Rs.____
535	INJ	NORMAL SALINE 0.9% 1000 ML/DRIP	120,000			Rs.____	Rs.____
536	INJ	NORMAL SALINE 0.9% 1000ML (EUROCAP)	120,000			Rs.____	Rs.____
537	INJ	NORMAL SALINE 0.9% 500ML (EUROCAP)	45,000			Rs.____	Rs.____
538	INJ	NORMAL SALINE 0.9% 100ML (EUROCAP)	600,000			Rs.____	Rs.____
539	INJ	NORMAL SALINE 0.9% 3000 ML	10,000			Rs.____	Rs.____
540	INJ	NORMAL SALINE 0.9% 50 ML/DRIP	300,000			Rs.____	Rs.____
541	INJ	PARTIAL PARENTERAL NUTRITION 2L	60			Rs.____	Rs.____
542	INJ	PARTIAL PARENTERAL NUTRITION 3L	60			Rs.____	Rs.____
543	INJ	PARTIAL PARENTERAL NUTRITION 1L	60			Rs.____	Rs.____
544	INJ	PARTIAL PARENTERAL NUTRITION 4L	60			Rs.____	Rs.____
545	INJ	POLYGELINE 500 ML/BOTTLE	2,050			Rs.____	Rs.____
546	INJ	RINGER LACTATE+DEXTROSE WATER 1000 ML/DRIP	700			Rs.____	Rs.____
547	INJ	SMOFLIPID 20% OR EQUIVALENT	200			Rs.____	Rs.____
548	INJ	SODIUM CHLORIDE 0.45% 1000ML (EUROCAP)	9,000			Rs.____	Rs.____
549	INJ	SODIUM CHLORIDE 0.45% 500 ML/DRIP	10,000			Rs.____	Rs.____
550	INJ	TOTAL PARENTERAL NUTRITION 1L	600			Rs.____	Rs.____
551	INJ	TOTAL PARENTERAL NUTRITION 2L	600			Rs.____	Rs.____
552	INJ	TOTAL PARENTERAL NUTRITION 3L	600			Rs.____	Rs.____
553	INJ	TOTAL PARENTERAL NUTRITION 4L	600			Rs.____	Rs.____
554	INJ	DURLOBACTAM + SULBACTAM	500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
555	INJ	MEROPENEM + VABORBACTAM	500			Rs.____	Rs.____
556	INJ	CEFTOLOZANE + TAZOBACTAM	500			Rs.____	Rs.____
<b>ORAL LIQUID DOSAGE FORMS</b>							
557	ORAL LIQUID	ABACAVIR 20MG/ML	10			Rs.____	Rs.____
558	SYRUP	ACEFYLLINE+DIPHENHYDRAMINE COUGH 45MG/8MG PER 5ML 125ML	4,000			Rs.____	Rs.____
559	SYRUP	ACETYL L CARNITINE	150			Rs.____	Rs.____
560	SUSP	ALBENDAZOLE 200 MG/5ML SUSPENSION	4,500			Rs.____	Rs.____
561	SUSP	ALUMINA,MAGNESIA,SIMETHICONE 120 ML/BOTTLE SUSPENSION	1,050			Rs.____	Rs.____
562	SUSP	ALUMINIUM HYDROXIDE AND MAGNESSIUM HYDROXIDE + OXETHAZINE	4,050			Rs.____	Rs.____
563	SYRUP	AMINOPHYLLINE+AMMONIUM CHLORIDE 120 ML COUGH EXPECTORANT 120ML	1,500			Rs.____	Rs.____
564	ORAL LIQUID	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE (SUGAR FREE) 120ML	1,500			Rs.____	Rs.____
565	SYRUP	AMMONIUM CHLORIDE+MENTHOL+DIPHENHYDRAMINE+AMINOPHYLLINE 120 ML	1,500			Rs.____	Rs.____
566.1	SUSP	AMOXICILLIN 125 MG/5ML 90ML BOTTLE	550			Rs.____	Rs.____
566.2	SUSP	AMOXICILLIN 250 MG/5ML 90 ML BOTTLE	750			Rs.____	Rs.____
566.3	DROP	AMOXICILLIN 125MG 20 ML DROP	550			Rs.____	Rs.____
567.1	SUSP	AMOXICILLIN+CLAVULANIC ACID 156 MG/5ML SUSPENSION 60 ML BOTTLE	5,200			Rs.____	Rs.____
567.2	SUSP	AMOXICILLIN+CLAVULANIC ACID 156 MG/5ML SUSPENSION 90 ML BOTTLE	5,200			Rs.____	Rs.____
567.3	SUSP	AMOXICILLIN+CLAVULANIC ACID 312 MG/5ML SUSPENSION 60ML BOTTLE	5,200			Rs.____	Rs.____
567.4	SUSP	AMOXICILLIN+CLAVULANIC ACID 312 MG/5ML SUSPENSION 90ML BOTTLE	5,200			Rs.____	Rs.____
567.5	SUSP	AMOXICILLIN+CLAVULANIC ACID 400MG/57MG 35ML BOTTLE	5,200			Rs.____	Rs.____
567.6	SUSP	AMOXICILLIN+CLAVULANIC ACID 400MG/57MG 70ML BOTTLE	5,200			Rs.____	Rs.____
568	SUSP	ANTACID SUSPENSION	1,100			Rs.____	Rs.____
569.1	SUSP	ARTEMETHER 15MG, LUMEFANTRINE 90MG 30ML DRY-SUSPENSION	600			Rs.____	Rs.____
569.2	SUSP	ARTEMETHER 30MG, LUMEFANTRINE 180MG/5ML 30ML DRY-SUSPENSION	600			Rs.____	Rs.____
570.1	SUSP	AZITHROMYCIN 200 MG/5ML 30ML DRY-SUSPENSION	3,100			Rs.____	Rs.____
570.2	SUSP	AZITHROMYCIN 200MG/5ML 15ML DRY-SUSPENSION	3,100			Rs.____	Rs.____
571	SUSP	BACILLUS CLAUSII 2BILLION/5ML ORAL SUSP AMP	11,000			Rs.____	Rs.____
572	SUSP	BACILLUS CLAUSII 3BILLION/5ML ORAL SUSP AMP	11,000			Rs.____	Rs.____
573	SUSP	BACILLUS CLAUSII 4BILLION/5ML ORAL SUSP AMP	11,000			Rs.____	Rs.____
574	SYRUP	B-COMPLEX 120 ML/BOTTLE ORAL LIQUID	6,000			Rs.____	Rs.____
575	ORAL LIQUID	CALCIUM CARBONATE ANTACID 120ML ORAL LIQUID	2,100			Rs.____	Rs.____
576	ORAL LIQUID	CALCIUM PENTOTHENATE 120 ML	1,100			Rs.____	Rs.____
577	ORAL LIQUID	CALCIUM+VITAMIN-D 60 ML	5,300			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
578	SUSP	CARBAMEZAPINE 100MG/5ML	600			Rs.____	Rs.____
579.1	SUSP	CEFACTOR 125MG/5ML DRY-SUSPENSION 60ML BOTTLE	550			Rs.____	Rs.____
579.2	SUSP	CEFACTOR 250ML/5ML DRY-SUSPENSION	550			Rs.____	Rs.____
579.3	SUSP	CEFACTOR 187MG 60 ML BOTTLE DRY-SUSPENSION	550			Rs.____	Rs.____
579.4	SUSP	CEFACTOR 187MG 90 ML BOTTLE DRY-SUSPENSION	550			Rs.____	Rs.____
579.5	ORAL DROP	CEFACTOR 50 MG/ML DROP DRY-SUSPENSION	550			Rs.____	Rs.____
580.1	SUSP	CEFADROXIL 125 MG/5ML DRY-SUSPENSION 60ML BOTTLE	100			Rs.____	Rs.____
580.2	SUSP	CEFADROXIL 250MG/5ML SUSPENSION 60ML BOTTLE	150			Rs.____	Rs.____
580.3	DROP	CEFADROXIL 100MG DROP 10ML BOTTLE	150			Rs.____	Rs.____
581.1	SUSP	CEFIXIME 100 MG/5ML, 30ML DRY-SUSPENSION	3,050			Rs.____	Rs.____
581.2	SUSP	CEFIXIME 200 MG/5ML, 30ML DRY-SUSPENSION	3,050			Rs.____	Rs.____
582	SUSP	CEFPODOXIME PROXETIL 40MG/5ML 50ML	150			Rs.____	Rs.____
583	SUSP	CEFPODOXIME PROXETIL 100MG 100ML BOTTLE	150			Rs.____	Rs.____
584	ORAL DROP	CEPHALEXIN 100MG/5ML ORAL DROP	150			Rs.____	Rs.____
585	ORAL LIQUID	CEPHALEXIN 125MG/5ML 60ML BOTTLE	150			Rs.____	Rs.____
586	ORAL LIQUID	CEPHALEXIN 250MG/5ML 60ML BOTTLE	150			Rs.____	Rs.____
587.1	SUSP	CEPHRADINE 125 MG/5ML DRY-SUSPENSION 90ML BOTTLE	150			Rs.____	Rs.____
587.2	SUSP	CEPHRADINE 250 MG/5ML DRY-SUSPENSION 60ML 90ML BOTLE	250			Rs.____	Rs.____
588.1	SYP	CETRIZINE DIHYDROCHLORIDE 5 MG/5ML 120ML	7,000			Rs.____	Rs.____
588.2	SYP	CETRIZINE DIHYDROCHLORIDE 60ML	7,000			Rs.____	Rs.____
589	SYP	CHLORAL HYDRATE 500 MG/5ML	550			Rs.____	Rs.____
590	SYP	CHLOROQUINE SULPHATE 50MG/5ML SYRUP 60ML BOTTLE	150			Rs.____	Rs.____
591	SYP	CHLORPHENIRAMINE + DEXTROMETHORPHAN + PSEUDOEPHEDRINE	550			Rs.____	Rs.____
592	SYP	CHLORPHENIRAMINE MALEATE 2 MG/5ML	550			Rs.____	Rs.____
593.1	SUSP	CIPROFLOXACIN 125 MG/5ML DRY-SUSPENSION 60ML BOTTLE	3,050			Rs.____	Rs.____
593.2	SUSP	CIPROFLOXACIN 250 MG/5ML DRY-SUSPENSION 60ML BOTTLE	3,050			Rs.____	Rs.____
594.1	SUSP	CLARITHROMYCIN 125 MG/5ML SUSPENSION 60ML BOTTLE	3,050			Rs.____	Rs.____
594.2	SUSP	CLARITHROMYCIN 250MG/5ML SUSPENSION 60ML BOTTLE	3,050			Rs.____	Rs.____
595	SYP	CLEMASTINE 0.25 MG/5 ML 120ML BOTTLE	3,050			Rs.____	Rs.____
596	ORAL LIQUID	CLONAZEPAM 2.5 MG/ML ORAL LIQUID	550			Rs.____	Rs.____
597	ORAL LIQUID	CREAM OF MAGNESIA WITH LIQUID PARAFFIN EMULSION 120ML	5,050			Rs.____	Rs.____
598	ORAL LIQUID	CYCLOSPORIN 100 MG/ML	150			Rs.____	Rs.____
599	ORAL LIQUID	DEQUALINIUM+BENZALKONIUM ORAL SOLUTION 50 ML/BOTTLE	100			Rs.____	Rs.____
600	SYP	DESLORATIDINE 0.5MG/5ML 60ML	550			Rs.____	Rs.____
601	SYP	DEXAMETHSAONE 1MG/ML	100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
602	ORAL LIQUID	DEXTROMETHORPHAN HYDROBROMIDE 10MG, PSEUDOEPHEDRINE HYDROCHLORIDE 30MG, CHLORPHENIRAMINE MALEATE 2MG 120ML	1,050			Rs.____	Rs.____
603	SUSP	DEXIBUPROFEN 100MG/5ML	250			Rs.____	Rs.____
604	SUSP	DILOXANIDE 250MG , METRONIDAZOLE 200MG /10ML SUSPENSION90 ML BOTTLE	250			Rs.____	Rs.____
605	ORAL LIQUID	DIMENHYDRINATE 12.5 MG/4ML ORAL LIQUID	3,050			Rs.____	Rs.____
606	SYP	DIPHENHYDRAMINE 120 ML	3,050			Rs.____	Rs.____
607	ORAL LIQUID	DIPHENHYDRAMINE+AMINOPHYLLINE+AMMONIUM CHLORIDE+MENTHOL 1 ML/ML	3,050			Rs.____	Rs.____
608	ORAL LIQUID	DISODIUM HYDROGEN CITRATE 1.32 G/5ML ORAL LIQUID	3,050			Rs.____	Rs.____
609	SUSP	DOMPERIDONE 5 MG/5ML	5,100			Rs.____	Rs.____
610	ORAL LIQUID	EBASTINE 5 MG/5 ML	1,050			Rs.____	Rs.____
611	ORAL LIQUID	FAMOTIDINE 10 MG/5ML	3,050			Rs.____	Rs.____
612	ORAL LIQUID	FAMOTIDINE 20 MG/5ML	3,050			Rs.____	Rs.____
613	SUSP	FEXOFENADINE 30MG/5 ML	250			Rs.____	Rs.____
614	SUSP	FEXOFENADINE + MONTELUKAST 30MG+4MG/5 ML	250			Rs.____	Rs.____
615	SUSP	FLUCONAZOLE 50MG SUSP 30ML	600			Rs.____	Rs.____
616	ORAL LIQUID	FLUOXETINE 20 MG/5 ML, 60ML	600			Rs.____	Rs.____
617	SYP	GUAIFENESIN + TERBUTALINE EXPECTORANT 60ML BOTTLE	80			Rs.____	Rs.____
618	SYP	GUAIFENESIN + TERBUTALINE EXPECTORANT 120ML BOTTLE	80			Rs.____	Rs.____
619	ORAL LIQUID	GUAIPHENESIN 50MG,SALBUTAMOL SULPHATE 1MG 120ML	80			Rs.____	Rs.____
620	ORAL LIQUID	HALOPERIDOL 2 MG/ML 60ML	80			Rs.____	Rs.____
621	SYP	HYDRYLLIN DM OR EQUIVALENT (DEXTROMETHORPHAN HBR+DIPHENHYDRAMINE HCL 120 ML)	7,000			Rs.____	Rs.____
622	ORAL LIQUID	HYOSCINE BUTYLBROMIDE 5MG/5ML 60ML	530			Rs.____	Rs.____
622	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	3,100			Rs.____	Rs.____
623.1	SYP	IBUPROFEN 200 MG/5ML	6,050			Rs.____	Rs.____
623.2	SYP	IBUPROFEN 100 MG/5ML	6,050			Rs.____	Rs.____
624.1	SUSP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 120ML	1,050			Rs.____	Rs.____
624.2	SUSP	IBUPROFEN 100MG, PSEUDOEPHEDRINE 15MG 90ML	1,050			Rs.____	Rs.____
625	ORAL LIQUID	IRON BISGLYCINATE AND FOLIC ACID +ZINC 120ML ORAL LIQUID	3,050			Rs.____	Rs.____
626	ORAL LIQUID	IRON POLYMALTOSE 120ML	3,100			Rs.____	Rs.____
627	SYP	IRON+MULTIVITAMINS 120 ML	3,100			Rs.____	Rs.____
628	ORAL LIQUID	IRON+VITAMIN B COMPLEX 250ML	3,100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
629	ORAL LIQUID	IVY LEAF EXTRACT FOR PEADS PATIENTS	3,100			Rs.____	Rs.____
630	ORAL LIQUID	IVY LEAF EXTRACT+PRIMULA+THYME 120 ML	3,100			Rs.____	Rs.____
631	DROP	IVY LEAF EXTRACT+PRIMULA+THYME 20ML DROP	3,100			Rs.____	Rs.____
632	ORAL LIQUID	IVY LEAF EXTRACT+PRIMULA+THYME+ DEXTROMETHORPHAN 120ML	3,100			Rs.____	Rs.____
633	ORAL LIQUID	KETOTIFEN 1 MG/5ML	3,100			Rs.____	Rs.____
634	ORAL LIQUID	LACOSAMIDE 10 MG/ML 100ML	600			Rs.____	Rs.____
635	DROPS	LACTOBACILLUS REUTERI PROTECTIS DROPS 5ML	550			Rs.____	Rs.____
636.1	ORAL LIQUID	LACTULOSE 3.35G/5ML / 120ML	21,500			Rs.____	Rs.____
636.2	ORAL LIQUID	LACTULOSE 66.7 G/100ML, 240ML	21,500			Rs.____	Rs.____
637.1	ORAL LIQUID	LEVETIRACETAM 100 MG/ML ORAL SOLUTION 30ML	5,200			Rs.____	Rs.____
638.2	ORAL LIQUID	LEVETIRACETAM 100 MG/ML ORAL LIQUID 60ML	5,200			Rs.____	Rs.____
639.1	SYRUP	LEVOCITRIZINE 2.5MG/5ML 60ML	3,100			Rs.____	Rs.____
639.2	SYRUP	LEVOCITRIZINE 2.5MG/5ML 90ML	3,100			Rs.____	Rs.____
640.1	ORAL LIQUID	LORATIDINE 1 MG/ML 30ML	1,200			Rs.____	Rs.____
640.2	ORAL LIQUID	LORATIDINE 1 MG/ML 60ML	1,200			Rs.____	Rs.____
641	ORAL LIQUID	L-ORNITHINE L-ASPARTATE 300 MG/5ML	1,050			Rs.____	Rs.____
642	SYP	LYSOVIT SYP OR EQUIVALENT 120ML	6,500			Rs.____	Rs.____
643	ORAL LIQUID	MAGNESIUM CHLORIDE 5G/10ML	1,100			Rs.____	Rs.____
644	ORAL LIQUID	MAGNESIUM HYDROXIDE MIXTURE+LIQUID PARAFFIN 120 ML SUSPENSION	1,100			Rs.____	Rs.____
645	ORAL LIQUID	MEBENDAZOLE 100 MG/5ML	5,100			Rs.____	Rs.____
646.1	ORAL LIQUID	MEFENAMIC ACID 100 MG/5ML 60ML	1,500			Rs.____	Rs.____
647.2	ORAL LIQUID	MEFENAMIC ACID 50MG/5ML 60ML	1,500			Rs.____	Rs.____
648	ORAL LIQUID	METOPINE+VITAMIN B6+VITAMIN B12 1 ML/ML	550			Rs.____	Rs.____
649	SUSP	METRONIDAZOLE 200 MG/5ML	5,100			Rs.____	Rs.____
650	ORAL LIQUID	MULTIVITAMINS 1 ML/ML	5,100			Rs.____	Rs.____
651	ORAL LIQUID	NALIDIXIC ACID 250MG/ 5ML 60ML BOTTLE	130			Rs.____	Rs.____
652	DROPS	NYSTATIN 100000 IU/5ML, 30ML	7,500			Rs.____	Rs.____
653	DROPS	NYSTATIN 100000 IU/5ML, 50ML	7,500			Rs.____	Rs.____
654	ORAL LIQUID	ONDANSETRON HYDROCHLORIDE USP 4MG 50ML BOTTLE	3,200			Rs.____	Rs.____
655	ORAL LIQUID	OSSEIN MINERAL COMPLEX 250MG, VITAMIN-D 400IU/5ML SYRUP 60ML	5,050			Rs.____	Rs.____
656	SUSP	OXETHAZAINE 10MG, MAGNESIUM OXIDES AND HYDROXIDES 98MG, ALUMINIUM HYDROXIDE AND OXIDE 291MG 120 ML	2,050			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
657.1	DROPS	PARACETAMOL 80MG/0.8ML ORAL DROP	5,050			Rs.____	Rs.____
657.2	ORAL LIQUID	PARACETAMOL 120 MG/5ML	6,100			Rs.____	Rs.____
657.3	ORAL LIQUID	PARACETAMOL 250 MG/5ML	6,100			Rs.____	Rs.____
658	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 60ML	1,100			Rs.____	Rs.____
659	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 100ML	1,100			Rs.____	Rs.____
660	SYP	PARACETAMOL 80MG, CHLORPHENIRAMINE MALEATE 1MG, PSEUDOEPHEDRINE 15MG 120ML	1,100			Rs.____	Rs.____
661	ORAL LIQUID	PARACETAMOL+CHLORPHENIRAMINE	1,050			Rs.____	Rs.____
662	ORAL LIQUID	PHENIRAMINE MALEATE 15 MG/5ML	1,050			Rs.____	Rs.____
663	ORAL LIQUID	PHENYTOIN 125MG/5ML	1,050			Rs.____	Rs.____
664	ORAL LIQUID	PHOLCODEIN+ALCOHOL+PROMETHAZINE	1,050			Rs.____	Rs.____
665	ORAL LIQUID	PIRACETAM 1 G/5ML 120ML BOTTLE	1,050			Rs.____	Rs.____
666	ORAL LIQUID	PIZOTIFEN 0.25 MG/5ML 60ML	550			Rs.____	Rs.____
667	SUSP	POSACONAZOLE 200 MG/5ML SUSPENSION	550			Rs.____	Rs.____
668	SUSP	POSACONAZOLE 40 MG/ML SUSPENSION	550			Rs.____	Rs.____
669	ORAL LIQUID	POTASSIUM CHLORIDE 2MEQ/ML	550			Rs.____	Rs.____
670	ORAL LIQUID	POTASSIUM CITRATE	550			Rs.____	Rs.____
671	ORAL LIQUID	POTASSIUM PHOSPHATE 2G/30ML	550			Rs.____	Rs.____
672	ORAL LIQUID	PROMETHAZINE 5 MG/5ML	550			Rs.____	Rs.____
673	ORAL LIQUID	RISPERIDONE 30 ML	550			Rs.____	Rs.____
674	ORAL LIQUID	SALBUTAMOL 2 MG/5ML	550			Rs.____	Rs.____
675	ORAL LIQUID	SMETHICONE 40 MG/ML ORAL DROP	1,050			Rs.____	Rs.____
676	DROPS	SODIUM ALGINATE 500MG, CALCIUM CARBONATE 160MG, SODIUM BICARBONATE 267MG, 120ML SUSPENSION	6,050			Rs.____	Rs.____
677	BOTTLE	SODIUM ALGINATE+POTASSIUM BICARBONATE 120 ML	5,300			Rs.____	Rs.____
678	BOTTLE	SODIUM ALGINATE+SODIUM BICARBONATE 120 ML	5,300			Rs.____	Rs.____
679	ORAL LIQUID	SODIUM IRON EDETATE 55MG/10ML	5,300			Rs.____	Rs.____
680	BOTTLE	SODIUM PICOSULFATE 5 MG/ML 60ML	1,300			Rs.____	Rs.____
681	BOTTLE	SODIUM PICOSULFATE 5MG/ML 120ML	1,300			Rs.____	Rs.____
682	ORAL LIQUID	SODIUM PICOSULFATE 7.5MG/ML 120ML	1,300			Rs.____	Rs.____
683	ORAL LIQUID	SODIUM PICOSULFATE 7.5MG/ML 60ML	1,300			Rs.____	Rs.____
684.1	SUSP	SUCRALFATE 1 G/5ML 120ML	7,000			Rs.____	Rs.____
684.2	SUSP	SUCRALFATE 1 G/5ML 60ML	7,000			Rs.____	Rs.____
685	DROPS	SULFOLAX 30ML ORAL DROP	600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
686	ORAL LIQUID	TERBUTALINE 0.3 MG/ML	1,200			Rs.____	Rs.____
687	ORAL LIQUID	TERBUTALINE 1.5MG, GUAIFENESIN 66.5MG (EXPECTORANT)	1,200			Rs.____	Rs.____
688	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)	6,200			Rs.____	Rs.____
689	ORAL LIQUID	TRIMETABOL OR EQUIVALENT (METOPINE 2.75MG, L-LYSINE 250MG, DL-CARNITINE 375MG, VITAMIN B1 30MG, VITAMIN B6 30MG, VITAMIN B12 1000MCG) 120ML	6,200			Rs.____	Rs.____
690	ORAL LIQUID	TRIPROLIDINE (HCL)1.25MG, PARACETAMOL 80MG, PSEUDOEPHEDRINE (HCL) 30MG	600			Rs.____	Rs.____
691	ORAL LIQUID	SODIUM VALPROATE 250MG/5ML	3,300			Rs.____	Rs.____
692	DROPS	VIDAYLIN DROPS OR EQUIVALENT 10ML	3,100			Rs.____	Rs.____
693	SYP	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 )	3,500			Rs.____	Rs.____
694	SYP	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	3,500			Rs.____	Rs.____
695	ORAL LIQUID	VIDAYLIN L SYRUP OR EQUIVALENT (EACH 5ML CONTAINS Vitamin A 3000 IU, Vitamin D 400 IU, Vitamin B1 1.5 mg, Vitamin B2 1.2 mg, Vitamin B6 1.0 mg, Vitamin B12 3 mcg, Vitamin C 50 mg, Nicotinamide 10 mg, Choline 5 mg, Inositol 5 mg, Lysine 300 mg monohydrochloride)	3,500			Rs.____	Rs.____
696	SYP	ZINC SULPHATE SYP 20 MG/5ML, 120ML	6,000			Rs.____	Rs.____
697	SYP	ZINC SULPHATE SYP 20 MG/5ML, 60ML	6,000			Rs.____	Rs.____
698	ORAL LIQUID	URSODEOXYCHOLIC ACID ORAL SUSPENSION	3,500			Rs.____	Rs.____
699	ORAL LIQUID	FOSFOMYCIN SYRUP	1,300			Rs.____	Rs.____
700	DROPS	ALFACALCIDOL 2MCG/ML	1,100			Rs.____	Rs.____
<b>OPHTHALMIC PREPARATIONS</b>							
701	EYE OINTMENT	ACYCLOVIR EYE OINTMENT	550			Rs.____	Rs.____
702	EYE DROP	ACYCLOVIR EYE DROP	550			Rs.____	Rs.____
703	EYE DROP	BETAXOLOL HCL. 0.25% 5ML EYE DROP	550			Rs.____	Rs.____
704	EYE DROP	BETAXOLOL HCL. 0.5% 5ML EYE DROP	550			Rs.____	Rs.____
705	EYE DROP	NETARSUDIL 2.5 ML	100			Rs.____	Rs.____
706	EYE DROP	POLYETHYLENE GLYCOL, PROPYLENE GLYCOL 30ML	1,050			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
707	EYE DROP	BRINZOLAMIDE	550			Rs.____	Rs.____
708	EYE DROP	BRINZOLAMIDE 10MG, BRIMONIDINE TARTRATE 2MG (EQUIV. TO 1.3MG BRIMONIDINE)	70			Rs.____	Rs.____
709	EYE DROPS	CHLORAMPHENICOL 0.5% 10 ML/BOTTLE	550			Rs.____	Rs.____
710	EYE OINTMENT	CHLORAMPHENICOL 0.5% 5G/TUBE	550			Rs.____	Rs.____
711	EYE DROPS	CIPROFLOXACIN HCL. (MONOHYDRATE) 3.5MG EQUIVALENT TO 0.33% CIPROFLOXACIN HCL. (ANHYDR.) & 0.30% CIPROFLOXACIN (FREE BASE)	550			Rs.____	Rs.____
712	EYE DROPS	CYCLOPENTOLATE HYDROCHLORIDE 1% 15 ML/BOTTLE	1,050			Rs.____	Rs.____
713	EYE DROP	DEXAMETHASONE 0.1% 10ML/BOTTLE	1,050			Rs.____	Rs.____
714	EYE OINTMENT	DEXAMETHASONE + NEOMYCIN + POLYMYXIN B	550			Rs.____	Rs.____
715	EYE DROP	DEXAMETHASONE, NEOMYCIN, POLYMYXIN B	550			Rs.____	Rs.____
716	EYE DROPS	DORZOLAMIDE 5ML/BOTTLE	550			Rs.____	Rs.____
717	EYE DROPS	DORZOLAMIDE+BRINZOLAMIDE 5ML/BOTTLE	550			Rs.____	Rs.____
718	EYE DROP	EMEDASTINE DIFUMARATE 0.0884% (EQUIVALENT TO 0.05% EMEDASTINE)	550			Rs.____	Rs.____
719	EYE DROPS	FLUOROMETHOLONE +NEOMYCIN 5 ML/BOTTLE	1,050			Rs.____	Rs.____
720	EYE OINTMENT	FUSIDIC ACID 5G/TUBE	550			Rs.____	Rs.____
721	EYE DROP	FUSIDIC ACID EYE DROP	550			Rs.____	Rs.____
722	EYE DROP	LATANOPROST 0.01% 5ML/BOTTLE	250			Rs.____	Rs.____
723	EYE DROP	LATANOPROST+TRAVOPROST 5ML/BOTTLE	250			Rs.____	Rs.____
724	EYE DROP	LIFITEGRAST OPHTHALMIC SOLUTION	150			Rs.____	Rs.____
725	EYE DROP	MOXIFLOXACIN+DEXAMETHASONE 5ML/BOTTLE	5,050			Rs.____	Rs.____
726	EYE DROPS	NATAMYCIN 5% 5ML/BOTTLE	250			Rs.____	Rs.____
727	EYE OINTMENT	OFLOXACIN 0.3% 3.5GM	2,050			Rs.____	Rs.____
728	EYE DROPS	OFLOXACIN 0.3% 5ML/BOTTLE	2,050			Rs.____	Rs.____
729	EYE DROPS	PHENYLEPHRINE HYDROCHLORIDE 10% + CYCLOPENTOLATE 5ML/BOTTLE	3,050			Rs.____	Rs.____
730	EYE DROPS	PILOCARPINE 5ML/BOTTLE	1,050			Rs.____	Rs.____
731	EYE DROPS	POLYACRYLIC ACID 5 ML/BOTTLE	3,050			Rs.____	Rs.____
732	EYE OINTMENT	POLYMYXIN B+MYCITRACIN 6 G/TUBE	3,050			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
733	EYE DROPS	POLYVINYL ALCOHOL+POVIDONE 10 ML/BOTTLE	3,050			Rs.____	Rs.____
734	EYE DROPS	PREDNISOLONE ACETATE 1% 5 ML/BOTTLE	3,050			Rs.____	Rs.____
735	EYE DROPS	PROPARACAINE 0.5% 15 ML/BOTTLE	150			Rs.____	Rs.____
736	EYE DROPS	SODIUM HYALURONATE 5ML/BOTTLE	3,050			Rs.____	Rs.____
737	SUSP	SULFACETAMIDE SODIUM 100MG, PREDNISOLONE ACETATE 2MG OPHTHALMIC SUSP 5ML	3,050			Rs.____	Rs.____
738	EYE OINTMENT	SULFACETAMIDE+PREDNISOLONE 3.5 G/TUBE	3,050			Rs.____	Rs.____
739	EYE DROPS	SULFACETAMIDE+PREDNISOLONE 5 ML/BOTTLE	3,050			Rs.____	Rs.____
740	EYE DROPS	TIMOLOL 0.5% 5ML/BOTTLE	150			Rs.____	Rs.____
741	EYE DROPS	TRAVAPOST 40MCG	80			Rs.____	Rs.____
742	EYE DROPS	KETOROLAC TROMETHAMINE	1,050			Rs.____	Rs.____
743	EYE DROPS	BRIMONIDINE 0.2%	550			Rs.____	Rs.____
744	EYE DROPS	SODIUM CHLORIDE 5 % EYE DROPS	3,050			Rs.____	Rs.____
<b>ORAL SOLID DOSAGE FORMS</b>							
745	TAB	ABACAVIR 300MG (PACK OF 30)	700			Rs.____	Rs.____
746	TAB	ABACAVIR AND LAMIVUDINE 600MG/300MG	700			Rs.____	Rs.____
747	TAB	ABACAVIR, DOLUTEGRAVIR, AND LAMIVUDINE 600MG/50MG/300MG	700			Rs.____	Rs.____
748	TAB	ABACAVIR, LAMIVUDINE, AND ZIDOVUDINE 300MG/150MG/300MG	700			Rs.____	Rs.____
749	TAB	ACARBOSE 100MG	3,500			Rs.____	Rs.____
750	TAB	ACARBOSE 50MG	3,500			Rs.____	Rs.____
751	TAB	ACELOFENAC 100 MG/TAB	6,500			Rs.____	Rs.____
752	TAB	ACETAZOLAMIDE 250 MG/TAB	11,000			Rs.____	Rs.____
753	CAP	ACETYL L CARNITINE 500 MG/CAP	1,500			Rs.____	Rs.____
754	ORAL POWDER	ACETYLCYSTEINE 200 MG ORAL GRANULES	11,000			Rs.____	Rs.____
755	TAB	ACETYLSALICYLIC ACID (COATED) 75MG	55,000			Rs.____	Rs.____
756	TAB	ACETYLSALICYLIC ACID 100 MG	700			Rs.____	Rs.____
757	TAB	ACETYLSALICYLIC ACID 150MG	1,500			Rs.____	Rs.____
758	TAB	ACETYLSALICYLIC ACID 300 MG (COATED)	5,000			Rs.____	Rs.____
759	TAB	ACETYLSALICYLIC ACID 300 MG EFFERVESCENT/DIPSERABLE TABLETS	32,000			Rs.____	Rs.____
760	TAB	ACETYLSALICYLIC ACID 75 MG	60,000			Rs.____	Rs.____
761	TAB	ACITRETIN 10MG	500			Rs.____	Rs.____
762	TAB	ACITRETIN 25MG	500			Rs.____	Rs.____
763	TAB	ACYCLOVIR 200 MG/TAB	6,000			Rs.____	Rs.____
764	TAB	ACYCLOVIR 400 MG/TAB	31,000			Rs.____	Rs.____
765	TAB	ACYCLOVIR 800 MG	11,000			Rs.____	Rs.____
766	TAB	ACYCLOVIR 600 MG /TAB	1,500			Rs.____	Rs.____
767	TAB	ALBENDAZOLE 200 MG/TAB	5,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
768	TAB	ALENDRONATE 70 MG/TAB	100			Rs.____	Rs.____
769	TAB	ALFACALCIDOL 0.25 MCG/TAB	52,000			Rs.____	Rs.____
770	TAB	ALFACALCIDOL 0.5 MCG/TAB	52,000			Rs.____	Rs.____
771	TAB	ALFACALCIDOL 1MCG	62,000			Rs.____	Rs.____
772	TAB	ALFUZOSINE 10MG	1,500			Rs.____	Rs.____
773	TAB	ALFUZOSINE 5 MG	1,500			Rs.____	Rs.____
774	CAP	ALITRETINOIN 10MG SOFT CAPSULE	600			Rs.____	Rs.____
774	TAB	ALL TRANS RETNOIC ACID 10 MG	3,500			Rs.____	Rs.____
776.1	TAB	ALLOPURINOL 100 MG/TAB	5,500			Rs.____	Rs.____
776.2	TAB	ALLOPURINOL 300 MG/TAB	5,500			Rs.____	Rs.____
777	TAB	ALPRAZOLAM 0.25 MG	7,000			Rs.____	Rs.____
778	TAB	ALPRAZOLAM 0.5 MG	7,000			Rs.____	Rs.____
779	TAB	ALPRAZOLAM 1 MG	7,000			Rs.____	Rs.____
780	TAB	ALUMINIUM HYDROXIDE + MAGNESIUM HYDROXIDE + SIMETHICON (200MG/200/25MG)	5,500			Rs.____	Rs.____
781	TAB	ALUMINIUM HYDROXIDE + MAGNESIUM TRISILICATE	5,500			Rs.____	Rs.____
782	TAB	AMANTIDINE SULPHATE 100MG	3,500			Rs.____	Rs.____
783	TAB	AMIODARONE HCL 200 MG/TAB	4,000			Rs.____	Rs.____
784	TAB	AMITRIPTYLINE 50 MG	1,500			Rs.____	Rs.____
785	TAB	AMITRIPTYLINE 10 MG	1,500			Rs.____	Rs.____
786	TAB	AMITRIPTYLINE 25 MG	1,500			Rs.____	Rs.____
787.1	TAB	AMLODIPINE+VALSARTAN 5/160MG MG	9,000			Rs.____	Rs.____
787.2	TAB	AMLODIPINE+VALSARTAN (10/160)MG /TAB	9,000			Rs.____	Rs.____
787.3	TAB	AMLODIPINE+VALSARTAN (5/80)MG /TAB	9,000			Rs.____	Rs.____
788.1	TAB	AMLODIPINE+VALSARTAN+HCT 10/160/12.5MG	4,000			Rs.____	Rs.____
788.2	TAB	AMLODIPINE+VALSARTAN+HCT 10/160/25MG	3,500			Rs.____	Rs.____
788.3	TAB	AMLODIPINE+VALSARTAN+HCT 5/160/12.5MG	3,500			Rs.____	Rs.____
788.4	TAB	AMLODIPINE+VALSARTAN+HCT 5/160/25MG	3,500			Rs.____	Rs.____
788.5	TAB	AMLODIPINE+VALSARTAN+HCT 10/320/25MG	3,500			Rs.____	Rs.____
789	TAB	AMOXICILLIN 1000 MG	11,000			Rs.____	Rs.____
790	CAP	AMOXICILLIN 500 MG/CAP	11,000			Rs.____	Rs.____
791.1	CAP	AMPICILLIN 500MG / CAP	1,500			Rs.____	Rs.____
791.2	CAP	AMPICILLIN 250MG / CAP	1,500			Rs.____	Rs.____
792	TAB	ANASTROZOLE 1MG	700			Rs.____	Rs.____
793	ORAL POWDER	ANTACID ORAL POWDER	11,000			Rs.____	Rs.____
794	TAB	APIXABAN 2.5 MG/TAB	3,500			Rs.____	Rs.____
795	TAB	APIXABAN 5MG	3,500			Rs.____	Rs.____
796.1	CAP	APREPITANT 125 MG/CAP	3,500			Rs.____	Rs.____
796.2	CAP	APREPITANT 80 MG/CAP	3,500			Rs.____	Rs.____
797	TAB	ARIPIRAZOLE 10MG	1,500			Rs.____	Rs.____
798	TAB	ARIPIRAZOLE 15 MG/TAB	1,500			Rs.____	Rs.____
799	TAB	ARIPIRAZOLE 20MG	1,500			Rs.____	Rs.____
800	TAB	ARIPIRAZOLE 5MG	1,500			Rs.____	Rs.____
801	TAB	ARIPIRAZOLE 30MG	1,500			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
802.1	TAB	ARTEMETHER/LUMAFENTRINE 80/480MG DISPERSABLE TAB	5,000			Rs.____	Rs.____
802.2	TAB	ARTEMETHER+LUMEFANTRINE (40/240) MG DISPERSABLE TAB	5,000			Rs.____	Rs.____
802.3	TAB	ARTEMETHER+LUMEFANTRINE 20/120MG DISPERSABLE TAB	5,000			Rs.____	Rs.____
803	TAB	ASCORBIC ACID 500 MG/TAB (VITAMIN C)	12,000			Rs.____	Rs.____
804	TAB	ATAZANAVIR 100MG	200			Rs.____	Rs.____
805	TAB	ATAZANAVIR 150MG	200			Rs.____	Rs.____
806	TAB	ATAZANAVIR 200MG	200			Rs.____	Rs.____
807	TAB	ATAZANAVIR 300MG	200			Rs.____	Rs.____
808	TAB	ATAZANAVIR AND COBICISTAT 300MG/150MG	200			Rs.____	Rs.____
809.1	TAB	ATENOLOL HCL 100 MG/TAB	1,500			Rs.____	Rs.____
809.2	TAB	ATENOLOL HCL 25 MG/TAB	1,500			Rs.____	Rs.____
809.3	TAB	ATENOLOL HCL 50 MG/TAB	1,500			Rs.____	Rs.____
810	TAB	ATOVAQUONE 250MG	200			Rs.____	Rs.____
811	TAB	ATTAPULGITE 500 MG/TAB	800			Rs.____	Rs.____
812	TAB	AZATHIOPRINE 50 MG/TAB	1,500			Rs.____	Rs.____
813.1	TAB	AZITHROMYCIN 250 MG/TAB	9,000			Rs.____	Rs.____
813.2	TAB	AZITHROMYCIN 500 MG/TAB	9,000			Rs.____	Rs.____
814	CAP	AZITHROMYCIN 500 MG/CAP	9,000			Rs.____	Rs.____
815	TAB	BACLOFEN 10 MG/TAB	6,000			Rs.____	Rs.____
816	TAB	BAMBUTEROL HCL 10MG	200			Rs.____	Rs.____
817	TAB	BAMBUTEROL HCL 20MG	200			Rs.____	Rs.____
818	TAB	BAMIFYLLINE 600 MG/TAB	1,000			Rs.____	Rs.____
819	TAB	BARICITINIB 2MG	400			Rs.____	Rs.____
820	TAB	BARICITINIB 4MG	400			Rs.____	Rs.____
821	TAB	B-COMPLEX, FOLIC ACID, VITAMIN E, VITAMIN C	60,000			Rs.____	Rs.____
822	TAB	BENPROST 20MCG	2,000			Rs.____	Rs.____
823.1	TAB	BETAHISTINE DIHYDROCHLORIDE 24 MG	6,000			Rs.____	Rs.____
823.2	TAB	BETAHISTINE DIHYDROCHLORIDE 16 MG	6,000			Rs.____	Rs.____
823.3	TAB	BETAHISTINE DIHYDROCHLORIDE 8 MG	6,000			Rs.____	Rs.____
824	TAB	BETAMETHASONE 0.5 MG TABLET	6,000			Rs.____	Rs.____
825	TAB	BETHANECHOL 25MG TABLET	700			Rs.____	Rs.____
826	TAB	BICALUTAMIDE 50MG	700			Rs.____	Rs.____
827	TAB	BIOTIN 1000MCG	4,000			Rs.____	Rs.____
828	TAB	BOSUTINIB 500MG	600			Rs.____	Rs.____
829	TAB	BISACODYL 5 MG	6,500			Rs.____	Rs.____
830	TAB	BISOPROLOL FUMARATE 10MG	13,000			Rs.____	Rs.____
831	TAB	BISOPROLOL FUMARATE 2.5 MG/TAB	13,000			Rs.____	Rs.____
832	TAB	BISOPROLOL FUMARATE 5 MG/TAB	13,000			Rs.____	Rs.____
833	TAB	BOSENTAN 125 MG FILM COATED TABLET	4,000			Rs.____	Rs.____
834	TAB	BOSENTAN 62.5 MG FILM COATED TABLET	4,000			Rs.____	Rs.____
835	TAB	BROMAZEPAM 1.5 MG	1,500			Rs.____	Rs.____
836	TAB	BROMAZEPAM 6 MG	1,500			Rs.____	Rs.____
837	TAB	BROMAZEPAM 3 MG	7,000			Rs.____	Rs.____
838	TAB	BROMOCRIPTINE 10 MG	400			Rs.____	Rs.____
839	TAB	BROMOCRIPTINE 2.5 MG	400			Rs.____	Rs.____
840	TAB	BUPRENORPHINE 0.2MG	4,000			Rs.____	Rs.____
841	TAB	BUPRIPRION 150 MG XR	700			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
842	TAB	BUPROPION HCL 75MG	700			Rs.____	Rs.____
843	TAB	BUSULFAN 500MG	1,500			Rs.____	Rs.____
844	CAP	CALCITRIOL 0.25MCG	4,500			Rs.____	Rs.____
845	TAB	CALCIUM , VITAMIN C , VITAMIN D3, VITAMIN B6	65,000			Rs.____	Rs.____
846	TAB	CALCIUM 400MG, VITAMIN D 100IU	5,000			Rs.____	Rs.____
847	TAB	CALCIUM ACETATE 667 MG/TAB	11,000			Rs.____	Rs.____
848	TAB	CALCIUM AND VITAMIN C CHEWABLE	35,000			Rs.____	Rs.____
849	TAB	CALCIUM CARBONATE 1250MG, VITAMIN D3 125IU	320,000			Rs.____	Rs.____
850	TAB	CALCIUM CARBONATE 1250MG, VITAMIN D3 125IU, CONTAIN SUGAR FREE(ALL FLAVOURS)	320,000			Rs.____	Rs.____
851	TAB	CALCIUM CARBONATE 600MG, VITAMIN D3 200IU	320,000			Rs.____	Rs.____
852	TAB	CALCIUM CARBONATE 750MG, VITAMIN D3 200IU	15,000			Rs.____	Rs.____
853	TAB	CALCIUM CARBONATE, VITAMIN D3 125MG/125 IU	15,000			Rs.____	Rs.____
854	TAB	CALCIUM LACTATE GLUCONATE, CALCIUM CARBONATE, VITAMIN C , VITAMIN D3, VITAMIN B8	320,000			Rs.____	Rs.____
855	ORAL POWDER	CALCIUM POLYSTYRENE SULFONATE ORAL POWDER 15 G	4,000			Rs.____	Rs.____
856	TAB	CALCIUM VITAMIN K2, VITAMIN D3 500MG/90MCG/800IU	4,000			Rs.____	Rs.____
857	TAB	ABOCAL OR EQUIVALENT (CALCIUM VITAMIND VITAMIN C EFFERVESANT TABLET)	103,000			Rs.____	Rs.____
858	TAB	QALSAN D TABLET OR EQUIVALENT (CALCIUM+VITAMIN-D CHEWABLE TABLETS (ALL FLAVORS))	150,000			Rs.____	Rs.____
859	TAB	CALCIUM+VITAMINS EFFERVESCENT/DIPSERABLE TABLETS	75,000			Rs.____	Rs.____
860	TAB	CANDESARTAN CILEXETIL + HCT 16/12.5MG	1,500			Rs.____	Rs.____
861	TAB	CANDESARTAN CILEXETIL + HCT 8/12.5MG	1,500			Rs.____	Rs.____
862	TAB	CANDESARTAN CILEXETIL 16 MG/TAB	1,500			Rs.____	Rs.____
863	TAB	CANDESARTAN CILEXETIL 4MG	1,500			Rs.____	Rs.____
864	TAB	CANDESARTAN CILEXETIL 8 MG/TAB	1,500			Rs.____	Rs.____
865	TAB	CANDESARTAN CILEXETIL 32 MG/TAB	1,500			Rs.____	Rs.____
866	TAB	CAPECITABINE 500 MG	6,500			Rs.____	Rs.____
867.1	TAB	CAPTOPRIL 12.5MG	10,500			Rs.____	Rs.____
867.2	TAB	CAPTOPRIL 25 MG/TAB	10,500			Rs.____	Rs.____
867.3	TAB	CAPTOPRIL 50MG	10,500			Rs.____	Rs.____
868	TAB	CARBAMEZAPINE 200 MG/TAB	12,000			Rs.____	Rs.____
869	TAB	CARBIDOPA+LEVODOPA SUSTAINED RELEASE	4,000			Rs.____	Rs.____
870	TAB	CARBIDOPA+LEVODOPA 25/250MG	4,000			Rs.____	Rs.____
871	TAB	CARBIDOPA+LEVODOPA 25+100MG	4,000			Rs.____	Rs.____
872	TAB	CARBIMAZOLE 10 MG/TAB	1,500			Rs.____	Rs.____
873	TAB	CARBIMAZOLE 5 MG/TAB	1,500			Rs.____	Rs.____
874.1	TAB	CARVEDILOL 12.5 MG	35,000			Rs.____	Rs.____
874.2	TAB	CARVEDILOL 25 MG	40,000			Rs.____	Rs.____
874.3	TAB	CARVEDILOL 3.125 MG	11,000			Rs.____	Rs.____
874.4	TAB	CARVEDILOL 6.25 MG	25,000			Rs.____	Rs.____
875	CAP	CEFACLOR 500 MG/CAP	1,500			Rs.____	Rs.____
876	CAP	CEFADROXIL 500 MG/CAP	1,500			Rs.____	Rs.____
877.1	TAB	CEFIXIME 200MG	16,000			Rs.____	Rs.____
877.2	TAB	CEFIXIME 400MG	26,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
878.1	TAB	CEFPODOXIME PROXETIL 100 MG/TAB	2,000			Rs.____	Rs.____
878.2	TAB	CEFPODOXIME PROXETIL 200 MG	2,000			Rs.____	Rs.____
879	TAB	CEFUROXIME 250 MG/TAB	5,000			Rs.____	Rs.____
880.1	CAP	CELECOXIB 100 MG/CAP	6,000			Rs.____	Rs.____
880.2	CAP	CELECOXIB 200 MG/CAP	6,000			Rs.____	Rs.____
881.1	TAB	CEPHALEXIN 250MG	4,000			Rs.____	Rs.____
881.2	TAB	CEPHALEXIN 500MG	4,000			Rs.____	Rs.____
882.1	CAP	CEPHRADINE 250 MG/CAP	3,000			Rs.____	Rs.____
882.2	CAP	CEPHRADINE 500 MG/CAP	6,000			Rs.____	Rs.____
883	TAB	CETRIZINE DIHYDROCHLORIDE 10 MG	40,000			Rs.____	Rs.____
884	TAB	CHLORAMBUCIL 2 MG/TAB	5,500			Rs.____	Rs.____
885	TAB	CHLORDIAZEPOXIDE AND CLIDINIUM BROMIDE	5,500			Rs.____	Rs.____
886	TAB	CHLOROQUINE PHOSPHATE 250 MG/TAB	12,000			Rs.____	Rs.____
887	TAB	CHLORPHENIRAMINE MALEATE 4 MG	7,000			Rs.____	Rs.____
888	TAB	CHLORPROMAZINE 10MG	1,500			Rs.____	Rs.____
889	TAB	CHLORPROMAZINE 25MG	1,500			Rs.____	Rs.____
890	TAB	CHLORPROMAZINE 100MG	1,500			Rs.____	Rs.____
891	ORAL POWDER	CHOLISTYRAMINE 4GM ORAL POWDER	5,500			Rs.____	Rs.____
892	TAB	CHYMOTRYPSIN+TRYPSIN	2,500			Rs.____	Rs.____
893	TAB	CILOSTAZOLE 100MG	2,500			Rs.____	Rs.____
894	TAB	CILOSTAZOLE 50MG	2,500			Rs.____	Rs.____
895.1	TAB	CIMETIDINE 200 MG/TAB	1,000			Rs.____	Rs.____
895.2	TAB	CIMETIDINE 400 MG/TAB	1,000			Rs.____	Rs.____
896	TAB	CINACALCET HCL 30 MG/TAB	5,500			Rs.____	Rs.____
897	TAB	CINITAPRIDE 1 MG/TAB	10,500			Rs.____	Rs.____
898	TAB	CINNARIZINE 25 MG	1,600			Rs.____	Rs.____
899	TAB	CINNARIZINE 75 MG	1,600			Rs.____	Rs.____
900	TAB	CITALOPRAM 10MG	5,000			Rs.____	Rs.____
901	TAB	CITALOPRAM 20 MG	5,000			Rs.____	Rs.____
902	TAB	CITALOPRAM 40MG	5,000			Rs.____	Rs.____
903	TAB	CITICOLINE 500 MG	2,500			Rs.____	Rs.____
904	TAB	CLEMASTINE 1MG	11,000			Rs.____	Rs.____
905	TAB	CLEMASTINE 2 MG	11,000			Rs.____	Rs.____
906	TAB	CLIDINIUM BROMIDE 2.5MG, CHLORDIAZEPOXIDE 5MG	1,500			Rs.____	Rs.____
907.1	CAP	CLINDAMYCIN 150MG	9,000			Rs.____	Rs.____
907.2	CAP	CLINDAMYCIN 300 MG	18,000			Rs.____	Rs.____
908	TAB	CLOBAZAM 10MG	3,600			Rs.____	Rs.____
909	TAB	CLOBAZAM 20 MG	3,600			Rs.____	Rs.____
910	TAB	CLOBAZAM 5 MG	3,600			Rs.____	Rs.____
911	TAB	CLOMIPHENE CITRATE 50 MG/TAB	3,500			Rs.____	Rs.____
912	TAB	CLOMIPRAMINE 10 MG	1,500			Rs.____	Rs.____
913	TAB	CLOMIPRAMINE 100 MG	1,500			Rs.____	Rs.____
914	TAB	CLOMIPRAMINE 25MG	1,500			Rs.____	Rs.____
915	TAB	CLOMIPRAMINE 50 MG	1,500			Rs.____	Rs.____
916	TAB	CLOMIPRAMINE 75 MG	1,500			Rs.____	Rs.____
917	TAB	CLONAZEPAM 0.25 MG	8,000			Rs.____	Rs.____
918	TAB	CLONAZEPAM 0.5 MG	13,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
919	TAB	CLONAZEPAM 2 MG	8,000			Rs.____	Rs.____
920	TAB	CLONIDINE 0.1MG	1,500			Rs.____	Rs.____
921.1	TAB	CLOPIDOGREL 300 MG	22,000			Rs.____	Rs.____
921.2	TAB	CLOPIDOGREL 75 MG	32,000			Rs.____	Rs.____
922.1	TAB	CLOPIDOGREL+ASPIRIN 75/150 MG	9,000			Rs.____	Rs.____
922.2	TAB	CLOPIDOGREL+ASPIRIN 75/75 MG	13,000			Rs.____	Rs.____
923	TAB	CLOZAPINE 100MG	3,500			Rs.____	Rs.____
924	TAB	CLOZAPINE 25MG	3,500			Rs.____	Rs.____
925	TAB	COLCHICINE 0.5 MG/TAB	800			Rs.____	Rs.____
926	ORAL POWDER	COLESTYRAMINE 4G SACHET ORAL POWDER	4,000			Rs.____	Rs.____
927	TAB	CONJUGATED ESTROGEN 0.625MG	2,500			Rs.____	Rs.____
928	TAB	CYCLOPHOSPHAMIDE 50 MG/TAB	4,000			Rs.____	Rs.____
929	TAB	CYPROTERONE ACETATE 2MG,	4,500			Rs.____	Rs.____
930	TAB	CYPROTERONE ACETATE 2MG,ETHINYLOESTRADIOL 35MCG	1,500			Rs.____	Rs.____
931	TAB	DABIGATRAN 110MG	2,500			Rs.____	Rs.____
932	TAB	DACLATASVIR 60 MG	4,000			Rs.____	Rs.____
933	CAP	DANAZOL 100 MG	1,100			Rs.____	Rs.____
934	CAP	DANAZOL 200MG	1,100			Rs.____	Rs.____
935.1	TAB	DAPAGILFLOZIN 5MG	4,000			Rs.____	Rs.____
935.2	TAB	DAPAGILFLOZIN 10MG	6,000			Rs.____	Rs.____
936	TAB	DAPAGILFLOZIN 5MG/ 850MG	6,000			Rs.____	Rs.____
937	TAB	DAPAGILFLOZIN 5MG/ 1000MG METFORMIN EXTENDED RELEASE	6,000			Rs.____	Rs.____
938	TAB	DAPAGILFLOZIN 10MG/ 1000MG METFORMIN EXTENDED RELEASE	6,000			Rs.____	Rs.____
939	TAB	DAPAGLIFLOZIN 10MG/ 500MG METFORMIN EXTENDED RELEASE	6,000			Rs.____	Rs.____
940	TAB	DAPAGILFLOZIN 2.5MG/ 1000MG METFORMIN	6,000			Rs.____	Rs.____
941	TAB	DAPAGILFLOZIN 2.5MG/ 500MG METFORMIN	6,000			Rs.____	Rs.____
942	TAB	DAPAGILFLOZIN 5MG/ 500MG METFORMIN EXTENDED RELEASE	6,000			Rs.____	Rs.____
943	TAB	DAPSONE 100 MG	2,300			Rs.____	Rs.____
944	TAB	DASATINIB 20MG	2,300			Rs.____	Rs.____
944	TAB	DASATINIB 50 MG	5,300			Rs.____	Rs.____
946	TAB	DASATINIB 70MG	5,300			Rs.____	Rs.____
947	TAB	DEFERASIROX (DISPERSIBLE) 250 MG	700			Rs.____	Rs.____
948	TAB	DEFERASIROX (DISPERSIBLE) 500 MG	700			Rs.____	Rs.____
949	TAB	DEFERASIROX (DISPERSIBLE) 100 MG	700			Rs.____	Rs.____
950	TAB	DEFERASIROX (DISPERSIBLE) 400 MG	700			Rs.____	Rs.____
951	TAB	DEFERASIROX (DISPERSIBLE) 180 MG	700			Rs.____	Rs.____
952	TAB	DEFERASIROX (DISPERSIBLE) 360 MG	700			Rs.____	Rs.____
953	TAB	DEFERASIROX (DISPERSIBLE) 90 MG	700			Rs.____	Rs.____
954	CAP	DEFERPIRON 250MG	700			Rs.____	Rs.____
954	CAP	DEFERPIRON 500MG	700			Rs.____	Rs.____
956	TAB	DEFERPIRON 500MG	700			Rs.____	Rs.____
957	TAB	DESLORATIDINE 10 MG	4,000			Rs.____	Rs.____
958	TAB	DESLORATIDINE 2.5 MG	4,000			Rs.____	Rs.____
959	TAB	DESLORATIDINE 5 MG	4,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
960	TAB	DESMOPRESSIN 0.2MG	2,600			Rs.____	Rs.____
961	TAB	DESMOPRESSIN 0.1MG	2,600			Rs.____	Rs.____
962	TAB	DEXAMETHASONE 0.5 MG/TAB	83,000			Rs.____	Rs.____
963	TAB	DEXAMETHASONE 4MG	43,000			Rs.____	Rs.____
964	TAB	DEXIBUPROFEN 200MG	1,600			Rs.____	Rs.____
965	TAB	DEXIBUPROFEN 300MG	1,600			Rs.____	Rs.____
966	TAB	DEXIBUPROFEN 400MG	1,600			Rs.____	Rs.____
967.1	CAP	DEXLANSOPRAZOLE 30 MG/CAP	16,000			Rs.____	Rs.____
967.2	CAP	DEXLANSOPRAZOLE 60 MG/CAP	11,000			Rs.____	Rs.____
968	TAB	DIAZEPAM 10 MG	6,000			Rs.____	Rs.____
969	TAB	DIAZEPAM 5 MG	7,000			Rs.____	Rs.____
970	TAB	DIAZEPAM 2 MG	7,000			Rs.____	Rs.____
971	TAB	DIAZOXIDE 25 MG	3,500			Rs.____	Rs.____
972	TAB	DICHLOROBENZYL ALCOHOL+AMYL METACRESOL (STREPSILS OR EQUIVALENT)	55,000			Rs.____	Rs.____
973	TAB	DICLOFENAC POTASSIUM 50 MG/TAB	23,000			Rs.____	Rs.____
974.1	TAB	DICLOFENAC SODIUM 100 MG/TAB	18,000			Rs.____	Rs.____
974.2	TAB	DICLOFENAC SODIUM 50 MG/TAB	23,000			Rs.____	Rs.____
975	TAB	DICLOFENAC SODIUM+MISOPROSTOL 50 MG/TAB	18,000			Rs.____	Rs.____
976	TAB	DIGOXIN 0.25 MG	7,000			Rs.____	Rs.____
977	TAB	DIGOXIN 0.5 MG/TAB	4,000			Rs.____	Rs.____
978.1	TAB	DILOXANIDE 250MG, METRONIDAZOLE 200MG	8,000			Rs.____	Rs.____
978.2	TAB	DILOXANIDE FUROATE 500MG, METRONIDAZOLE 400MG	8,000			Rs.____	Rs.____
979	CAP	DILTIAZEM HCL 180MG	11,000			Rs.____	Rs.____
980	TAB	DILTIAZEM HCL SUSTAINED RELEASE 30 MG/TAB	11,000			Rs.____	Rs.____
981	TAB	DILTIAZEM HCL SUSTAINED RELEASE 60 MG/TAB	6,000			Rs.____	Rs.____
982	TAB	DILTIAZEM HCL SUSTAINED RELEASE 90 MG/TAB	6,000			Rs.____	Rs.____
983	TAB	DILTIAZEM HCL SUSTAINED RELEASE 180 MG/TAB	6,000			Rs.____	Rs.____
984	CAP	DILTIAZEM HCL SUSTAINED RELEASE 180 MG/CAP	6,000			Rs.____	Rs.____
985	CAP	DILTIAZEM HCL SUSTAINED RELEASE 90 MG/CAP	6,000			Rs.____	Rs.____
986	TAB	DIMENHYDRINATE 50 MG/TAB	7,000			Rs.____	Rs.____
987	ORAL POWDER	DIOCTAHEDRAL SMECTITE ORAL POWDER	22,000			Rs.____	Rs.____
988	TAB	DIOSMIN /HISPERIDINE 450MG/50MG	1,500			Rs.____	Rs.____
989	TAB	DIOSMIN 500 MG/TAB	5,500			Rs.____	Rs.____
990	TAB	DIOSMIN 600MG	5,500			Rs.____	Rs.____
991	TAB	DIPHENHYDRAMINE 50MG	9,000			Rs.____	Rs.____
992	TAB	DIPHENOXYLATE HCL 2.5MG, ATROPINE SULPHATE 0.025MG	1,300			Rs.____	Rs.____
993	TAB	DIVALPROEX SODIUM (CONTROLLED RELEASE) 500 MG	7,000			Rs.____	Rs.____
994.1	TAB	DIVALPROEX SODIUM 250 MG/TAB	7,000			Rs.____	Rs.____
994.2	TAB	DIVALPROEX SODIUM 500 MG/TAB	7,000			Rs.____	Rs.____
995	TAB	DOCUSATE 50 MG	2,500			Rs.____	Rs.____
996.1	TAB	DOMEPERIDONE VALRATE 10MG	31,000			Rs.____	Rs.____
996.2	TAB	DOMPERIDONE MALEATE 10 MG/TAB	31,000			Rs.____	Rs.____
997.1	TAB	DONEPEZIL 10MG	800			Rs.____	Rs.____
997.2	TAB	DONEPEZIL 5MG	800			Rs.____	Rs.____
998	TAB	DOTHIPEPIN HCL 25MG	1,300			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
999	TAB	DOTHIEPIN HCL 50 MG	1,300			Rs.____	Rs.____
1000	TAB	DOTHIEPIN HCL 75 MG	800			Rs.____	Rs.____
1001.1	TAB	DOXAZOSIN 2 MG	11,000			Rs.____	Rs.____
1001.2	TAB	DOXAZOSIN 4 MG	11,000			Rs.____	Rs.____
1002	CAP	DOXYCYCLIN 100 MG/CAP	16,000			Rs.____	Rs.____
1003	TAB	DOXYLAMINE+PYRIDOXINE 10/10 MG/TAB	5,500			Rs.____	Rs.____
1004	TAB	DROSPIRENONE+ETHINYL ESTRADIOL	3,500			Rs.____	Rs.____
1005.1	TAB	DROTAVERIN HCL 40 MG/TAB	27,000			Rs.____	Rs.____
1005.2	TAB	DROTAVERIN HCL 80 MG/TAB	27,000			Rs.____	Rs.____
1006.1	CAP	DULOXETINE HCL 20 MG	10,300			Rs.____	Rs.____
1006.2	CAP	DULOXETINE HCL 30 MG	10,300			Rs.____	Rs.____
1006.3	CAP	DULOXETINE HCL 60 MG	5,300			Rs.____	Rs.____
1006.4	TAB	DULOXETINE HCL 90 MG	5,300			Rs.____	Rs.____
1007	TAB	DUTASTERIDE 0.5MG	6,500			Rs.____	Rs.____
1008	TAB	DYDROGESTERONE 10 MG/TAB	10,500			Rs.____	Rs.____
1009.1	TAB	EBASTINE 10 MG	11,000			Rs.____	Rs.____
1009.2	TAB	EBASTINE 20 MG	11,000			Rs.____	Rs.____
1010	TAB	ELBASVIR 50MG+ GRAZOPREXIVIR 100MG	7,000			Rs.____	Rs.____
1011.1	TAB	ELTROMBOPAG OLAMINE 25 MG/TAB	1,500			Rs.____	Rs.____
1011.2	TAB	ELTROMBOPAG OLAMINE 50 MG/TAB	1,500			Rs.____	Rs.____
1012.1	TAB	EMPAGLIFLOZIN 25MG	7,000			Rs.____	Rs.____
1012.2	TAB	EMPAGLIFLOZIN 10 MG/TAB	7,000			Rs.____	Rs.____
1013	TAB	EMPAGLIFLOZIN+METFORMIN 12.5/1000MG /TAB	7,000			Rs.____	Rs.____
1014	TAB	EMPAGLIFLOZIN+METFORMIN 12.5/1000MG /TAB EXTENDED RELEASE	7,000			Rs.____	Rs.____
1015	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/500MG	7,000			Rs.____	Rs.____
1016	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/500MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1017	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/850MG	7,000			Rs.____	Rs.____
1018	TAB	EMPAGLIFLOZIN+METFORMIN TAB 12.5/850MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1019	TAB	EMPAGLIFLOZIN+METFORMIN 5/1000MG /TAB	7,000			Rs.____	Rs.____
1020	TAB	EMPAGLIFLOZIN+METFORMIN 5/1000MG /TAB EXTENDED RELEASE	7,000			Rs.____	Rs.____
1021	TAB	EMPAGLIFLOZIN+METFORMIN TAB 5/500MG	7,000			Rs.____	Rs.____
1022	TAB	EMPAGLIFLOZIN+METFORMIN TAB .5/500MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1023	TAB	EMPAGLIFLOZIN+METFORMIN TAB .5/850MG	7,000			Rs.____	Rs.____
1024	TAB	EMPAGLIFLOZIN+METFORMIN TAB 5/850MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1025	TAB	EMTIRCITABINE 200MG	2,500			Rs.____	Rs.____
1026.1	TAB	ENALAPRIL 10 MG/TAB	3,000			Rs.____	Rs.____
1026.2	TAB	ENALAPRIL 5 MG/TAB	3,000			Rs.____	Rs.____
1027.1	TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE 10/25 MG	3,000			Rs.____	Rs.____
1027.2	TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE 5/12.5 MG	3,000			Rs.____	Rs.____
1028	TAB	ENOXACIN SESQUIHYDRATE 400MG	3,000			Rs.____	Rs.____
1029	TAB	ENTECAVIR 0.5 MG/TAB	6,000			Rs.____	Rs.____
1030	TAB	EPERISONE HCL 50 MG/TAB	7,600			Rs.____	Rs.____
1031	TAB	ERLOTINIB 150 MG	1,600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1032.1	TAB	ERTUGLIFLOZIN 15 MG	3,500			Rs.____	Rs.____
1032.2	TAB	ERTUGLIFLOZIN 5 MG	3,500			Rs.____	Rs.____
1033.1	TAB	ERTUGLIFLOZIN 15 MG + SITAGLIPTIN 100MG TABLET	3,500			Rs.____	Rs.____
1033.2	TAB	ERTUGLIFLOZIN 5 MG + SITAGLIPTIN 100MG TABLET	3,500			Rs.____	Rs.____
1034	TAB	ERYTHROMYCIN 250 MG	7,000			Rs.____	Rs.____
1035	TAB	ERYTHROMYCIN 500 MG	4,000			Rs.____	Rs.____
1036.1	TAB	ESCITALOPRAM 10 MG	16,000			Rs.____	Rs.____
1036.2	TAB	ESCITALOPRAM 20 MG	7,000			Rs.____	Rs.____
1036.3	TAB	ESCITALOPRAM 5 MG	4,000			Rs.____	Rs.____
1037	TAB	ESTRADIOL VALERATE 2MG	1,500			Rs.____	Rs.____
1038	TAB	ESTRADIOL VALERATE 2MG,CYPROTERONE ACETATE 1MG	1,500			Rs.____	Rs.____
1039	TAB	ESTRADIOL VALERATE+NORGESTERAL (2MG+0.5MG) /TAB	2,600			Rs.____	Rs.____
1040	TAB	ETHAMBUTOL 400MG	5,500			Rs.____	Rs.____
1041	TAB	ETHAMBUTOL+RIFAMPICIN+ISONIAZID 300MG+150MG+75MG	15,000			Rs.____	Rs.____
1042	TAB	ETHAMBUTOL+RIFAMPICIN+ISONIAZID+PYRAZINAMIDE (275MG+150MG+75MG+400MG) /TAB	15,000			Rs.____	Rs.____
1043	TAB	ETHINYL ESTRADIOL 0.02MG, DROSPIRENONE 3MG	100			Rs.____	Rs.____
1044	TAB	ETHINYL ESTRADIOL 0.02MG ,GESTODENE 0.075MG	100			Rs.____	Rs.____
1045	TAB	ETORICOXIB 60MG	3,600			Rs.____	Rs.____
1046.1	TAB	EVEROLIMUS 0.25 MG	800			Rs.____	Rs.____
1046.2	TAB	EVEROLIMUS 0.75 MG	800			Rs.____	Rs.____
1046.3	TAB	EVEROLIMUS 10MG	800			Rs.____	Rs.____
1046.4	TAB	EVEROLIMUS 5MG	800			Rs.____	Rs.____
1047	TAB	EXEMESTANE 25MG	90			Rs.____	Rs.____
1048	TAB	EZETIMIBE 10 MG	1,600			Rs.____	Rs.____
1049	TAB	EZETIMIBE 10MG + ATORVASTATIN 10MG	1,300			Rs.____	Rs.____
1050	TAB	EZETIMIBE 10MG + ATORVASTATIN 20MG	1,300			Rs.____	Rs.____
1051	TAB	EZETIMIBE 10MG + ATORVASTATIN 40MG	1,300			Rs.____	Rs.____
1052	TAB	EZETIMIBE 10MG + SIMVASTATIN 10MG	1,300			Rs.____	Rs.____
1053	TAB	EZETIMIBE 10MG + SIMVASTATIN 20MG	1,300			Rs.____	Rs.____
1054	TAB	EZETIMIBE 10MG + SIMVASTATIN 40MG	1,300			Rs.____	Rs.____
1055.1	TAB	FAMCICLOVIR 250 MG/TAB	3,600			Rs.____	Rs.____
1055.2	TAB	FAMCICLOVIR 500 MG	3,600			Rs.____	Rs.____
1056	TAB	FAMILA 28 OR EQUIVALENT	2,300			Rs.____	Rs.____
1057.1	TAB	FAMOTIDINE 20 MG/TAB	11,000			Rs.____	Rs.____
1057.2	TAB	FAMOTIDINE 40MG	11,000			Rs.____	Rs.____
1058	TAB	FAVIPIRAVIR 200MG	200			Rs.____	Rs.____
1059.1	TAB	FEBUXOSTAT 40 MG/TAB	13,000			Rs.____	Rs.____
1059.2	TAB	FEBUXOSTAT 80 MG/TAB	8,000			Rs.____	Rs.____
1059.3	TAB	FEBUXOSTAT 120 MG/TAB	8,000			Rs.____	Rs.____
1060	CAP	FENOFIBRATE 200 MG	3,600			Rs.____	Rs.____
1061	CAP	FENOFIBRATE 67MG	3,600			Rs.____	Rs.____
1062	CAP	FENOFIBRATE 134MG	3,600			Rs.____	Rs.____
1063	TAB	FENOFIBRATE 160MG MICRONIZED TABLET	1,600			Rs.____	Rs.____
1064	TAB	FENOFIBRATE 54MG MICRONIZED TABLET	1,600			Rs.____	Rs.____
1065	TAB	FERROUS FUMARATE 150MG, FOLIC ACID 0.5MG	1,600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1066	TAB	(FEFOL VIT OR EQUIVALENT )FERROUS SULPHATE VITAMIN A VITAMIN B COMPLEX	55,000			Rs.____	Rs.____
1067	TAB	FERROUS SULPHATE + FOLIC ACID + VITAMIN C + B COMPLEX	65,000			Rs.____	Rs.____
1068	TAB	FERROUS SULPHATE + FOLIC ACID 300+5MG	35,000			Rs.____	Rs.____
1069	TAB	FERROUS SULPHATE 200 MG	65,000			Rs.____	Rs.____
1070	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)	15,000			Rs.____	Rs.____
1071.1	TAB	FEXOFENADINE 120 MG	21,000			Rs.____	Rs.____
1071.2	TAB	FEXOFENADINE 180 MG	16,000			Rs.____	Rs.____
1071.3	TAB	FEXOFENADINE 60 MG	16,000			Rs.____	Rs.____
1072	TAB	FEXOFENADINE/PSEUDEOEPHEDRINE 60/120MG	12,000			Rs.____	Rs.____
1073	TAB	FINASTERIDE 1 MG	1,500			Rs.____	Rs.____
1074	TAB	FINASTERIDE 5 MG	1,500			Rs.____	Rs.____
1075	TAB	FLAVOXATE 100MG	2,500			Rs.____	Rs.____
1076	TAB	FLAVOXATE 200 MG	2,500			Rs.____	Rs.____
1077	TAB	FLECAINIDE 100 MG	3,600			Rs.____	Rs.____
1078	TAB	FLECAINIDE 50 MG	3,600			Rs.____	Rs.____
1079	TAB	FLUDARABINE 10MG	3,000			Rs.____	Rs.____
1080	TAB	FLUDROCORTISONE 0.1 MG/TAB	600			Rs.____	Rs.____
1081	CAP	FLUNARIZINE 5 MG/CAP	4,000			Rs.____	Rs.____
1082	TAB	FLUOXETINE 10 MG	4,500			Rs.____	Rs.____
1083	TAB	FLUOXETINE 20 MG	4,500			Rs.____	Rs.____
1084	CAP	FLUOXETINE 20 MG	4,500			Rs.____	Rs.____
1085	TAB	FLUOXETINE 40 MG	4,500			Rs.____	Rs.____
1086	TAB	FLUPENTHIXOL 1 MG	2,300			Rs.____	Rs.____
1087	TAB	FLUPENTHIXOL 3 MG	2,500			Rs.____	Rs.____
1088	TAB	FLUPHENAZINE/NORTRIPTYLINE 10 MG/0.5 MG	2,500			Rs.____	Rs.____
1089	TAB	FLUPHENAZINE/MELITRACEN10 MG/0.5 MG	2,500			Rs.____	Rs.____
1090	TAB	FLURBIPROFEN 100 MG/TAB	11,000			Rs.____	Rs.____
1091	TAB	FLUTAMIDA TAB 250MG	2,300			Rs.____	Rs.____
1092	TAB	FLUVOXAMINE 100 MG	3,300			Rs.____	Rs.____
1093	TAB	FLUVOXAMINE 50 MG	3,300			Rs.____	Rs.____
1094	TAB	FOLINIC ACID 15 MG/TAB	6,000			Rs.____	Rs.____
1095	INJ	FOSAPREPITANT 250MG	700			Rs.____	Rs.____
1096	ORAL POWDER	FOSFOMYCIN 3000 MG/SACHET ORAL POWDER	10,500			Rs.____	Rs.____
1097	CAP	FOSFOMYCIN 500 MG/CAP	5,600			Rs.____	Rs.____
1098	TAB	FOSINOPRIL 10 MG 10MG	1,300			Rs.____	Rs.____
1099.1	TAB	FUROSEMIDE 20 MG/TAB	22,000			Rs.____	Rs.____
1099.2	TAB	FUROSEMIDE 40 MG/TAB	22,000			Rs.____	Rs.____
1100	TAB	FUROSEMIDE+AMILORIDE 40 MG/TAB	5,600			Rs.____	Rs.____
1101	TAB	FUROSEMIDE+SPIRONOLACTONE 20 MG/50MG	10,600			Rs.____	Rs.____
1102	TAB	FUROSEMIDE+SPIRONOLACTONE 40MG/50MG	10,600			Rs.____	Rs.____
1103	TAB	FUSIDIC ACID 250MG	6,500			Rs.____	Rs.____
1104.1	CAP	GABAPENTIN 100 MG/CAP	10,600			Rs.____	Rs.____
1104.2	CAP	GABAPENTIN 300 MG/CAP	10,600			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1105	TAB	GEMFIBROZIL 600 MG/TAB	5,500			Rs.____	Rs.____
1106	TAB	GEMIFLOXACIN 320 MG	1,500			Rs.____	Rs.____
1107	TAB	GINGER EXTRAC 1000MG	1,000			Rs.____	Rs.____
1108	TAB	GLECAPREVIR 100MG +PIBRENTASVIR 40MG	1,500			Rs.____	Rs.____
1109	TAB	GLIBENCLAMIDE 5 MG/TAB	3,600			Rs.____	Rs.____
1110	TAB	GLICLAZIDE 30 MG/TAB	15,600			Rs.____	Rs.____
1111	TAB	GLICLAZIDE 60 MG/TAB	15,600			Rs.____	Rs.____
1112	TAB	GLICLAZIDE 80 MG/TAB	8,600			Rs.____	Rs.____
1113.1	TAB	GLICLAZIDE MODIFIED RELEASE 30MG	4,000			Rs.____	Rs.____
1113.2	TAB	GLICLAZIDE MODIFIED RELEASE 60 MG	4,000			Rs.____	Rs.____
1114.1	TAB	GLIMEPIRIDE 1 MG/TAB	11,000			Rs.____	Rs.____
1114.2	TAB	GLIMEPIRIDE 2 MG/TAB	11,000			Rs.____	Rs.____
1114.3	TAB	GLIMEPIRIDE 3MG	11,000			Rs.____	Rs.____
1114.4	TAB	GLIMEPIRIDE 4 MG/TAB	11,000			Rs.____	Rs.____
1115	TAB	GLIMEPIRIDE/METFORMIN 1MG/500MG	5,500			Rs.____	Rs.____
1116	TAB	GLIMEPIRIDE/METFORMIN 2MG/500MG	5,500			Rs.____	Rs.____
1117	TAB	GLIMEPIRIDE/METFORMIN 3MG/500MG	5,500			Rs.____	Rs.____
1118	TAB	GLIMEPIRIDE/METFORMIN 4MG/500MG	5,500			Rs.____	Rs.____
1119	TAB	GLUCOSAMINE + CHONDROITIN 500/400MG	6,000			Rs.____	Rs.____
1120	CAP	GLUCOSAMINE + CHONDROITIN 500/400MG	6,000			Rs.____	Rs.____
1121	TAB	GLUCOSAMINE + CHONDROITIN 750/600MG	6,000			Rs.____	Rs.____
1122	CAP	GLUCOSAMINE + CHONDROITIN 250/200MG	6,000			Rs.____	Rs.____
1123	TAB	GLUCOSAMINE + CHONDROITIN 750/125MG	6,000			Rs.____	Rs.____
1124	ORAL POWDER	GLUCOSAMINE + CHONDROITIN 500/400MG	6,000			Rs.____	Rs.____
1125	TAB	GLUCOSAMINE SALT+5-METHYLTETRAHYDROFOLATE ACID 600 MCG	6,000			Rs.____	Rs.____
1126	ORAL POWDER	GLUCOSE+CALCIUM+VITAMIN D 100G ORAL POWDER	6,000			Rs.____	Rs.____
1127	ORAL POWDER	GLUCOSE+CALCIUM+VITAMIN D 400G ORAL POWDER	6,000			Rs.____	Rs.____
1128	TAB	GRANISETRON TABLET 1MG	5,300			Rs.____	Rs.____
1129	TAB	HALOPERIDOL 1.5 MG	1,600			Rs.____	Rs.____
1130	TAB	HALOPERIDOL 10MG	4,600			Rs.____	Rs.____
1131	TAB	HALOPERIDOL 5 MG	4,600			Rs.____	Rs.____
1132	PACKET	HELICURE COMBO PACK OR EQUIVALENT (OMEPRAZOLE, CLARITHROMYCIN AND METRONIDAZOLE TABLETS)	1,000			Rs.____	Rs.____
1133	TAB	HYDRALAZINE HCL 25 MG/TAB	62,000			Rs.____	Rs.____
1134	TAB	HYDROCHLOROTHIAZIDE 25 MG/TAB	6,600			Rs.____	Rs.____
1135	TAB	HYDROXYCHLOROQUINE 200 MG/TAB	21,000			Rs.____	Rs.____
1136	CAP	HYDROXYUREA 500 MG/CAP	7,000			Rs.____	Rs.____
1137	TAB	HYDROXYZINE 10 MG	6,600			Rs.____	Rs.____
1138	TAB	HYDROXYZINE 25 MG	6,600			Rs.____	Rs.____
1139	TAB	HYOSCINE BUTYLBROMIDE 10MG	3,600			Rs.____	Rs.____
1140	TAB	HYOSCINE BUTYLBROMIDE+PARACETAMOL 10MG/500MG	3,600			Rs.____	Rs.____
1141	TAB	IBANDRONATE SODIUM 150MG	3,600			Rs.____	Rs.____
1142	TAB	IBERET FOLIC GRADUET TABLETS OR EQUIVALENT	30,000			Rs.____	Rs.____
1143	TAB	IBRUTINIB 140 MG	3,500			Rs.____	Rs.____
1144	TAB	IBUPROFEN 200MG	12,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1145	TAB	IBUPROFEN 200MG, CODEINE PHOSPHATE 20MG	10,500			Rs.____	Rs.____
1146	TAB	IBUPROFEN 200MG, PSEUDOEPHEDRINE 30MG	10,500			Rs.____	Rs.____
1147	TAB	IBUPROFEN 400 MG/TAB	22,000			Rs.____	Rs.____
1148	TAB	IBUPROFEN+PSEUDOEPHEDRINE 400/60MG	10,500			Rs.____	Rs.____
1149	TAB	IDELALISIB 150 MG	5,200			Rs.____	Rs.____
1150	TAB	IMATINIB 100MG	3,200			Rs.____	Rs.____
1151	TAB	IMATINIB 400MG	3,200			Rs.____	Rs.____
1152	TAB	IMIPRAMINE 25 MG/TAB	5,500			Rs.____	Rs.____
1153	TAB	INDAPAMIDE 1.25MG	1,200			Rs.____	Rs.____
1154	TAB	INDAPAMIDE 1.5MG SUSTAINED RELEASE	1,200			Rs.____	Rs.____
1155	TAB	INDAPAMIDE 2.5MG	3,200			Rs.____	Rs.____
1156	TAB	INDAPAMIDE/AMLODIPINE 1.5/10MG	3,200			Rs.____	Rs.____
1157	TAB	INDAPAMIDE/AMLODIPINE 1.5/5MG	3,200			Rs.____	Rs.____
1158	TAB	INDOMETHACIN 25MG	3,500			Rs.____	Rs.____
1159	CAP	INDOMETHACIN 25MG	3,500			Rs.____	Rs.____
1160.1	TAB	IRBESARTAN 150 MG/TAB	3,600			Rs.____	Rs.____
1160.2	TAB	IRBESARTAN 300 MG	3,600			Rs.____	Rs.____
1160.3	TAB	IRBESARTAN 75MG	3,600			Rs.____	Rs.____
1161.1	TAB	IRBESARTAN/HYDROCHLORTHIAZIDE 150/12.5 MG	5,300			Rs.____	Rs.____
1161.2	TAB	IRBESARTAN /HYDROCHLOROTHIAZIDE 300/12.5MG	5,300			Rs.____	Rs.____
1161.3	TAB	IRBESARTAN /HYDROCHLOROTHIAZIDE 300/25MG	5,300			Rs.____	Rs.____
1162	CAP	IRON + VITAMIN B COMPLEX	60,000			Rs.____	Rs.____
1163	TAB	IRON POLYMALTOSE 100MG	35,000			Rs.____	Rs.____
1164	CAP	IRON+MULTIVITAMINS	35,000			Rs.____	Rs.____
1165	TAB	IRON+MULTIVITAMINS 500MG	35,000			Rs.____	Rs.____
1166	TAB	IRON+MULTIVITAMINS+FOLIC ACID 500 MG/TAB	15,000			Rs.____	Rs.____
1167	TAB	IRON+MULTIVITAMINS+FOLIC ACID 500MG (PROLONG RELEASE)	8,000			Rs.____	Rs.____
1168	TAB	IRON+VITAMIN B COMPLEX (PROLONG RELEASE)	8,000			Rs.____	Rs.____
1169	TAB	ISONIAZID 300MG	4,000			Rs.____	Rs.____
1170	TAB	ISONIAZID 100MG	4,000			Rs.____	Rs.____
1171	TAB	ISOSORBIDE (DINITRATE) 10MG	1,500			Rs.____	Rs.____
1172	TAB	ISOSORBIDE MONONITRATE 20 MG/TAB	6,000			Rs.____	Rs.____
1173	TAB	ISOSORBIDE MONONITRATE 40MG	6,000			Rs.____	Rs.____
1174	TAB	ISOSORBIDE MONONITRATE 50MG	6,000			Rs.____	Rs.____
1175	TAB	ISOSORBIDE MONONITRATE 60 MG/TAB	6,000			Rs.____	Rs.____
1176.1	TAB	ISOTRETINOIN 10 MG/CAP	4,000			Rs.____	Rs.____
1176.2	TAB	ISOTRETINOIN 20 MG/CAP	5,050			Rs.____	Rs.____
1177.1	TAB	ITOPRIDE 50 MG/TAB	40,100			Rs.____	Rs.____
1177.2	TAB	ITOPRIDE HCL 150 MG/TAB	20,100			Rs.____	Rs.____
1178	CAP	ITRACONAZOLE 100 MG/CAP	12,000			Rs.____	Rs.____
1179	TAB	IVABRADINE 5 MG	4,000			Rs.____	Rs.____
1180	TAB	IVABRADINE 7.5MG	4,000			Rs.____	Rs.____
1181	TAB	IVERMECTIN 6 MG/TAB	4,000			Rs.____	Rs.____
1182	TAB	IXAZOMIB 4MG	1,100			Rs.____	Rs.____
1183	TAB	KETO ANALOGUE	20,000			Rs.____	Rs.____
1184	TAB	KETOCONAZOLE 200MG	1,100			Rs.____	Rs.____
1185	TAB	LABELALOL HCL 100 MG	31,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1186	TAB	LACOSAMIDE 200MG	5,000			Rs.____	Rs.____
1187	TAB	LACOSAMIDE 100MG	3,500			Rs.____	Rs.____
1188	TAB	LACOSAMIDE 150MG	4,000			Rs.____	Rs.____
1189	TAB	LACOSAMIDE 50 MG	3,500			Rs.____	Rs.____
1190	TAB	LAMIVUDINE 100MG	1,050			Rs.____	Rs.____
1191	TAB	LAMIVUDINE 150MG	1,050			Rs.____	Rs.____
1192	TAB	LAMIVUDINE 300MG	1,050			Rs.____	Rs.____
1193	TAB	LAMIVUDINE AND TENOFOVIR DISOPROXIL FUMARATE 300MG/300MG	1,050			Rs.____	Rs.____
1194	TAB	LAMIVUDINE AND ZIDOVUDINE 150MG/300MG	1,050			Rs.____	Rs.____
1195	TAB	LAMOTRIGINE 100 MG	3,500			Rs.____	Rs.____
1196	TAB	LAMOTRIGINE 200 MG	3,500			Rs.____	Rs.____
1197	TAB	LAMOTRIGINE 25 MG	3,500			Rs.____	Rs.____
1198	TAB	LAMOTRIGINE 50 MG/TAB	3,500			Rs.____	Rs.____
1199	CAP	LANSOPRAZOLE 30 MG/CAP	10,500			Rs.____	Rs.____
1200	TAB	LAPATINIB 250 MG	1,100			Rs.____	Rs.____
1201	TAB	LEFLUNOMIDE 10 MG	3,500			Rs.____	Rs.____
1202	TAB	LEFLUNOMIDE 20 MG	3,500			Rs.____	Rs.____
1203	CAP	LENALIDOMIDE 10 MG	3,500			Rs.____	Rs.____
1204	TAB	LENALIDOMIDE 25 MG	3,500			Rs.____	Rs.____
1205	TAB	LETROZOLE 2.5 MG	3,100			Rs.____	Rs.____
1207	TAB	LEUCOVORIN 15MG	5,100			Rs.____	Rs.____
1208	TAB	LEVAMISOLE 40 MG	1,100			Rs.____	Rs.____
1209	TAB	LEVETIRACETAM 250 MG/TAB	10,500			Rs.____	Rs.____
1210	TAB	LEVETIRACETAM 500 MG/TAB	21,000			Rs.____	Rs.____
1211	TAB	LEVETIRACETAM 500 MG/TAB EXTENDED RELEASE	10,100			Rs.____	Rs.____
1212	TAB	LEVETIRACETAM 750 MG/TAB	5,500			Rs.____	Rs.____
1213	TAB	LEVETIRACETAM 1000 MG/TAB	5,500			Rs.____	Rs.____
1214	TAB	LEVOCETRIZINE 5 MG	12,000			Rs.____	Rs.____
1215.1	TAB	LEVOFLOXACIN 250 MG	10,500			Rs.____	Rs.____
1215.2	TAB	LEVOFLOXACIN 500 MG	15,500			Rs.____	Rs.____
1215.3	TAB	LEVOFLOXACIN 750MG	10,500			Rs.____	Rs.____
1216	TAB	LEVONORGESTREL 0.75 MG/TAB	500			Rs.____	Rs.____
1217	TAB	LEVONORGESTREL 1.5 MG/TAB	500			Rs.____	Rs.____
1218	TAB	LEVONORGESTREL+ETHINYLESTRADIOL 0.5/0.03MG /TAB	500			Rs.____	Rs.____
1219	TAB	LEVONORGESTREL 0.15MG+ETHINYL ESTRADIOL 0.03 MG + 7 TABLETS OF FERROUS FUMARATE BP 0.75MG	500			Rs.____	Rs.____
1220.1	TAB	LEVOSULPIRIDE 100MG	3,500			Rs.____	Rs.____
1220.2	TAB	LEVOSULPIRIDE 25MG	20,500			Rs.____	Rs.____
1220.3	TAB	LEVOSULPIRIDE 50MG	10,500			Rs.____	Rs.____
1221	TAB	LEVOTHYROXINE 100 MCG	4,000			Rs.____	Rs.____
1222	TAB	LEVOTHYROXINE 125 MCG	4,000			Rs.____	Rs.____
1223	TAB	LEVOTHYROXINE 25 MCG	4,000			Rs.____	Rs.____
1224	TAB	LEVOTHYROXINE 50 MCG	4,000			Rs.____	Rs.____
1225	TAB	LEVOTHYROXINE 75 MCG	4,000			Rs.____	Rs.____
1226	CAP	LINCOMYCIN 500 MG/CAP	4,000			Rs.____	Rs.____
1227.1	TAB	LINEZOLID 600 MG/TAB	9,000			Rs.____	Rs.____
1227.2	TAB	LINEZOLID 400 MG/TAB	9,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1228	TAB	LISINOPRIL 10 MG/TAB	5,500			Rs.____	Rs.____
1229	TAB	LISINOPRIL 20MG	5,500			Rs.____	Rs.____
1230	TAB	LISINOPRIL 20MG , HYDROCHLOROTHIAZIDE 12.5MG	5,500			Rs.____	Rs.____
1231	TAB	LISINOPRIL 5 MG/TAB	5,500			Rs.____	Rs.____
1232	TAB	LITHIUM CARBONATE 200MG	5,000			Rs.____	Rs.____
1233	TAB	LITHIUM CARBONATE 400 MG	5,000			Rs.____	Rs.____
1234	TAB	LITHIUM CARBONATE SR 400 MG	5,000			Rs.____	Rs.____
1235	TAB	LOMUSTINE 50 MG	1,000			Rs.____	Rs.____
1236	CAP	LOPERAMIDE 2 MG/CAP	30,500			Rs.____	Rs.____
1237	TAB	LOPINA VIR AND RITONAVIR 100MG/25MG	1,000			Rs.____	Rs.____
1238	TAB	LOPINA VIR AND RITONAVIR 200MG/50MG	1,000			Rs.____	Rs.____
1239	TAB	LOPINA VIR 133.3 MG	1,000			Rs.____	Rs.____
1240	TAB	LURASIDONE 40 MG	1,000			Rs.____	Rs.____
1241	TAB	LURASIDONE 80 MG	1,000			Rs.____	Rs.____
1242	TAB	LURASIDONE 20 MG	1,000			Rs.____	Rs.____
1243	TAB	LURASIDONE 10 MG	1,000			Rs.____	Rs.____
1244	TAB	LORATIDINE 10MG	30,000			Rs.____	Rs.____
1245	TAB	LORATIDINE 5 MG PSEUDOEPHEDRINE 60MG	30,000			Rs.____	Rs.____
1246	TAB	LORAZEPAM 0.5 MG	12,000			Rs.____	Rs.____
1247	TAB	LORAZEPAM 1MG	12,000			Rs.____	Rs.____
1248	TAB	LORAZEPAM 2MG	10,000			Rs.____	Rs.____
1249	ORAL POWDER	L-ORNITHINE L-ASPARTATE 3 G ORAL GRANULES	11,000			Rs.____	Rs.____
1250.1	TAB	LORNOXICAM 8 MG/TAB	11,000			Rs.____	Rs.____
1250.2	TAB	LORNOXICAM 4 MG/TAB	10,500			Rs.____	Rs.____
1251	TAB	LOSARTAN POTASSIUM / HYDROCHLOROTHIAZIDE 50 MG/12.5 MG	6,000			Rs.____	Rs.____
1252	TAB	LOSARTAN POTASSIUM 100MG, HYDROCHLOROTHIAZIDE 25MG	6,000			Rs.____	Rs.____
1253	TAB	LOSARTAN POTASSIUM 50 MG/TAB	9,000			Rs.____	Rs.____
1254	TAB	LOSARTAN POTASSIUM+HYDROCHLOROTHIAZIDE 50MG/25MG	8,000			Rs.____	Rs.____
1255	TAB	LOSARTAN SODIUM 100MG	4,000			Rs.____	Rs.____
1256	TAB	LOSARTAN SODIUM 25MG	4,000			Rs.____	Rs.____
1257	TAB	LOSARTAN SODIUM 50MG	4,000			Rs.____	Rs.____
1258	TAB	LOVASTATIN 20MG	1,000			Rs.____	Rs.____
1259	TAB	ULIPRISTAL 30 MG	1,000			Rs.____	Rs.____
1260	TAB	MAGNESIUM 500 MG/TAB	5,500			Rs.____	Rs.____
1261.1	TAB	MEBENDAZOLE 100 MG/TAB	9,000			Rs.____	Rs.____
1261.2	TAB	MEBENDAZOLE 500MG	4,000			Rs.____	Rs.____
1262	TAB	MEBEVERINE HYDROCHLORIDE 135 MG/TAB	20,500			Rs.____	Rs.____
1263	CAP	MEBEVERINE HYDROCHLORIDE 200MG	5,500			Rs.____	Rs.____
1264	TAB	MEBEVERINE HYDROCHLORIDE 200MG	5,500			Rs.____	Rs.____
1265	TAB	MECOBALAMIN 500 MCG/TAB	31,000			Rs.____	Rs.____
1266.1	TAB	MEFENAMIC ACID 250 MG/TAB	15,000			Rs.____	Rs.____
1266.2	TAB	MEFENAMIC ACID 500 MG/TAB	25,000			Rs.____	Rs.____
1267	TAB	MEGESTROL ACETATE 160MG	2,000			Rs.____	Rs.____
1268	TAB	MELATONIN 1MG	3,500			Rs.____	Rs.____
1269	TAB	MELATONIN 3MG	3,500			Rs.____	Rs.____
1270	TAB	MELATONIN 5MG	3,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1271.1	TAB	MELOXICAM 15 MG/TAB	10,500			Rs.____	Rs.____
1271.2	TAB	MELOXICAM 7.5 MG/TAB	20,500			Rs.____	Rs.____
1272	TAB	MEMANTINE 10 MG/TAB	600			Rs.____	Rs.____
1273	TAB	MEMANTINE 5 MG/TAB	600			Rs.____	Rs.____
1274	TAB	MEMANTINE 20 MG/TAB	600			Rs.____	Rs.____
1275	TAB	MERCAPTOPYRINE 50 MG/TAB	15,000			Rs.____	Rs.____
1276.1	TAB	MESALAZINE 400 MG/TAB	8,500			Rs.____	Rs.____
1276.2	TAB	MESALAZINE 800MG	8,500			Rs.____	Rs.____
1277	TAB	METALOZONE 5 MG/TAB	7,000			Rs.____	Rs.____
1278	TAB	METFORMIN + GLIBENCLAMIDE 1.25MG + 500MG	7,000			Rs.____	Rs.____
1279	TAB	METFORMIN + GLIBENCLAMIDE 2.5MG + 500MG	7,000			Rs.____	Rs.____
1280	TAB	METFORMIN + GLIBENCLAMIDE 5+500MG	7,000			Rs.____	Rs.____
1281	TAB	METFORMIN 500 EXTENDED RELEASE	13,000			Rs.____	Rs.____
1282	TAB	METFORMIN HCL (XTENDED RELEASE) 1000MG	8,000			Rs.____	Rs.____
1283	TAB	METFORMIN HCL (XTENDED RELEASE) 750MG	9,000			Rs.____	Rs.____
1284	TAB	METFORMIN HCL 1000 MG/TAB	10,000			Rs.____	Rs.____
1285	TAB	METFORMIN HCL 250 MG/TAB	7,000			Rs.____	Rs.____
1286	TAB	METFORMIN HCL 500 MG/TAB	22,000			Rs.____	Rs.____
1287	TAB	METFORMIN HCL 850 MG/TAB	12,000			Rs.____	Rs.____
1288	TAB	METHOTREXATE 10 MG/TAB	7,000			Rs.____	Rs.____
1289	TAB	METHOTREXATE 2.5 MG/TAB	11,000			Rs.____	Rs.____
1290	TAB	METHYLDOPA 250 MG/TAB	8,000			Rs.____	Rs.____
1291	TAB	METHYLTETRAHYDROFOLIC ACID 300MCG	3,000			Rs.____	Rs.____
1292	TAB	METHYLTETRAHYDROFOLIC ACID 600 MCG	3,000			Rs.____	Rs.____
1293	TAB	METOCLOPROPAMIDE 10 MG/TAB	21,000			Rs.____	Rs.____
1294	TAB	METOCLOPROPAMIDE+SIMETHICONE+BROMELAIN+ PANCREATIN	10,000			Rs.____	Rs.____
1295	TAB	METOPROLOL TARTRATE SR 200MG	6,000			Rs.____	Rs.____
1296	TAB	METOPROLOL TARTARATE 100MG	6,000			Rs.____	Rs.____
1297	TAB	METOPROLOL 25 MG/TAB	9,000			Rs.____	Rs.____
1298	TAB	METOPROLOL 50 MG/TAB	9,000			Rs.____	Rs.____
1299	TAB	METOPROLOL SUCCINATE 200MG	9,000			Rs.____	Rs.____
1300.1	TAB	METRONIDAZOLE 200 MG	11,000			Rs.____	Rs.____
1300.2	TAB	METRONIDAZOLE 400 MG/TAB	123,000			Rs.____	Rs.____
1301	TAB	MEXILETINE HYDROCHLORIDE 150MG	500			Rs.____	Rs.____
1302	TAB	MEXILETINE HYDROCHLORIDE 200MG	500			Rs.____	Rs.____
1303	TAB	MEXILETINE HYDROCHLORIDE 250MG	500			Rs.____	Rs.____
1304	TAB	MIDAZOLAM 7.5 MG/TAB	15,000			Rs.____	Rs.____
1305	TAB	MIDOSTAURIN 50 MG	500			Rs.____	Rs.____
1306	TAB	MINOCYCLINE 100 MG/TAB	15,000			Rs.____	Rs.____
1307.1	TAB	MIRABEGRON 25 MG	5,300			Rs.____	Rs.____
1307.2	TAB	MIRABEGRON 50 MG	5,300			Rs.____	Rs.____
1308	TAB	MIRTAZAPINE 15 MG	4,000			Rs.____	Rs.____
1309	TAB	MIRTAZAPINE 30MG	4,000			Rs.____	Rs.____
1310	TAB	MIRTAZAPINE 45MG	4,000			Rs.____	Rs.____
1311	TAB	MISOPROSTOL 200 MCG/TAB	30,500			Rs.____	Rs.____
1312	TAB	MISOPROSTOL 100 MCG/TAB	10,500			Rs.____	Rs.____
1313	TAB	MODAFINIL 100 MG/TAB	3,500			Rs.____	Rs.____
1314	TAB	MODAFINIL 200 MG/TAB	3,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1315.1	TAB	MONTELUKAST SODIUM 10 MG/TAB	23,000			Rs.____	Rs.____
1315.2	ORAL POWDER	MONTELUKAST SODIUM 4 MG ORAL POWDER	11,000			Rs.____	Rs.____
1315.3	TAB	MONTELUKAST SODIUM 4 MG/TAB CHEWABLE TABLETS	11,000			Rs.____	Rs.____
1315.4	TAB	MONTELUKAST SODIUM 5 MG/TAB CHEWABLE TABLETS	11,000			Rs.____	Rs.____
1316	TAB	MORPHINE 10MG	20,000			Rs.____	Rs.____
1317	TAB	MORPHINE 30MG	20,000			Rs.____	Rs.____
1318	ORAL POWDER	MOVCOL SACHET ORAL POWDER OR EQUIVALENT	10,500			Rs.____	Rs.____
1319	CAP	MULTIVITAMIN SOFT GELATIN	52,000			Rs.____	Rs.____
1320	TAB	MULTIVITAMINS WITH MINERAL	25,000			Rs.____	Rs.____
1321	TAB	MULTIVITAMINS WITH ZINC	75,000			Rs.____	Rs.____
1322	ORAL POWDER	MYO INOSITOL, FOLIC ACID ORAL POWDER	20,000			Rs.____	Rs.____
1323.1	TAB	NAPROXEN SODIUM 250 MG/TAB	15,500			Rs.____	Rs.____
1323.2	TAB	NAPROXEN SODIUM 500 MG/TAB	21,000			Rs.____	Rs.____
1324	TAB	NAPROXEN SODIUM 550 MG/TAB	71,000			Rs.____	Rs.____
1325	TAB	NEBIVOLOL 10 MG	7,000			Rs.____	Rs.____
1326	TAB	NEBIVOLOL 2.5 MG/TAB	10,000			Rs.____	Rs.____
1327	TAB	NEBIVOLOL 5MG	17,000			Rs.____	Rs.____
1328	TAB	NICORANDIL 10 MG/TAB	2,500			Rs.____	Rs.____
1329	TAB	NICORANDIL 20MG/TAB	3,000			Rs.____	Rs.____
1330	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)	121,500			Rs.____	Rs.____
1331	CHEWING GUM	NICOTINE 2MG (CHEWING GUM)	3,000			Rs.____	Rs.____
1332	CHEWING GUM	NICOTINE 4MG (CHEWING GUM)	3,000			Rs.____	Rs.____
1333	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 )	10,000			Rs.____	Rs.____
1334	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 )	32,000			Rs.____	Rs.____
1335	TAB	NIFEDIPINE 20 MG	10,500			Rs.____	Rs.____
1336	TAB	NIFEDIPINE 30 MG	16,000			Rs.____	Rs.____
1337	TAB	NIFEDIPINE 30 MG/TAB PROLONGED RELEASE TABLETS	20,000			Rs.____	Rs.____
1338	TAB	NIFEDIPINE 60 MG	16,000			Rs.____	Rs.____
1339	CAP	NILOTINIB 150MG	700			Rs.____	Rs.____
1340	CAP	NILOTINIB 200 MG	700			Rs.____	Rs.____
1341	TAB	NIMESULIDE 100 MG/TAB	31,000			Rs.____	Rs.____
1342	TAB	NIMODIPINE 30 MG/TAB	2,500			Rs.____	Rs.____
1343	TAB	NIRMATRELVIR+RITONAVIR 150MG/100 MG	2,100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1344	TAB	NITAZOXANIDE 500 TAB	6,000			Rs.____	Rs.____
1345	TAB	NITRAZEPAM 5 MG/TAB	4,000			Rs.____	Rs.____
1346	TAB	NITROFURANTOIN 100 MG/TAB	7,000			Rs.____	Rs.____
1347	TAB	NORETHISTERONE 5 MG/TAB	30,000			Rs.____	Rs.____
1348	TAB	OESTROGEN CONJUGATED 0.3MG	2,000			Rs.____	Rs.____
1349	TAB	OFLOXACIN 200 MG/TAB	3,300			Rs.____	Rs.____
1350	CAP	OLANZAPINE + FLUOXETINE 3MG/25MGCAP	10,100			Rs.____	Rs.____
1351	CAP	OLANZAPINE + FLUOXETINE 6MG/25MGCAP	6,100			Rs.____	Rs.____
1352.1	TAB	OLANZAPINE 10MG	5,100			Rs.____	Rs.____
1352.2	TAB	OLANZAPINE 5 MG	10,100			Rs.____	Rs.____
1353.1	TAB	OLMESARTAN 10MG	4,000			Rs.____	Rs.____
1353.2	TAB	OLMESARTAN 20MG	4,000			Rs.____	Rs.____
1353.3	TAB	OLMESARTAN 40 MG	4,000			Rs.____	Rs.____
1354	TAB	OLMESARTAN 5MG	4,000			Rs.____	Rs.____
1355	TAB	OLMESARTAN/AMLODIPINE 20MG/5MG	1,100			Rs.____	Rs.____
1356	TAB	OLMESARTAN/AMLODIPINE 10MG/40MG	1,100			Rs.____	Rs.____
1357	TAB	OLMESARTAN/AMLODIPINE 5MG/20MG	1,100			Rs.____	Rs.____
1359	TAB	OLMESARTAN/AMLODIPINE 5MG/40MG	1,100			Rs.____	Rs.____
1360	TAB	OMEGA 3 FISH OIL 1200MG	21,000			Rs.____	Rs.____
1361.1	ORAL POWDER	OMEPRAZOLE, SODIUM BICARBONATE 20/1680MG ORAL POWDER	51,000			Rs.____	Rs.____
1361.2	ORAL POWDER	OMEPRAZOLE, SODIUM BICARBONATE 40/1680MG ORAL POWDER	51,000			Rs.____	Rs.____
1362.1	CAP	OMEPRAZOLE, SODIUM BICARBONATE 40/1100MG 14'S	10,100			Rs.____	Rs.____
1362.2	CAP	OMEPRAZOLE, SODIUM BICARBONATE CAP 20/1100MG	10,100			Rs.____	Rs.____
1363	TAB	ONDANSETRON HCL 8 MG/TAB	60,500			Rs.____	Rs.____
1364	ORAL POWDER	ORAL REHYDRATION SALT LOW OSMOLAR ORAL POWDER FOR 1 LITER OF WATER SACHET	52,000			Rs.____	Rs.____
1365	ORAL POWDER	ORAL REHYDRATION SALT ORAL POWDER FOR 500ML WATER	6,000			Rs.____	Rs.____
1366	CAP	ORLISTAT 120 MG	3,300			Rs.____	Rs.____
1367	CAP	ORLISTAT 60 MG	3,300			Rs.____	Rs.____
1368	CAP	OSELTAMIVIR PHOSPHATE 75 MG	7,000			Rs.____	Rs.____
1369.1	TAB	OSSEIN MINERAL COMPLEX 800MG	51,000			Rs.____	Rs.____
1369.2	TAB	OSSEIN MINERAL COMPLEX+VITAMIN D 830MG/400IU	101,000			Rs.____	Rs.____
1370	TAB	OXCARBAZEPINE 300 MG	5,500			Rs.____	Rs.____
1371	TAB	OXCARBAZEPINE 600 MG	5,500			Rs.____	Rs.____
1372	TAB	OXYBUTYNINE 5MG	5,500			Rs.____	Rs.____
1373	TAB	OXYBUTYNINE 3 MG	5,500			Rs.____	Rs.____
1374	TAB	OXYMETHOLONE 50 MG	6,500			Rs.____	Rs.____
1375	TAB	PANCRELIPASE 10000 IU	6,200			Rs.____	Rs.____
1376.1	TAB	PANTOPRAZOLE 20MG/TAB	21,000			Rs.____	Rs.____
1376.2	TAB	PANTOPRAZOLE 40 MG/TAB	21,000			Rs.____	Rs.____
1377	TAB	PARACETAMOL & CAFFEINE 500/65 MG EFFERVESCENT TABLETS	16,000			Rs.____	Rs.____
1378	TAB	PARACETAMOL & IBUPROFEN 500MG/200MG	16,000			Rs.____	Rs.____
1379	TAB	PARACETAMOL 300MG, TRIPROLIDINE 1.5MG, PSEUDOEPHEDRINE (HCL) 36MG	16,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1380	TAB	PARACETAMOL 325MG+ TRAMADOL 37.5 MG	31,000			Rs.____	Rs.____
1381	TAB	PARACETAMOL 650MG+ TRAMADOL 75 MG	31,000			Rs.____	Rs.____
1382	TAB	PARACETAMOL 500 MG/TAB	1,020,000			Rs.____	Rs.____
1383	TAB	PARACETAMOL 500MG, CAFFEINE 65MG	16,000			Rs.____	Rs.____
1384	ORAL POWDER	PARACETAMOL 500MG, PSEUDOEPHEDRINE 30MG, MEPYRAMINE MALEATE 13MG, PHENIRAMINE MALEATE 13MG ORAL POWDER	16,000			Rs.____	Rs.____
1385	TAB	PARACETAMOL EXTENDED RELEASE TABLET 665 MG	301,000			Rs.____	Rs.____
1386	TAB	PARACETAMOL+CHLORPHENIRAMINE+PSEUDOEPHEDRINE 500MG+4MG+60MG / TAB	16,000			Rs.____	Rs.____
1387	TAB	PARACETAMOL+ORPHENADRINE CITRATE 450MG/35MG	120,000			Rs.____	Rs.____
1388	TAB	PARACETAMOL+ORPHENADRINE CITRATE 650MG/50MG	130,000			Rs.____	Rs.____
1389.1	TAB	PARAZOSIN 2MG	3,200			Rs.____	Rs.____
1389.2	TAB	PARAZOSIN 1MG	3,200			Rs.____	Rs.____
1390	TAB	PAROXETINE 20MG	3,300			Rs.____	Rs.____
1391	TAB	PAROXETINE 25MG	3,500			Rs.____	Rs.____
1392	TAB	PAROXETINE 37.5 MG	3,500			Rs.____	Rs.____
1393	TAB	PAROXETINE 50 MG	3,500			Rs.____	Rs.____
1394	TAB	PAROXETINE CONTROL RELEASE 12.5MG	3,200			Rs.____	Rs.____
1395	TAB	PAROXETINE CONTROL RELEASE 25 MG	3,200			Rs.____	Rs.____
1396	TAB	PAZOPANIB 200MG 200MG	3,000			Rs.____	Rs.____
1397	TAB	PAZOPANIB 400MG 400MG	3,000			Rs.____	Rs.____
1398	TAB	PENICILLIN V 250MG	3,000			Rs.____	Rs.____
1399	TAB	PERINDOPRIL 2 MG	5,500			Rs.____	Rs.____
1400	TAB	PERINDOPRIL 4 MG	5,500			Rs.____	Rs.____
1401	TAB	PERINDOPRIL 8MG	5,500			Rs.____	Rs.____
1402	TAB	PERINDOPRIL/AMPLODIPINE 4MG/10MG	6,000			Rs.____	Rs.____
1403	TAB	PERINDOPRIL/AMPLODIPINE 4MG/5MG	6,000			Rs.____	Rs.____
1404	TAB	PERINDOPRIL/AMPLODIPINE 8MG/10MG	6,000			Rs.____	Rs.____
1405	TAB	PERINDOPRIL/AMPLODIPINE 8MG/5MG	6,000			Rs.____	Rs.____
1406	TAB	PERINDOPRIL/INDAPAMIDE 2MG/0.625MG	6,000			Rs.____	Rs.____
1407	TAB	PERINDOPRIL/INDAPAMIDE 5MG/1.25MG	6,000			Rs.____	Rs.____
1408	TAB	PERINDOPRIL/INDAPAMIDE 4MG/1.25MG	5,500			Rs.____	Rs.____
1409	TAB	PHENAZOPYRIDINE HCL 100 MG/TAB	8,000			Rs.____	Rs.____
1410	TAB	PHENIRAMINE MALEATE 25 MG	5,500			Rs.____	Rs.____
1411	TAB	PHENIRAMINE MALEATE 50 MG	5,500			Rs.____	Rs.____
1412	TAB	PHENIRAMINE MALEATE 75 MG	5,500			Rs.____	Rs.____
1413	TAB	PHENOBARBITONE 30 MG	22,000			Rs.____	Rs.____
1414	CAP	PHENYTOIN SODIUM 100 MG/CAP	10,000			Rs.____	Rs.____
1415	TAB	PHLOROGLUCINOL 80 MG/TAB	10,000			Rs.____	Rs.____
1416	TAB	PHLOROGLUCINOL+TRIMETHYLPHLOROGLUCINOL 40MG/0.04MG	15,000			Rs.____	Rs.____
1417	TAB	PIOGLITAZONE 15 MG	5,500			Rs.____	Rs.____
1418	TAB	PIOGLITAZONE 30 MG	5,500			Rs.____	Rs.____
1419	TAB	PIPEMIDIC ACID 400MG	3,500			Rs.____	Rs.____
1420	CAP	PIPEMIDIC ACID 400MG	3,000			Rs.____	Rs.____
1421	TAB	PIRFENIDONE 200 MG/TAB	7,000			Rs.____	Rs.____
1422	TAB	PIRIBEDIL 50MG	2,000			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1423	TAB	PIROXICAM 10MG	6,000			Rs.____	Rs.____
1424	CAP	PIROXICAM 20 MG	5,500			Rs.____	Rs.____
1425	TAB	PIROXICAM 20 MG	5,000			Rs.____	Rs.____
1426	TAB	PIROXICAM BETA CYCLODEXTRIN 20MG	31,000			Rs.____	Rs.____
1427	TAB	PITVASTATIN 1MG	3,500			Rs.____	Rs.____
1428	TAB	PITVASTATIN 2 MG	3,500			Rs.____	Rs.____
1429	TAB	PITVASTATIN 3 MG	3,500			Rs.____	Rs.____
1430	TAB	PITVASTATIN 4 MG	3,500			Rs.____	Rs.____
1431	TAB	PLASAL WTH ENZYME OR EQUIVALENT	7,000			Rs.____	Rs.____
1432	TAB	PLECANATIDE 3MG	1,000			Rs.____	Rs.____
1433	TAB	PONATINIB 45 MG	2,000			Rs.____	Rs.____
1434	TAB	POSACONAZOL 100 MG/TAB	4,000			Rs.____	Rs.____
1435	TAB	POTASSIUM CHLORIDE 500 MG/TAB	30,000			Rs.____	Rs.____
1436	TAB	POTASSIUM CITRATE 1080 MG/TAB	11,000			Rs.____	Rs.____
1437	TAB	POTASSIUM PHOSPHATE 500MG	16,000			Rs.____	Rs.____
1438.1	TAB	PREDNISOLONE 5 MG/TAB	210,000			Rs.____	Rs.____
1438.2	TAB	PREDNISOLONE ENTERIC COATED 5 MG	210,000			Rs.____	Rs.____
1439	CAP	PREGABALIN 100 MG	8,000			Rs.____	Rs.____
1440	CAP	PREGABALIN 150 MG	8,000			Rs.____	Rs.____
1441	CAP	PREGABALIN 25MG	3,500			Rs.____	Rs.____
1442	CAP	PREGABALIN 50 MG	11,000			Rs.____	Rs.____
1443	CAP	PREGABALIN 75 MG	8,000			Rs.____	Rs.____
1444	CAP	PREGABALIN 300 MG	8,000			Rs.____	Rs.____
1445	TAB	PRIMAQUINE 7.5MG	8,000			Rs.____	Rs.____
1446	TAB	PRIMAQUINE 15MG	8,000			Rs.____	Rs.____
1447	TAB	PRIMAQUINE 30MG	21,000			Rs.____	Rs.____
1448	TAB	PROCAINAMIDE 250MG	4,500			Rs.____	Rs.____
1449	CAP	PROCARBAZINE 50 MG/CAP	1,500			Rs.____	Rs.____
1450	TAB	PROCHLORPERAZINE 5 MG	10,500			Rs.____	Rs.____
1451	TAB	PROCYCLIDINE 10MG	1,500			Rs.____	Rs.____
1452	TAB	PROCYCLIDINE 5 MG/TAB	5,500			Rs.____	Rs.____
1453	CAP	PROGESTERONE 200 MG/CAP	10,000			Rs.____	Rs.____
1454	TAB	PROMETHAZINE 10 MG	3,500			Rs.____	Rs.____
1455	TAB	PROMETHAZINE 25 MG	3,500			Rs.____	Rs.____
1456.1	TAB	PROPRANOLOL 10 MG/TAB	17,000			Rs.____	Rs.____
1456.2	TAB	PROPRANOLOL 40 MG/TAB	16,000			Rs.____	Rs.____
1457	TAB	PROPYLTHIOURACIL 50MG	2,000			Rs.____	Rs.____
1458	TAB	PYRANTEL PAMOATE 250MG	2,000			Rs.____	Rs.____
1459	TAB	PYRAZINAMIDE 500MG	3,000			Rs.____	Rs.____
1460	TAB	PYRIDOSTIGMINE 60MG	10,000			Rs.____	Rs.____
1461	TAB	PYRIDOXINE + MECLIZINE 50MG/25MG	10,000			Rs.____	Rs.____
1462	TAB	PYRIDOXINE 50 MG/TAB	30,000			Rs.____	Rs.____
1463	TAB	PYRIMETHAMINE 25MG	3,000			Rs.____	Rs.____
1464	TAB	QUETIAPINE 100MG	7,000			Rs.____	Rs.____
1465	TAB	QUETIAPINE 150 MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1466	TAB	QUETIAPINE 200 MG EXTENDED RELEASE	7,000			Rs.____	Rs.____
1467	TAB	QUETIAPINE 25 MG	7,000			Rs.____	Rs.____
1468	TAB	QUETIAPINE 200 MG	7,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1469	TAB	RABEPRAZOLE 10MG	5,500			Rs.____	Rs.____
1470	TAB	RABEPRAZOLE SODIUM 20 MG	5,500			Rs.____	Rs.____
1471	TAB	RABEPRAZOLE 40MG	5,500			Rs.____	Rs.____
1472	CAP	RACECADOTRIL 100MG	100			Rs.____	Rs.____
1473	ORAL POWDER	RACECADOTRIL 10MG ORAL POWDER	100			Rs.____	Rs.____
1474	ORAL POWDER	RACECADOTRIL 30 MG ORAL POWDER	200			Rs.____	Rs.____
1475	TAB	RALOXIFENE 60 MG	2,000			Rs.____	Rs.____
1476	TAB	RAMIPRIL 10 MG/TAB	4,000			Rs.____	Rs.____
1477	TAB	RAMIPRIL 2.5 MG/TAB	4,000			Rs.____	Rs.____
1478	TAB	RAMIPRIL 5 MG/TAB	4,000			Rs.____	Rs.____
1479	TAB	RAMIPRIL 1.25 MG/TAB	4,000			Rs.____	Rs.____
1480	TAB	RANOLAZINE 500 MG/TAB	11,000			Rs.____	Rs.____
1481	TAB	REBAMIPIDE 100MG	5,000			Rs.____	Rs.____
1482	TAB	RIBAVIRIN 100MG	4,000			Rs.____	Rs.____
1483	TAB	RIBAVIRIN 200MG	4,000			Rs.____	Rs.____
1484	CAP	RIBAVIRIN 400MG	5,000			Rs.____	Rs.____
1485	TAB	RIBAVIRIN 500MG	5,000			Rs.____	Rs.____
1486	TAB	RIBAVIRIN 600MG	5,000			Rs.____	Rs.____
1487	TAB	RIFAMPICIN 300MG	4,500			Rs.____	Rs.____
1488	TAB	RIFAMPICIN 300MG, ISONIAZID 150MG	9,000			Rs.____	Rs.____
1489	TAB	RIFAXIMINE 550 MG/TAB	32,000			Rs.____	Rs.____
1490	TAB	RIFIXAMIN 200MG	17,000			Rs.____	Rs.____
1491.1	TAB	RISPERIDONE 1 MG	5,500			Rs.____	Rs.____
1491.2	TAB	RISPERIDONE 2 MG	5,500			Rs.____	Rs.____
1491.3	TAB	RISPERIDONE 3MG	5,500			Rs.____	Rs.____
1491.4	TAB	RISPERIDONE 4MG	5,500			Rs.____	Rs.____
1492	TAB	RIVAROXABAN 10MG	5,000			Rs.____	Rs.____
1493	TAB	RIVAROXABAN 15MG	5,000			Rs.____	Rs.____
1494	TAB	RIVAROXABAN 2.5MG	5,000			Rs.____	Rs.____
1495	TAB	RIVAROXABAN 20 MG	5,000			Rs.____	Rs.____
1496	TAB	RIVAROXABAN 5MG	5,000			Rs.____	Rs.____
1497	CAP	RIVASTIGMINE 3MG	3,500			Rs.____	Rs.____
1498	CAP	RIVASTIGMINE 6MG	3,500			Rs.____	Rs.____
1499	CAP	RIVASTIGMINE 1.5 MG	3,500			Rs.____	Rs.____
1500	CAP	RIVASTIGMINE 4.5 MG	3,500			Rs.____	Rs.____
1501	PATCH	RIVASTIGMINE 13.3 MG	3,000			Rs.____	Rs.____
1502	PATCH	RIVASTIGMINE 18 MG	3,000			Rs.____	Rs.____
1503	PATCH	RIVASTIGMINE 9.5 MG	3,000			Rs.____	Rs.____
1504	TAB	ROPINIROLE 0.25 MG	9,000			Rs.____	Rs.____
1505	TAB	ROPINIROLE 1 MG	9,000			Rs.____	Rs.____
1506	TAB	ROPINROLE 2MG	5,500			Rs.____	Rs.____
1507.1	TAB	ROSUVASTATIN 10 MG/TAB	30,000			Rs.____	Rs.____
1507.2	TAB	ROSUVASTATIN 20 MG/TAB	25,000			Rs.____	Rs.____
1507.3	TAB	ROSUVASTATIN 5MG	12,000			Rs.____	Rs.____
1507.4	TAB	ROSUVASTATIN 40 MG	11,000			Rs.____	Rs.____
1508	TAB	RUXOLITINIB 15 MG	1,000			Rs.____	Rs.____
1509	TAB	RUXOLITINIB 20 MG	1,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1510	TAB	RUXOLITINIB 5 MG	1,000			Rs.____	Rs.____
1511	TAB	SACUBITRIL + VALSARTAN 200MG	5,000			Rs.____	Rs.____
1512	TAB	SACUBITRIL+VALSARTAN 100 MG	5,000			Rs.____	Rs.____
1513	TAB	SACUBITRIL+VALSARTAN 50MG	5,000			Rs.____	Rs.____
1514.1	TAB	SALBUTAMOL 2MG	1,500			Rs.____	Rs.____
1514.2	TAB	SALBUTAMOL 4MG	1,500			Rs.____	Rs.____
1515	TAB	SECNIDAZOLE 1000MG	500			Rs.____	Rs.____
1516	TAB	SERRATIOPEPTIDASE 10MG	31,000			Rs.____	Rs.____
1517	TAB	SERRATIOPEPTIDASE 20MG	16,000			Rs.____	Rs.____
1518	TAB	SERRATIOPEPTIDASE 40MG	16,000			Rs.____	Rs.____
1519	TAB	SERRATIOPEPTIDASE 5 MG	11,000			Rs.____	Rs.____
1520	TAB	SERTRALINE HCL 100MG	4,000			Rs.____	Rs.____
1521	TAB	SERTRALINE HCL 25 MG	7,000			Rs.____	Rs.____
1522	TAB	SERTRALINE HCL 50 MG/TAB	7,000			Rs.____	Rs.____
1523	TAB	SEVELAMER HYDROCHLORIDE 400 MG	12,000			Rs.____	Rs.____
1524	TAB	SEVELAMER HYDROCHLORIDE 800MG	12,000			Rs.____	Rs.____
1525	TAB	SILDENAFIL 100MG	1,500			Rs.____	Rs.____
1526	TAB	SILDENAFIL 50MG	1,500			Rs.____	Rs.____
1527	TAB	SILDOSIN 4MG	500			Rs.____	Rs.____
1528	TAB	SILDOSIN 8MG	500			Rs.____	Rs.____
1529	TAB	SILYMARIN 200 MG/TAB	500			Rs.____	Rs.____
1530.1	TAB	SIMVASTATIN 10 MG	3,500			Rs.____	Rs.____
1530.2	TAB	SIMVASTATIN 20 MG	3,500			Rs.____	Rs.____
1531.1	TAB	SITAGLIPTIN 100MG	13,000			Rs.____	Rs.____
1531.2	TAB	SITAGLIPTIN 25MG	9,000			Rs.____	Rs.____
1531.3	TAB	SITAGLIPTIN 50 MG	13,000			Rs.____	Rs.____
1532.1	TAB	SITAGLIPTIN 50MG+METFORMIN 500MG	15,500			Rs.____	Rs.____
1532.2	TAB	SITAGLIPTIN 50MG+METFORMIN 850MG	15,500			Rs.____	Rs.____
1532.3	TAB	SITAGLIPTIN 50MG+METFORMIN 1000MG	10,500			Rs.____	Rs.____
1532.4	TAB	SITAGLIPTIN 100MG+METFORMIN 1000MG	10,500			Rs.____	Rs.____
1533	TAB	SITAGLIPTIN 25MG+METFORMIN 500MG EXTENDED RELEASE	10,500			Rs.____	Rs.____
1534	TAB	SITAGLIPTIN 50MG+METFORMIN 500MG MODIFIED RELEASE	10,500			Rs.____	Rs.____
1535	TAB	SITAGLIPTIN 50MG+METFORMIN 850MG EXTENDED RELEASE	10,500			Rs.____	Rs.____
1536	TAB	SITAGLIPTIN 50MG+METFORMIN 1000MG EXTENDED RELEASE	10,500			Rs.____	Rs.____
1537	ORAL POWDER	SODIUM BICARBONATE 1.716GM, SODIUM CITRATE 0.613GM, CITRIC ACID 0.702GM, TARTARIC ACID 0.858GM ORAL POWDER	21,000			Rs.____	Rs.____
1538	TAB	SODIUM BICARBONATE 300 MG/TAB	152,000			Rs.____	Rs.____
1539	ORAL POWDER	SODIUM CHLORIDE+POTASSIUM CHLORIDE+CITRATE+GLUCOSE ANHYDROUS ORAL POWDER	13,000			Rs.____	Rs.____
1540	TAB	SODIUM FUSIDATE 250 MG	1,300			Rs.____	Rs.____
1541	TAB	SODIUM PICOSULFATE 5 MG/TAB	5,600			Rs.____	Rs.____
1542	TAB	SOFOSBUVIR 400MG	2,000			Rs.____	Rs.____
1543	TAB	SOFOSBUVIR + VELPATASVIR 400/100 MG TAB	4,000			Rs.____	Rs.____
1544	TAB	SOFOSBUVIR 200MG +LEDIPASVIR 45MG	4,000			Rs.____	Rs.____
1545	TAB	SOFOSBUVIR 400MG +LEDIPASVIR 90MG	4,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1546	TAB	SOFOSBUVIR 400MG +VELPATASVIR 100MG+VOXILAPREVIR 100MG	4,000			Rs.____	Rs.____
1547	TAB	SOLIFENACIN + TAMSULOSIN 5MG/0.4MG	6,000			Rs.____	Rs.____
1548.1	TAB	SOLIFENACIN 10MG	9,000			Rs.____	Rs.____
1548.2	TAB	SOLIFENACIN 5 MG	9,000			Rs.____	Rs.____
1549	TAB	SORAFENIB 200MG	3,600			Rs.____	Rs.____
1550	TAB	SORAFENIB 400 MG	3,600			Rs.____	Rs.____
1551	TAB	SOTALOL 120MG	1,000			Rs.____	Rs.____
1552	TAB	SOTALOL 160MG	1,000			Rs.____	Rs.____
1553	TAB	SOTALOL 80MG	1,000			Rs.____	Rs.____
1554	TAB	SPIRONOLACTONE + HYDROCHLOROTHIAZIDE 50/50 MG	2,000			Rs.____	Rs.____
1555	TAB	SPIRONOLACTONE + HYDROCHLOROTHIAZIDE 25/25 MG	2,000			Rs.____	Rs.____
1556.1	TAB	SPIRONOLACTONE 100 MG/TAB	13,000			Rs.____	Rs.____
1556.2	TAB	SPIRONOLACTONE 25 MG/TAB	23,000			Rs.____	Rs.____
1557	ORAL POWDER	STRONTIUM RANELATE 2G ORAL POWDER	2,000			Rs.____	Rs.____
1558.1	TAB	SUCRALFATE 1000 MG/TAB	23,000			Rs.____	Rs.____
1558.2	TAB	SUCRALFATE 500 MG/TAB	13,000			Rs.____	Rs.____
1559.1	TAB	SULFAMETHOXAZOLE+TRIMETHOPRIM (CO-TRIMOXAZOLE) 400/80MG /TAB	21,000			Rs.____	Rs.____
1559.2	TAB	SULFAMETHOXAZOLE+TRIMETHOPRIM (CO-TRIMOXAZOLE) 800MG/160MG	26,000			Rs.____	Rs.____
1560	TAB	SULFOLAX 5MG	1,600			Rs.____	Rs.____
1561	TAB	SULPHASALZINE EC 500MG	10,600			Rs.____	Rs.____
1562	TAB	SUMATRIPTAN 100 MG	1,600			Rs.____	Rs.____
1563	TAB	SUMATRIPTAN 25 MG	1,600			Rs.____	Rs.____
1564	TAB	SUMATRIPTAN SUCCINATE 50 MG	1,600			Rs.____	Rs.____
1565	TAB	SUNATINIB 50 MG	800			Rs.____	Rs.____
1566	TAB	TADALAFIL 5MG	1,000			Rs.____	Rs.____
1567	TAB	TAMOXIFEN 10MG	4,000			Rs.____	Rs.____
1568	TAB	TAMOXIFEN 20MG	4,000			Rs.____	Rs.____
1569	TAB	TAMSULOSIN 0.4MG	28,000			Rs.____	Rs.____
1570	CAP	TAMSULOSIN 0.4MG	28,000			Rs.____	Rs.____
1571	TAB	TAMSULOSIN 0 4MG + DUTASTERIDE 0 5MG	13,000			Rs.____	Rs.____
1572	TAB	TAPENTADOL 75 MG	7,000			Rs.____	Rs.____
1573	TAB	TEGAFUR/URACIL 100/224MG	3,600			Rs.____	Rs.____
1574	TAB	TELBIVUDINE 600MG	1,500			Rs.____	Rs.____
1575.1	TAB	TELMISARTAN 20 MG	6,000			Rs.____	Rs.____
1575.2	TAB	TELMISARTAN 40 MG	6,000			Rs.____	Rs.____
1575.3	TAB	TELMISARTAN 80 MG	6,000			Rs.____	Rs.____
1576	TAB	TELMISARTAN 40 MG HYDROCHLOROTHIAZIDE 12.5 MG	6,000			Rs.____	Rs.____
1577	TAB	TELMISARTAN 80 MG HYDROCHLOROTHIAZIDE 12.5 MG	6,000			Rs.____	Rs.____
1578	CAP	TEMAZEPAM 15MG	5,600			Rs.____	Rs.____
1579	CAP	TEMAZEPAM 30MG	5,600			Rs.____	Rs.____
1580	CAP	TEMOZOLOMIDE 5MG	3,600			Rs.____	Rs.____
1581	CAP	TEMOZOLOMIDE 20MG	3,600			Rs.____	Rs.____
1582	CAP	TEMOZOLOMIDE 100MG	3,600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1583	CAP	TEMOZOLOMIDE 200MG	3,600			Rs.____	Rs.____
1584	CAP	TENOFOVIR ALAFENAMIDE 25MG	4,000			Rs.____	Rs.____
1585	CAP	TENOFOVIR DISOPROXIL FUMERATE 300MG	6,000			Rs.____	Rs.____
1586	TAB	TERAZOSIN 1MG	2,600			Rs.____	Rs.____
1587	TAB	TERAZOSIN 2MG	2,600			Rs.____	Rs.____
1588	TAB	TERAZOSIN 5MG	2,600			Rs.____	Rs.____
1589	TAB	TERBINAFINE HCL 125 MG/TAB	12,000			Rs.____	Rs.____
1590	TAB	TERBINAFINE HCL 250MG/TAB	22,000			Rs.____	Rs.____
1591	TAB	TERBUTALINE 2.5 MG/TAB	100			Rs.____	Rs.____
1592	CAP	THALIDOMIDE 100MG	8,500			Rs.____	Rs.____
1593	TAB	THEOPHYLLINE 150MG	4,000			Rs.____	Rs.____
1594	TAB	THEOPHYLLINE 350MG	4,000			Rs.____	Rs.____
1595	TAB	THEOPHYLLINE PROLONGED RELEASE 300MG TABLETS	4,000			Rs.____	Rs.____
1596	CAP	THIOLCHICOSIDE 4 MG/CAP	5,600			Rs.____	Rs.____
1597	TAB	THIOGUANINE 40MG	5,600			Rs.____	Rs.____
1598	TAB	THYROXIN SODIUM 50MCG	110,000			Rs.____	Rs.____
1599	TAB	TIANEPTINE 12.5MG	3,500			Rs.____	Rs.____
1600	TAB	TIBOLONE 2.5 MG	3,500			Rs.____	Rs.____
1601	TAB	TICAGRELOR 60MG	8,000			Rs.____	Rs.____
1602	TAB	TICAGRELOR 90 MG	8,000			Rs.____	Rs.____
1603	TAB	TINIDAZOLE 500 MG	4,000			Rs.____	Rs.____
1604.1	TAB	TIZANIDINE 2 MG	17,000			Rs.____	Rs.____
1604.2	TAB	TIZANIDINE 4MG	17,000			Rs.____	Rs.____
1605	TAB	TOLBUTEROL 1 MG	1,500			Rs.____	Rs.____
1606	TAB	TOLBUTEROL 2 MG	1,500			Rs.____	Rs.____
1607	TAB	TOLTERIDINE 2 MG	1,500			Rs.____	Rs.____
1608	TAB	TOLTERIDINE 4 MG	1,500			Rs.____	Rs.____
1609	TAB	TOPIRAMATE 100MG	7,000			Rs.____	Rs.____
1610	TAB	TOPIRAMATE 25 MG	11,000			Rs.____	Rs.____
1611	TAB	TOPIRAMATE 50 MG	11,000			Rs.____	Rs.____
1612.1	CAP	TRAMADOL 100MG	22,000			Rs.____	Rs.____
1612.2	CAP	TRAMADOL 50 MG	22,000			Rs.____	Rs.____
1613.1	CAP	TRANEXAMIC ACID 250 MG	17,000			Rs.____	Rs.____
1613.2	CAP	TRANEXAMIC ACID 500 MG	17,000			Rs.____	Rs.____
1614	TAB	TRAZODONE 100MG	5,000			Rs.____	Rs.____
1615	TAB	TRAZODONE 50 MG	5,000			Rs.____	Rs.____
1616	CAP	TRETINOIN 10 MG/CAP	7,000			Rs.____	Rs.____
1617	TAB	TRIFLUOPERAZINE 1 MG	3,500			Rs.____	Rs.____
1618	TAB	TRIFLUOPERAZINE 5 MG	3,500			Rs.____	Rs.____
1619	TAB	TRIBULUS TERRESTRIS EXTRACT + VIT-E+ L-OPTI ZINC + SELENIUM	5,500			Rs.____	Rs.____
1620	TAB	TRIHENPHENIDYL 2MG	6,000			Rs.____	Rs.____
1621	TAB	TRIMETAZINE MR 35MG	4,000			Rs.____	Rs.____
1622	TAB	TRIMETAZIDINE 20 MG	4,000			Rs.____	Rs.____
1623	TAB	TRIMETAZIDINE 35 MG	4,000			Rs.____	Rs.____
1624	TAB	TULOBTEROL 1 MG/TAB	1,500			Rs.____	Rs.____
1625.1	CAP	UROSDEOXYCHLOIC ACID 250 MG	12,000			Rs.____	Rs.____
1625.2	CAP	UROSDEOXYCHLOIC ACID 500 MG	12,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1626	TAB	VALACYCLOVIR 500 MG	4,000			Rs.____	Rs.____
1627.1	TAB	VALSARTAN 160MG	10,600			Rs.____	Rs.____
1627.2	TAB	VALSARTAN 80 MG	10,600			Rs.____	Rs.____
1628.1	TAB	VALSARTAN 160MG , HYDROCHLOROTHIAZIDE 25MG	5,600			Rs.____	Rs.____
1628.2	TAB	VALSARTAN 80MG +HYDROCHLOROTHIAZIDE 12.5MG	5,600			Rs.____	Rs.____
1628.3	TAB	VALSARTAN 160MG , HYDROCHLOROTHIAZIDE 12.5MG	5,600			Rs.____	Rs.____
1629	TAB	VENETOCLAX 100 MG	4,000			Rs.____	Rs.____
1630	TAB	VENLAFAXINE 150 MG	2,600			Rs.____	Rs.____
1631	TAB	VENLAFAXINE 37.5 MG	2,600			Rs.____	Rs.____
1632	TAB	VENLAFAXINE XR 75 MG	2,600			Rs.____	Rs.____
1633	TAB	VERAPAMIL HYDROCHLORIDE 240MG	6,000			Rs.____	Rs.____
1634	TAB	VERAPAMIL HYDROCHLORIDE 40 MG	6,000			Rs.____	Rs.____
1635	TAB	VERAPAMIL HYDROCHLORIDE 80 MG	6,000			Rs.____	Rs.____
1636	TAB	VIGABATRIN 500 MG	3,500			Rs.____	Rs.____
1637	TAB	VILDAGLIPTIN 50 MG/TAB	12,000			Rs.____	Rs.____
1638	TAB	VILDAGLIPTIN 50MG AND METFORMIN 1000MG	11,000			Rs.____	Rs.____
1639	TAB	VILDAGLIPTIN 50MG AND METFORMIN 500MG	11,000			Rs.____	Rs.____
1640	TAB	VILDAGLIPTIN 50MG AND METFORMIN 850MG	11,000			Rs.____	Rs.____
1641	TAB	VILDAGLIPTIN 50MG AND METFORMIN 1000MG EXTENDED RELEASE	11,000			Rs.____	Rs.____
1642	TAB	VILDAGLIPTIN 50MG AND METFORMIN 500MG EXTENDED RELEASE	11,000			Rs.____	Rs.____
1643	TAB	VILDAGLIPTIN 50MG AND METFORMIN 850MG EXTENDED RELEASE	11,000			Rs.____	Rs.____
1644	TAB	VIMTAIN B COMPLEX	18,000			Rs.____	Rs.____
1645	CAP	VITAMIN A 10,000IU	4,000			Rs.____	Rs.____
1646	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	18,000			Rs.____	Rs.____
1647	CAP	VITAMIN A 50000IU	1,600			Rs.____	Rs.____
1648	TAB	VITAMIN B1	5,000			Rs.____	Rs.____
1649	TAB	VITAMIN B12 1000MCG	12,000			Rs.____	Rs.____
1650	TAB	VITAMIN B12 500MCG	12,000			Rs.____	Rs.____
1651	TAB	VITAMIN B12+VITAMIN B6+VITAMIN B1	32,000			Rs.____	Rs.____
1652	TAB	VITAMIN B2, VITAMIN B1, BIOTIN, CYANOCOBALAMIN, FOLIC ACID, PYRIDOXINE, INOSITOL, PANTOTHENIC ACID, NICOTINIC ACID	18,000			Rs.____	Rs.____
1653	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.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1654	CAP	VITAMIN D 2 LAC IU	13,000			Rs.____	Rs.____
1655	CAP	VITAMIN D 50,000 IU	13,000			Rs.____	Rs.____
1656	CAP	VITAMIN D 5000IU	13,000			Rs.____	Rs.____
1657	TAB	VITAMIN D3 1000IU	13,000			Rs.____	Rs.____
1658	TAB	VITAMIN D3 200000IU	13,000			Rs.____	Rs.____
1659	TAB	VITAMIN D3 400IU	13,000			Rs.____	Rs.____
1660	TAB	VITAMIN D3 800IU + CALCIUM 600MG	13,000			Rs.____	Rs.____
1661	TAB	VITAMIN E 1000MG	8,000			Rs.____	Rs.____
1662	CAP	VITAMIN E 200 MG	33,000			Rs.____	Rs.____
1663	CAP	VITAMIN E 400 MG	33,000			Rs.____	Rs.____
1664	TAB	VITAMIN E 600MG	13,000			Rs.____	Rs.____
1665	TAB	VITAMIN MULTI (ASCORBIC ACID / BIOTINS) 60MG/0.15MG	2,000			Rs.____	Rs.____
1666	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)	15,000			Rs.____	Rs.____
1667	TAB	VITMAIN E + VITAMIN C AND ZINC	8,000			Rs.____	Rs.____
1668	TAB	VONOPRAZAN 10 MG/TAB	8,000			Rs.____	Rs.____
1669	TAB	VONOPRAZAN 20 MG/TAB	27,000			Rs.____	Rs.____
1670	TAB	VORICONAZOLE 200 MG/TAB	17,000			Rs.____	Rs.____
1671	TAB	VORTIOXETINE 10 MG	800			Rs.____	Rs.____
1672	TAB	VORTIOXETINE 20 MG	800			Rs.____	Rs.____
1673	TAB	WARFARIN 1 MG	4,000			Rs.____	Rs.____
1674	TAB	WARFARIN 2.5 MG	4,000			Rs.____	Rs.____
1675	TAB	WARFARIN 5 MG	4,000			Rs.____	Rs.____
1676	TAB	WARFARIN 10 MG	4,000			Rs.____	Rs.____
1677	TAB	ZIDOVUDINE 100MG	1,500			Rs.____	Rs.____
1678	TAB	ZIDOVUDINE 300MG	1,500			Rs.____	Rs.____
1679	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	8,000			Rs.____	Rs.____
1680	TAB	ZINC SULFATE 20 MG	23,000			Rs.____	Rs.____
1681	TAB	ZINGIBER OFFICINALE SP + VITAMIN B6 (PYRIDOXINE)	700			Rs.____	Rs.____
1682	TAB	ZOLMITRIPTAN 5 MG	1,500			Rs.____	Rs.____
1683	TAB	ZOLMITRIPTAN 2.5 MG	1,500			Rs.____	Rs.____
1684	TAB	ZOLPIDEM HEMITARTRATE 10 MG	1,500			Rs.____	Rs.____
1685	TAB	ZOLPIDEM TARTRATE 10 MG	1,500			Rs.____	Rs.____
1686	TAB	ZOLPIDEM TARTRATE 12.5 MG	1,500			Rs.____	Rs.____
1687	TAB	ZOLPIDEM TARTRATE 6.25 MG	1,500			Rs.____	Rs.____
1688	TAB	ZUCLOPENTHIXOL 10 MG	1,600			Rs.____	Rs.____
1689	TAB	ZUCLOPENTHIXOL 2 MG	1,600			Rs.____	Rs.____
1690	TAB	ZUCLOPENTHIXOL 25 MG	1,600			Rs.____	Rs.____
1691	TAB	ZUCLOPENTHIXOL 5 MG	1,600			Rs.____	Rs.____
1692	CAP	MILTEFOSINE 50MG	1,600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1693	TAB	LENVATINIB 4MG	3,600			Rs.____	Rs.____
1694	TAB	LENVATINIB 10MG	900			Rs.____	Rs.____
1695	TAB	L-METHYLFOLATE+ PYRIDOXIL 5 PHOSPHATE AND CYNOCOBALAMIN	4,000			Rs.____	Rs.____
1696	ORAL POWDER	COLLAGEN PEPTIDE POWDER	4,000			Rs.____	Rs.____
1697	CAP	ISAVUCONAZOLE 100MG	1,000			Rs.____	Rs.____
<b>OTIC PREPARATIONS</b>							
1698	EAR DROP	CIPROFLOXACIN 0.2%+HYDROCORTISONE 1% 10 ML/BOTTLE	3,050			Rs.____	Rs.____
1699	EAR DROP	CIPROFLOXACIN 5 ML/BOTTLE EAR DROP	3,050			Rs.____	Rs.____
1700	EAR DROP	CIPROFLOXACIN+DEXAMETHASONE 5 ML/BOTTLE	3,050			Rs.____	Rs.____
1701	EAR DROP	CLOTRIMAZOLE EAR DROP	3,050			Rs.____	Rs.____
1702	EAR DROP	MOXIFLOXACIN+DEXAMETHASONE 5 ML/BOTTLE	3,050			Rs.____	Rs.____
1703	EAR DROP	NEOMYCIN AND POLYMYXIN EAR DROP	3,050			Rs.____	Rs.____
1704	EAR DROP	OFLOXACIN 5ML/BOTTLE EAR DROP	3,050			Rs.____	Rs.____
1705	EAR DROP	OTOSPORIN OR EQUIVALENT EAR DROP	5,050			Rs.____	Rs.____
1706	EAR DROP	POLYMYXIN SULPHATE+PROPYLENE GLYCOL+LIGNOCAINE 5 ML/BOTTLE	5,050			Rs.____	Rs.____
1707	EAR DROP	POLYMYXIN+NEOMYCIN+HYDROCORTISONE 5 ML/BOTTLE EAR DROP	3,050			Rs.____	Rs.____
1708	EAR DROP	TOBRAMYCIN+DEXAMETHASONE	3,050			Rs.____	Rs.____
<b>RESPIRATORY PREPARATIONS AND DEVICES</b>							
1709	NEBULIZER LIQUID	BECLOMETHASONE 0.8MG NEBULIZER LIQUID	16,000			Rs.____	Rs.____
1710	NASAL SPARY	BECLOMETHASONE 100 MCG/BOTTLE NASAL SPARY	3,500			Rs.____	Rs.____
1711	INHALER	BECLOMETHASONE DIPROPIONATE 250MCG/INHALER	3,500			Rs.____	Rs.____
1712	INHALER	BECLOMETHASONE DIPROPIONATE 50 MCG/INHALER	3,500			Rs.____	Rs.____
1713	INHALER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (100/6) INHALER	3,500			Rs.____	Rs.____
1714	INHALER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (200/6) INHALER	3,500			Rs.____	Rs.____
1715	INHALATION POWDER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 100/6) INHALER	4,000			Rs.____	Rs.____
1716	INHALATION POWDER	BECLOMETHASONE DIPROPIONATE+FORMOTEROL (INHALATION POWDER 200/6) INHALER	4,000			Rs.____	Rs.____
1717	NEBULIZER LIQUID	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL 2 ML/VIAL NEBULIZER LIQUID	90,000			Rs.____	Rs.____
1718	INHALER	BECLOMETHASONE DIPROPIONATE+SALBUTAMOL SINGLE STRENGTH INHALER	3,500			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1719	INHALER	BUDESONIDE+FORMOTEROL FUROATE 1 INHALER	1,500			Rs.____	Rs.____
1720	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 200MCG/6MCG	10,000			Rs.____	Rs.____
1721	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 400MCG/6MCG	13,000			Rs.____	Rs.____
1722	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 100MCG/6MCG	8,000			Rs.____	Rs.____
1723	ROTA CAPSULE	BUDESONIDE+FORMETROL FUROATE 400MCG/12MCG	8,000			Rs.____	Rs.____
1724	NASAL SPARY	DESMOPRESSIN NASAL SPRAY 0.01MG/DOSE 2.5ML	550			Rs.____	Rs.____
1725	NASAL SPARY	FLUNISOLIDE NASAL SPARY 0.03%BOTTLE	550			Rs.____	Rs.____
1726	NASAL SPRAY	FLUTICASONE FUROATE NASAL SPRAY 0.05% W/W	550			Rs.____	Rs.____
1727	NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY 0.05%	550			Rs.____	Rs.____
1728	ROTA CAPSULE	INDACATEROL MALEATE CAP 150MCG ROTA CAPSULE	600			Rs.____	Rs.____
1729	ROTA CAPSULE	INDACATEROL MALEATE CAP 300MCG ROTA CAPSULE	600			Rs.____	Rs.____
1730	NEBULIZER LIQUID	IPRATROPIUM BROMIDE 500 MCG/2ML NEBULIZER LIQUID	225,000			Rs.____	Rs.____
1731	INHALER	IPRATROPIUM BROMIDE HFA AEROSOL INH 20MCG INHALER	2,000			Rs.____	Rs.____
1732	NASAL SPARY	MOMETASONE FUROATE NASAL SPARY 50 MCG/BOTTLE	1,100			Rs.____	Rs.____
1733	INHALER	SALBUTAMOL 100 MCG/INHALER	6,500			Rs.____	Rs.____
1734	NEBULIZER LIQUID	SALBUTAMOL 5 MG/ML NEBULIZER LIQUID	11,000			Rs.____	Rs.____
1735	INHALER	SALBUTAMOL, BECLOMETHASONE DIPROPIONATE 100MCG/50MCG	600			Rs.____	Rs.____
1736	NEBULIZER LIQUID	SALBUTAMOL, IPRATROPIUM BROMIDE 0.5MG/2.5MG NEBULIZER LIQUID	18,000			Rs.____	Rs.____
1737	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 125MCG INHALER	600			Rs.____	Rs.____
1738	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 250MCG INHALER	600			Rs.____	Rs.____
1739	INHALER	SALMETEROL XINAFOATE 25MCG,FLUTICASONE PROPIONATE 50 MCG INHALER	600			Rs.____	Rs.____
1740	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 100MCG INHALER	600			Rs.____	Rs.____
1741	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 250MCG INHALER	600			Rs.____	Rs.____
1742	INHALER	SALMETEROL XINAFOATE 50MCG,FLUTICASONE PROPIONATE 500MCG INHALER	600			Rs.____	Rs.____
1743	NASAL SPRAY	SALMO-CALCITONIN.SYNTH. 200 IU NASAL SPARY	550			Rs.____	Rs.____
1744	NASAL SPRAY	SODIUM CROMOGLYCATE NASAL SPARY	550			Rs.____	Rs.____
1745	NASAL SPARY	SODIUM CROMOGLYCATE+XYLOMETAZOLINE NASAL SPARY 15 ML/BOTTLE	3,100			Rs.____	Rs.____
1746	CAPSULE ROTA	TIOTROPIUM BROMIDE 18 MCG/CAP	15,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1747	NASAL SPARY	XYLOMETAZOLINE HCL 0.1% NASAL SPARY 20 ML/BOTTLE	5,100			Rs.____	Rs.____
1748	NASAL DROPS	XYLOMETAZOLINE HCL PEADS 0.05% 15 ML/BOTTLE NASAL DROPS	5,100			Rs.____	Rs.____
1749	NASAL SPRAY	ZOLMITRIPTAN NASAL SPRAY	550			Rs.____	Rs.____
1750	INHALER	BECLOMETHASONE DIPROPIONATE 100MCG + FORMOTEROL 6MCG + GLYCOPYRRONIUM BROMIDE 12.5MCG	200			Rs.____	Rs.____
<b>SUPPOSITORIES, ENEMAS, PESSARIES, VAGINAL CREAMS</b>							
1751	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS VAGINAL CREAM 2% 20G	3,100			Rs.____	Rs.____
1752	PESSARY	CLOTRIMAZOLE 0.1 G/TAB	3,100			Rs.____	Rs.____
1753	PESSARY	CLOTRIMAZOLE 0.5 G/TAB	3,100			Rs.____	Rs.____
1754	VAGINAL CREAM	CLOTRIMAZOLE 1% 10GM	3,100			Rs.____	Rs.____
1755	VAGINAL CREAM	CLOTRIMAZOLE 1% 15GM	3,100			Rs.____	Rs.____
1756	VAGINAL CREAM	CLOTRIMAZOLE 10% 5GM WITH APPLICATOR	3,100			Rs.____	Rs.____
1757	PESSARY	CLOTRIMAZOLE 500 MG/TAB	3,500			Rs.____	Rs.____
1758	VAGINAL CREAM	CLINDAMYCIN WITH APPLICATORS 40G/TUBE VAGINAL CREAM	5,500			Rs.____	Rs.____
1759	SUPPOSITORIES	DICLOFENAC SODIUM 100 MG/SUPP	32,000			Rs.____	Rs.____
1760	SUPPOSITORIES	DICLOFENAC SODIUM 25MG/SUPP	17,000			Rs.____	Rs.____
1761	PESSARY	DINOPROSTONE 3 MG/TAB	3,500			Rs.____	Rs.____
1762	SUPPOSITORIES	NYSTATIN, NEOMYCIN AND POLYMYXIN B VAGINAL CAPSULE	3,500			Rs.____	Rs.____
1763	PESSARY	PROGESTERONE 400 MG	5,500			Rs.____	Rs.____
1764	ENEMA	SODIUM BIPHOSPHATE 19.2GM, SODIUM PHOSPHATE 7.2GM, SODIUM CONTENTS 4.5GM 120ML/BOTTLE	32,000			Rs.____	Rs.____
1765	ENEMA	SODIUM CITRATE+SODIUM LAURYL SULPHATE + GLYCERIN 20 ML/BOTTLE	17,000			Rs.____	Rs.____
1766	ENEMA	SODIUM CITRATE+SODIUM LAURYL SULPHATE+GLYCERINE 10 ML/BOTTLE	17,000			Rs.____	Rs.____
<b>TOPICALS</b>							
1767	CREAM	ACYCLOVIR 5% 5 G/TUBE CREAM	3,300			Rs.____	Rs.____
1768	OINT.	ACYCLOVIR5% 5 G/TUBE OINTMENT	3,300			Rs.____	Rs.____
1769	CREAM	ACYLCOVIR 10GM CREAM	3,300			Rs.____	Rs.____
1770	CREAM	ADAPALENE CREAM 10GM CREAM	3,300			Rs.____	Rs.____
1771	GEL	ADAPALENE GEL 10GM	3,300			Rs.____	Rs.____
1772	TOPICAL SOLUTION	ANTICOAGULANT CITRATE DEXTROSE SOLUTION 500 ML/BOTTLE TOPICAL SOLUTION	3,300			Rs.____	Rs.____
1773	CREAM	ANTISEPTIC HEALING CREAM 60 G/CONTAINER	3,300			Rs.____	Rs.____
1774	OINT.	BACITRACIN+NEOMYCIN SULPHATE+POLYMYXIN B SULPHATE+LIDOCAINE 14.17 G/TUBE OINTMENT	10,500			Rs.____	Rs.____
1775	TOPICAL SOLUTION	BENZYL BENZOATE 25% W/V	1,500			Rs.____	Rs.____
1776	OINT.	BETAMETHASONE + GENTAMYCIN 15 G/TUBE	3,200			Rs.____	Rs.____
1777	OINT.	BETAMETHASONE 0.05% , CALCIPOTRIOL 0.005% OINTMENT 15G	3,200			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1778	LOTION	BETAMETHASONE 0.1% 60ML/BOTTLE LOTION	8,200			Rs.____	Rs.____
1779	LOTION	BETAMETHASONE 30 ML/BOTTLE LOTION	8,200			Rs.____	Rs.____
1780	CREAM	BETAMETHASONE CREAM 0.1% 10G	8,200			Rs.____	Rs.____
1781	CREAM	BETAMETHASONE CREAM 0.1% 15G	8,200			Rs.____	Rs.____
1782	CREAM	BETAMETHASONE CREAM 0.1% 20G	8,200			Rs.____	Rs.____
1783	OINT.	BETAMETHASONE DIPROPIONATE 0.05% , SALICYLIC ACID 03% OINT 15GM	3,500			Rs.____	Rs.____
1784	OINT.	BETAMETHASONE OINTMENT 0.1% 20GM	8,300			Rs.____	Rs.____
1785	OINT.	BETAMETHASONE OINTMENT 0.1% 5GM	8,300			Rs.____	Rs.____
1786	LOTION	BETAMETHASONE VALERATE 0.05% 20ML/BOTTLE LOTION	3,300			Rs.____	Rs.____
1787	LOTION	BETAMETHASONE VALERATE 0.05% 60ML/BOTTLE LOTION	3,300			Rs.____	Rs.____
1788	CREAM	BETAMETHASONE+NEOMYCIN 15 G/TUBE CREAM	2,300			Rs.____	Rs.____
1789	OINT.	BETAMETHASONE+NEOMYCIN 15G/TUBE OINTMENT	2,300			Rs.____	Rs.____
1790	OINT.	BETAMETHASONE+SALICYLIC ACID 15GM/TUBE OINTMENT	2,300			Rs.____	Rs.____
1791	CREAM	BETAMETHASONE+SALICYLIC ACID CREAM	2,300			Rs.____	Rs.____
1792	LOTION	BETAMETHASONE+SALICYLIC ACID LOTION	5,300			Rs.____	Rs.____
1793	CREAM	CALCIPOTRIOL 30GM CREAM	1,300			Rs.____	Rs.____
1794	OINT.	CALCIPOTRIOL OINTMENT 30G 50MCG/0.5MG	1,100			Rs.____	Rs.____
1795	SHAMPOO	CICLOPIROX OLAMINE 60ML/BOTTLE SHAMPOO	1,200			Rs.____	Rs.____
1796	CREAM	CLINDAMYCIN 2% 40 G/TUBE CREAM	1,200			Rs.____	Rs.____
1797	TOPICAL SOLUTION	CLINDAMYCIN 1% 30 ML/BOTTLE TOPICAL SOLUTION	3,200			Rs.____	Rs.____
1798	GEL	CLINDAMYCIN TOPICAL GEL 1%	3,200			Rs.____	Rs.____
1799	GEL	CLINDAMYCIN+TRETINOIN 20 G/TUBE GEL	1,200			Rs.____	Rs.____
1800	CREAM	CLOBETASOL + NEOMYCIN 10 G/TUBE CREAM	1,100			Rs.____	Rs.____
1801	CREAM	CLOBETASOL + NEOMYCIN 15 G/TUBE	1,100			Rs.____	Rs.____
1802	CREAM	CLOBETASOL + NEOMYCIN 20 G/TUBE CREAM	1,100			Rs.____	Rs.____
1803	LOTION	CLOBETASOL + SALICYLIC ACID LOTION	6,300			Rs.____	Rs.____
1804	LOTION	CLOBETASOL 20ML LOTION	8,300			Rs.____	Rs.____
1805	OINT.	CLOBETASOL PROPIONATE ,NYSTATIN , NEOMYCIN SULPHATE 15GM/TUBE OINTMENT	3,300			Rs.____	Rs.____
1806	OINT.	CLOBETASOL PROPIONATE 10G/TUBE	8,300			Rs.____	Rs.____
1807	OINT.	CLOBETASOL PROPIONATE 20G/TUBE	8,300			Rs.____	Rs.____
1808	CREAM	CLOBETASOL PROPIONATE 20 G/TUBE	8,300			Rs.____	Rs.____
1809	TOPICAL SOLUTION	CLOBETASOL PROPIONATE 20 ML/BOTTLE	8,300			Rs.____	Rs.____
1810	CREAM	CLOTRIMAZOLE + HYDROCORTISONE 20GM/TUBE	3,500			Rs.____	Rs.____
1811	LOTION	CLOTRIMAZOLE 1% 60 ML/BOTTLE LOTION	10,300			Rs.____	Rs.____
1812	CREAM	CLOTRIMAZOLE 20 G/TUBE	700			Rs.____	Rs.____
1813	GEL	DICLOFENAC SODIUM 20 G/TUBE	6,000			Rs.____	Rs.____
1814	CREAM	EFLORNITHINE HYDROCHLORIDE 15GM/TUBE	550			Rs.____	Rs.____
1815	LOTION	FLUCICASONONE 0.05% 20 ML/BOTTLE LOTION	1,100			Rs.____	Rs.____
1816	CREAM	FLUOCINOLONE ACETONIDE 0.01% 15GM	1,100			Rs.____	Rs.____
1817	CREAM	FLUOCINOLONE ACETONIDE 0.025% 15GM	1,100			Rs.____	Rs.____
1818	CREAM	FLUOCINOLONE ACETONIDE 0.025% 20GM	1,100			Rs.____	Rs.____
1819	LOTION	FLUOCINOLONE ACETONIDE 0.01% 120 ML LOTION	1,100			Rs.____	Rs.____
1820	CREAM	FLUOCINOLONE ACETONIDE 0.025%, NEOMYCIN SULPHATE 0.50% 15GM/TUBE CREAM	1,100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1821	CREAM	FLUTICASON PROPIONATE 5GM CREAM	1,100			Rs.____	Rs.____
1822	CREAM	FUSIDIC ACID 2% 15 G/TUBE CREAM	5,500			Rs.____	Rs.____
1823	CREAM	FUSIDIC ACID+BETAMETHASONE 15 G/TUBE CREAM	3,500			Rs.____	Rs.____
1824	CREAM	FUSIDIC ACID+HYDROCORTISONE 15G/TUBE CREAM	3,500			Rs.____	Rs.____
1825	TOPICAL SOLUTION	GLUCOSAMINE 500MG,CHONDROTIN 500 MG.METHYLSULFONYL METHANE 400 MG,HYALURONIC ACID 1.67 MG TOPICAL SPRAY	1,050			Rs.____	Rs.____
1826	CREAM	HALCINONIDE 60GM/TUBE	550			Rs.____	Rs.____
1827	GEL	HEPARIN SODIUM 5000IU, ALLANTOIN 1.0GM, EXTRACT CAPAE 10GM GEL	600			Rs.____	Rs.____
1828	GEL	HEPARIN SODIUM TOPICAL,CEPAE, ALLANTOIN 20G/TUBE GEL	600			Rs.____	Rs.____
1829	CREAM	HYDROCORTISONE 1% 10GM/TUBE	1,500			Rs.____	Rs.____
1830	CREAM	HYDROCORTISONE 1% 5GM/TUBE	1,500			Rs.____	Rs.____
1831	LOTION	HYDROCORTISONE LOTION 2.5% 60ML	1,500			Rs.____	Rs.____
1832	TUBE	HYDROQUINON + FLUOCINOLONE ACETONIDE + TRETINOIN	1,200			Rs.____	Rs.____
1833	CREAM	HYDROQUINON CREAM 2%	600			Rs.____	Rs.____
1834	CREAM	HYDROQUINON CREAM 4%	600			Rs.____	Rs.____
1835	CREAM	IBUPROFEN 30G/TUBE	3,300			Rs.____	Rs.____
1836	CREAM	ISOCONAZOLE 10G/TUBE	3,300			Rs.____	Rs.____
1837	CREAM	ISOCONAZOLE+DIFLUCORTOLONE VALERATE 10G/TUBE	1,300			Rs.____	Rs.____
1838	GEL	ISOTRETINOIN 0.05%, ERYTHROMYCIN 2% 10GM/TUBE	1,300			Rs.____	Rs.____
1839	GEL	ISOTRETINOIN GEL 0.05% 10GM GEL	1,300			Rs.____	Rs.____
1840	CREAM	ITRACONAZOLE 20GM/TUBE CREAM	1,300			Rs.____	Rs.____
1841	LOTION	KETOCONAZOLE 2% 60 ML/BOTTLE LOTION	1,300			Rs.____	Rs.____
1842	CREAM	KETOCONAZOLE 2% 10 G/TUBE CREAM	1,300			Rs.____	Rs.____
1843	LOTION	KETOCONAZOLE SHAMPOO 2% 60ML	5,050			Rs.____	Rs.____
1844	GEL	KETOPROFEN 2.5% 30G/TUBE GEL	1,050			Rs.____	Rs.____
1845	LOTION	LACTIC ACID 1% LOTION	3,100			Rs.____	Rs.____
1846	LOTION	LACTIC ACID + HYDROCORTISONE 1% LOTION	3,100			Rs.____	Rs.____
1847	LOTION	LACTIC ACID + HYDROCORTISONE 2.5% LOTION	3,100			Rs.____	Rs.____
1848	JELLY	LIDOCAINE HCL 2% JELLY 15 G/TUBE	61,000			Rs.____	Rs.____
1849	CREAM	LIDOCAINE+PRILOCAINE 5%G/TUBE CREAM	1,100			Rs.____	Rs.____
1850	CREAM	LIGNOCAINE 5% 30G CREAM	6,000			Rs.____	Rs.____
1851	TOPICAL SOLUTION	LIGNOCAINE HCL 4% 2000 MG/50ML	1,100			Rs.____	Rs.____
1852	GEL	LIGNOCAINE+MENTHOL+EUCALYPTUS+ETHANOL ORAL GEL 20 G/TUBE	1,100			Rs.____	Rs.____
1853	OINT.	LUBREX CREAM OR EQUIVALENT	3,100			Rs.____	Rs.____
1854	TOPICAL SOLUTION	LUBREX LOTION OR EQUIVALENT	3,100			Rs.____	Rs.____
1855	CREAM	MEHYLPREDNISOLONE 0.1% 10 G/TUBE CREAM	1,100			Rs.____	Rs.____
1856	CREAM	MENTHOL+METHYL SALICYLATE 50 G/TUBE CREAM	1,100			Rs.____	Rs.____
1857	OINT.	MENTHOL+METHYL SALICYLATE 50 G/TUBE OINTMENT	1,100			Rs.____	Rs.____
1858	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 10 G/TUBE CREAM	600			Rs.____	Rs.____
1859	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 20 G/TUBE CREAM	600			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1860	OINT.	METHYLPREDNISOLONE ACEPONATE 0.1% 20 G/TUBE FATTY OINTMENT	600			Rs.____	Rs.____
1861	CREAM	METHYLPREDNISOLONE ACEPONATE 0.1% 5 G/TUBE CREAM	600			Rs.____	Rs.____
1862	OINT.	METHYLPREDNISOLONE ACEPONATE 0.1% 5 G/TUBE FATTY OINTMENT	700			Rs.____	Rs.____
1863	TOPICAL SOLUTION	MINOXIDIL 2% 60 ML/BOTTLE TOPICAL SOLUTION	200			Rs.____	Rs.____
1864	TOPICAL SOLUTION	MINOXIDIL 5% TOPICAL SOLUTION	1,000			Rs.____	Rs.____
1865	LOTION	MINOXIDIL LOTION 2.5% 60ML	200			Rs.____	Rs.____
1866	CREAM	MOMETASONE FUROATE 10 G/TUBE CREAM	550			Rs.____	Rs.____
1867	OINT.	MOMETASONE FUROATE 10 G/TUBE OINTMENT	550			Rs.____	Rs.____
1868	CREAM	MOMETASONE FUROATE CREAM 0.1% 5GM	550			Rs.____	Rs.____
1869	LOTION	MOMETASONE FUROATE LOTION 0.1% 20ML	550			Rs.____	Rs.____
1870	OINT.	MOMETASONE FUROATE OINTMENT 5GM	550			Rs.____	Rs.____
1871	OINT.	MUPIROCIN 15 G/TUBE OINTMENT	3,050			Rs.____	Rs.____
1872	POWDER	NEOMYCIN SULPHATE + BACITRACIN 20 G/CONTAINER TOPICAL POWDER	5,300			Rs.____	Rs.____
1873	CREAM	PERMETHRIN 5% 30 G/TUBE CREAM	5,500			Rs.____	Rs.____
1874	LOTION	PERMETHRIN 60 ML LOTION	5,500			Rs.____	Rs.____
1875	OINT.	PETROLEUM JELLY 50G	6,000			Rs.____	Rs.____
1876	OINT.	PETROLEUM JELLY 500G	5,300			Rs.____	Rs.____
1877	OINT.	POLYMYXIN B+BACITRACIN 10 G/TUBE OINTMENT	13,000			Rs.____	Rs.____
1878	OINT.	POLYMYXIN B+BACITRACIN 20 G/TUBE OINTMENT	13,000			Rs.____	Rs.____
1879	OINT.	POLYMYXIN B+BACITRACIN+LIGNOCAINE 10 G/TUBE OINTMENT	11,000			Rs.____	Rs.____
1880	OINT.	POLYMYXIN B+BACITRACIN+LIGNOCAINE 20 G/TUBE OINTMENT	11,000			Rs.____	Rs.____
1881	GEL	POVIDONE-IODINE 20GM/TUBE GEL	600			Rs.____	Rs.____
1882	TOPICAL SOLUTION	POVIDONE-IODINE 450 ML TOPICAL SOLUTION	11,000			Rs.____	Rs.____
1883	SCRUB	POVIDONE-IODINE 450 ML/BOTTLE SCRUB	9,000			Rs.____	Rs.____
1884	TOPICAL SOLUTION	POVIDONE-IODINE 60 ML TOPICAL SOLUTION	11,000			Rs.____	Rs.____
1885	CREAM	PREDNICARBATE 0.25% 20GM/TUBE CREAM	250			Rs.____	Rs.____
1886	LOTION	PREDNICARBATE LOTION 20GM	250			Rs.____	Rs.____
1887	CREAM	SILVER SULFADIAZINE 1% 15G/TUBE CREAM	3,200			Rs.____	Rs.____
1888	CREAM	SILVER SULFADIAZINE 1% 25G/TUBE CREAM	3,200			Rs.____	Rs.____
1889	CREAM	SILVER SULFADIAZINE 250G/TUBE CREAM	3,200			Rs.____	Rs.____
1890	CREAM	SILVER SULFADIAZINE 50 G/TUBE CREAM	3,200			Rs.____	Rs.____
1891	LOTION	SUN SCNREEN SPF 60 88ML/BOTTLE LOTION	1,000			Rs.____	Rs.____
1892	OINT.	TACROLIMUS 0.03% 10 G/TUBE OINTMENT	2,020			Rs.____	Rs.____
1893	OINT.	TACROLIMUS 0.1% 10 G/TUBE OINTMENT	2,020			Rs.____	Rs.____
1894	GEL	TAZAROTENE 0.1% 30GM GEL/TUBE	220			Rs.____	Rs.____
1895	CREAM	TAZAROTENE 0.1% CREAM	220			Rs.____	Rs.____
1896	CREAM	TERBINAFINE HCL 0.05% 10G/TUBE	3,500			Rs.____	Rs.____
1897	CREAM	TERBINAFINE HCL 1% 10 G/TUBE	3,500			Rs.____	Rs.____
1898	CREAM	TERBINAFINE HCL 1% 20 G/TUBE	3,500			Rs.____	Rs.____
1899	TOPICAL SOLUTION	TERBINAFINE HCL 20ML TOPICAL SOLUTION	3,500			Rs.____	Rs.____
1900	TOPICAL SOLUTION	TETRACHLORODECAOXIDE 30 ML TOPICAL SOLUTION	530			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1901	TOPICAL SOLUTION	TETRACHLORODECAOXIDE 50 ML TOPICAL SOLUTION	530			Rs.____	Rs.____
1902	CREAM	TRIAMCINOLONE ACETONIDE, NEOMYCIN SULFATE, GRAMICIDIN AND NYSTATIN, 10G/TUBE CREAM	530			Rs.____	Rs.____
1903	TOPICAL	UREA CREAM 10%	530			Rs.____	Rs.____
1904	CREAM	BIFONAZOLE ANTIFUNGAL CREAM	530			Rs.____	Rs.____
1905	LOTION	UREA LOTION 10%	530			Rs.____	Rs.____
1906	SUNBLOCK CREAM	SUNBLOCK CREAM BASE MATT SPF 100	1,000			Rs.____	Rs.____
1907	SUNBLOCK GEL	SUNBLOCK GEL BASE MATT SPF 100	1,000			Rs.____	Rs.____
1908	GEL	KETOPROFEN GEL	1,050			Rs.____	Rs.____
1909	CREAM	TETRACAIN 7% + LIDOCAIN 7%	500			Rs.____	Rs.____
1910	GEL	TOPICAL SILICON GEL WITH VITAMIN E	500			Rs.____	Rs.____
1911	CREAM	BETA CAROTENE + SALICYLIC ACID + VITAMIN E + VITAMIN B6 + ISOPROPYL METHYLPHENOL	500			Rs.____	Rs.____
<b>VACCINES, TOXOIDS, IMMUNOGLOBULINS</b>							
1912	INJ	DIPHThERIA ANTITOXIN (PFS) PFS	60			Rs.____	Rs.____
1913	INJ	DIPHThERIA, TETANUS, ACELLULAR PERTUSSIS (DPT) 0.5ML	500			Rs.____	Rs.____
1914	INJ	HEPATITIS B IMMUNOGLOBULIN 0.5 ML/PFS	550			Rs.____	Rs.____
1915	INJ	HEPATITIS B IMMUNOGLOBULIN 50 IU/ML VIAL	150			Rs.____	Rs.____
1916	INJ	HEPATITIS B IMMUNOGLOBULIN FOR INFUSION 100IU/2ML VIAL	150			Rs.____	Rs.____
1917	INJ	HEPATITIS B PEADS 0.05MG/ML VACCINE	150			Rs.____	Rs.____
1918	INJ	HUMAN ANTI D IMMUNOGLOBULIN 300 MCG/2ML PFS	1,200			Rs.____	Rs.____
1919	INJ	RABIES ANTI SERUM 1000IU	150			Rs.____	Rs.____
1920	INJ	RABIES IMMUNOGLOBULIN 300 IU	600			Rs.____	Rs.____
1921	INJ	TETANUS IMMUNOGLOBULIN 1 ML/PFS	1,100			Rs.____	Rs.____
1922	INJ	TETANUS TOXOID ADSORBED 0.5 ML/AMP	20,500			Rs.____	Rs.____
1923	INJ	TETANUS, LOW DOSE DIPHThERIA, ACELLULAR PERTUSSIS (DPT) 0.5ML	3,500			Rs.____	Rs.____
1924	INJ	VARICELLA ZOSTER IMMUNE GLOBULIN 0.5ML	100			Rs.____	Rs.____
1925	INJ	ANTI RABIES VACCINE 0.5 ML/VIAL	2,200			Rs.____	Rs.____
1926	INJ	ANTI SNAKE VENOM 10 ML	1,050			Rs.____	Rs.____
1927	INJ	ANTI SNAKE VENOM POLYVALENT 1 MG/VIAL	1,050			Rs.____	Rs.____
1928	INJ	BCG VACCINE	600			Rs.____	Rs.____
1929	INJ	BOTULINUM TOXIN 150 UNITS/VIAL	150			Rs.____	Rs.____
1930	INJ	BOTULINUM TOXIN 200 UNITS/VIAL	150			Rs.____	Rs.____
1931	INJ	COMBINED DIPHThERIA, TETANUS, WHOLE-CELL PERTUSSIS AND HEPATITIS B VACCINE 0.5ML	1,100			Rs.____	Rs.____
1932	INJ	COVID VACCINE	3,500			Rs.____	Rs.____
1933	INJ	DIPHThERIA, TETANUS, ACELLULAR PERTUSSIS (DPT), HEPATITIS B RECOMBINANT, INACTIVATED POLIOMYELITIS, CONJUCATED HAEMOPHILUS INFLUENZA TYPE B VACCINE 0.5ML	800			Rs.____	Rs.____
1934	INJ	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, 0.5ML	600			Rs.____	Rs.____
1935	INJ	HEPATITIS B VACCINE ADULT 20MCG PFS	4,000			Rs.____	Rs.____
1936	INJ	HEPATITIS B VACCINE PAEDS 10MCG PFS	1,300			Rs.____	Rs.____
1937	INJ	HEPATITIS A VACCINE ADULT 0.5ML	4,000			Rs.____	Rs.____
1938	INJ	HEPATITIS A VACCINE PAEDS	4,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1939	INJ	HUMAN PAPILLOMAVIRUS VACCINE 0.5ML	600			Rs.____	Rs.____
1940	INJ	HUMAN PAPILLOMAVIRUS VACCINE 0.5ML BIVALENT	600			Rs.____	Rs.____
1941	INJ	HUMAN PAPILLOMAVIRUS VACCINE 0.5ML QUADRAVALENT	600			Rs.____	Rs.____
1942	INJ	INFLUENZA VACCINE QUADRIVALENT 0.5 ML	1,500			Rs.____	Rs.____
1943	INJ	INFLUENZA VACCINE TRIVALENT 0.5 ML	1,500			Rs.____	Rs.____
1944	INJ	INJECTABLE POLIOVIRUS VACCINE	1,300			Rs.____	Rs.____
1945	INJ	MENINGOCOCCAL (GROUP A,C,Y AND W135) POLYSACCHARIDE DIPHTHERIA TOXOID CONJUGATE VACCINE	1,300			Rs.____	Rs.____
1946	INJ	MENINGOCOCCAL CONJUGATE VACCINE 0.5 ML/VIAL	1,300			Rs.____	Rs.____
1947	INJ	MMR ( MEASLES, MUMPS, AND RUBELLA ) VACCINE 0.5ML	2,300			Rs.____	Rs.____
1948	INJ	PNEUMOCOCCAL CONJUGATE VACCINE 10 VALENT 0.5 ML/PFS	1,300			Rs.____	Rs.____
1949	INJ	PNEUMOCOCCAL VACCINE 23VALENT 0.5ML	1,300			Rs.____	Rs.____
1950	INJ	PNEUMOCOCCAL VACCINE POLYSACCHARIDE CONJUGATE 13 VALENT 0.5ML	1,300			Rs.____	Rs.____
1951	DROP	POLIOVIRUS VACCINE ORAL DROP	1,100			Rs.____	Rs.____
1952	INJ	RECOMBINANT HEPATITIS E VACCINE 0.5 ML/PFS	150			Rs.____	Rs.____
1953	ORAL	ROTA VIRUS VACCINE 0.5ML	1,300			Rs.____	Rs.____
1954	INJ	TYPHOID VACCINE 0.5ML	1,300			Rs.____	Rs.____
1955	INJ	VARICELLA VACCINE 0.5ML	3,300			Rs.____	Rs.____
1956	INJ	ZOSTER VACCINE	70			Rs.____	Rs.____
1957	INJ	ANTI-HUMAN T-LYMPHOCYTE IMMUNOGLOBULIN FROM RABBIT	1,050			Rs.____	Rs.____
1958	INJ	ANTI-THYMOCYTE GLOBULIN (HORSE)	1,050			Rs.____	Rs.____
1959	INJ	ANTI-THYMOCYTE GLOBULIN 25 MG/VIAL (RABBIT) VIAL	1,050			Rs.____	Rs.____
1960	INJ	ANTI-D (RHO) IMMUNOGLOBULIN 300 MCG FOR ITP PATIENT	550			Rs.____	Rs.____
1961	INJ	ANTI-D (RHO) IMMUNOGLOBULIN 300MCG	1,050			Rs.____	Rs.____
<b>RADIOLOGY DEPARTMENT</b>							
1962	CONTRAST	CONTRAST FOR MRI SYSTEM 20ML 1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	5,300			Rs.____	Rs.____
1963	CONTRAST	CONTRAST FOR MRI SYSTEM 15ML /1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	5,300			Rs.____	Rs.____
1964	CONTRAST	CONTRAST FOR MRI SYSTEM 7.5 ML /1 MMOL MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	10,300			Rs.____	Rs.____
1965	CONTRAST	DIATRIZOATE MAGLUMINE + DIATRIZOATE SODIUM SOLUTION 4.8MG+0.21 MG SODIUM & 367MG IODINE 100ML LIQUID	200			Rs.____	Rs.____
1966	CONTRAST	NON-IONIC CONTRAST FOR CT SCANNER 350/370 1-ML/100 ML, MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	35,000			Rs.____	Rs.____
1967	CONTRAST	NON-IONIC CONTRAST FOR CT SCANNER 350/370 1-ML/50 ML, MUST BE APPROVED / REGISTERED BY FDA (USA) & MHRA (UK)	7,000			Rs.____	Rs.____
1968	CONTRAST	SODIUM AMIDOTRIZOATE AND MEGLUMINE AMIDOTRIZOATE76% 20 ML/AMP	2,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
1969	LIQ. CONTRAST	SODIUM AMINDOTRIZOATE+MEGLUMINE AMIDOTRIZATE (IONIC) 76% 0.1G + 0.66G, 370MG/ML 100ML	4,000			Rs.____	Rs.____
<b>ONCOLOGY DEPARTMENT</b>							
1970	CAP	ALECTINIB 150MG	224			Rs.____	Rs.____
1971	CAP	ENTRECTINIB 100MG	60			Rs.____	Rs.____
1972	CAP	ENTRECTINIB 200MG	60			Rs.____	Rs.____
1973	TAB	ERLOTINIB 100MG	60			Rs.____	Rs.____
1974	TAB	ERLOTINIB 150MG	60			Rs.____	Rs.____
1975	ORAL LIQUID	RISDIPLAM 60MG/80ML	5			Rs.____	Rs.____
1976	INJ	EMICIZUMAB 30MG	5			Rs.____	Rs.____
1977	INJ	EMICIZUMAB 60MG	5			Rs.____	Rs.____
1978	INJ	EMICIZUMAB 105MG	5			Rs.____	Rs.____
1979	INJ	EMICIZUMAB 150MG	5			Rs.____	Rs.____
1980	INJ	PERTUZUMAB 450MG	200			Rs.____	Rs.____
1981	TAB	MIRTAZAPINE XR 25MG	1,000			Rs.____	Rs.____
1982	INJ	POLTUZUMAB 140MG	5			Rs.____	Rs.____



# Annexure “A”

## DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

### PROCUREMENT OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA / SURGICAL DISP. / CARDIOLOGY / CATH LAB. & ALLIED ITEMS

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

<b>GROUP / LOT – C</b>							
Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>CHEMICALS</b>							
1	OIL	CASTOR OIL 1 LTR BOTTLE	510			Rs.____	Rs.____
2	OIL	COCONUT OIL 1 LTR	20			Rs. ____	Rs.____
3	TOPICAL SOUTION	GLYCERIN 25GM/CONTAINER	1,500			Rs.____	Rs.____
4	TOPICAL SOUTION	GLYCERIN 300GM/CONTAINER	1,050			Rs.____	Rs.____
5	LIQUID	GLYCERINE 70% W/W 150GM/JAR	1,100			Rs.____	Rs.____
6	OINTMENT	HARD PARAFFIN 1 KG	25			Rs.____	Rs.____
7	POWDER	MAGNESIUM CHLORIDE 1 G	55			Rs.____	Rs.____
8	OIL	OLIVE OIL (PURE) 100ML/BOTTLE	510			Rs.____	Rs.____
9	OIL	OLIVE OIL (PURE) 250ML / BOTTLE	260			Rs.____	Rs.____
10	TOPICAL SOUTION	PROPYLENE GLYCOL 1 LTR TOPICAL SOLUTION	70			Rs.____	Rs.____
11	TOPICAL SOUTION	ROSE WATER 1 LTR TOPICAL SOLUTION	150			Rs.____	Rs.____
12	TOPICAL SOUTION	ROSE WATER 250ML TOPICAL SOLUTION	150			Rs.____	Rs.____
13	POWDER	SODIUM DIHYDROGEN PHOSPHATE MONOHYDRATE (GM)	43			Rs.____	Rs.____
14	POWDER	SODIUM HYDROXIDE 1 KG	25			Rs.____	Rs.____
15	POWDER	SODIUM CHLORIDE 1 KG	70			Rs.____	Rs.____
16	JELLY	WHITE SOFT PARAFFIN 30 G/CONTAINER	500			Rs.____	Rs.____
17	POWDER	ACETAMINOPHEN 1KG	130			Rs.____	Rs.____
18	LIQUID	ACETIC ACID GLACIAL 1L	130			Rs.____	Rs.____
19	WAX	BEES WAX 1KG	2			Rs.____	Rs.____
20	POWDER	BISMUTH NITRATE 100GM	3			Rs.____	Rs.____
21	POWDER	BORIC ACID 1KG	8			Rs.____	Rs.____
22	OIL	CAJUPUT OIL 500ML	6			Rs.____	Rs.____
23	POWDER	CALCIUM CHLORIDE DIHYDRATE 1KG	3			Rs.____	Rs.____
24	POWDER	CALCIUM HYPOCHLORITE 1KG	7			Rs.____	Rs.____
25	CRYSTAL	CAMPHOR 500GM	3			Rs.____	Rs.____
26	POWDER	CARBOXYMETHYLCELLULOSE 1KG	4			Rs.____	Rs.____
27	POWDER	CHARCOAL 1KG	4			Rs.____	Rs.____
28	POWDER	CITRIC ACID MONOHYDRATE 1KG	2			Rs.____	Rs.____
29	LIQUID	CHLORFOAM 1 LITER	4			Rs.____	Rs.____
30	POWDER	TALC 1 KG	2			Rs.____	Rs.____
31	POWDER	DISODIUM HYDROGEN PHOSPHATE HEPTA HYDRATE 1KG	25			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
32	PELLETS	EMULSIFYING WAX 1KG	3			Rs.____	Rs.____
33	LIQUID	ETHANOL 99.8% 1L	4			Rs.____	Rs.____
34	OIL	EUCALYPTUS OIL 500ML	5			Rs.____	Rs.____
35	LIQUID	GLYCEROL (GLYCERINE) 1L	3			Rs.____	Rs.____
36	POWDER	IODINE 500GM	2			Rs.____	Rs.____
37	POWDER	IODOFORM 500GM	2			Rs.____	Rs.____
38	LIQUID	ISO PROPYL ALCOHOL (IPA) 5L	6			Rs.____	Rs.____
39	LIQUID	LIQUID PARAFFIN 1L	7			Rs.____	Rs.____
40	POWDER	MAGNESIUM CHLORIDE 1KG	18			Rs.____	Rs.____
41	POWDER	MAGNESIUM SULPHATE DRIED 1KG	10			Rs.____	Rs.____
42	CRYSTAL	MENTHOL 1KG	3			Rs.____	Rs.____
43	LIQUID	METHYL SALICYLATE 1 LITER	25			Rs.____	Rs.____
44	POWDER	METHYLENE BLUE 100GM	3			Rs.____	Rs.____
45	POWDER	METYL PARABEN 1KG	2			Rs.____	Rs.____
46	OIL	MINERAL OIL 1L	3			Rs.____	Rs.____
47	POWDER	N-ACETYLCYSTEIN POWDER 100GM	15			Rs.____	Rs.____
48	LIQUID	PHENOL 1L	4			Rs.____	Rs.____
49	LIQUID	POLYETHYLENE GLYCOL 1000 1KG	3			Rs.____	Rs.____
50	LIQUID	POLYETHYLENE GLYCOL 4000 1KG	3			Rs.____	Rs.____
51	POWDER	POTASSIUM CHLORIDE 1KG	50			Rs.____	Rs.____
52	POWDER	POTASSIUM CITRATE MONOHYDRATE 1KG	2			Rs.____	Rs.____
53	POWDER	POTASSIUM HYDROXIDE 1KG	2			Rs.____	Rs.____
54	POWDER	POTASSIUM IODIDE 500GM	2			Rs.____	Rs.____
55	CRYSTAL	POTASSIUM PERMANGANATE 1 KG	3			Rs.____	Rs.____
56	POWDER	POTASSIUM PHOPHATE DIBASIC ANHYDROUS 1KG	18			Rs.____	Rs.____
57	POWDER	POTASSIUM PHOSPHATE MONOBASIC 1KG	8			Rs.____	Rs.____
58	POWDER	PROPYL PARABEN 1KG	2			Rs.____	Rs.____
59	LIQUID	PROPYLENE GLYCOL 1L	3			Rs.____	Rs.____
60	POWDER	SALICYLIC ACID 1KG	2			Rs.____	Rs.____
61	POWDER	SODIUM BENZOATE 1KG	2			Rs.____	Rs.____
62	POWDER	SODIUM CHLORIDE 1KG	25			Rs.____	Rs.____
63	POWDER	SODIUM CITRATE DIHYDRATE 1KG	2			Rs.____	Rs.____
64	POWDER	SODIUM PHOSPHATE MONOBASIC MONOHYDRATE 1 KG	45			Rs.____	Rs.____
65	POWDER	SULPHUR 500GM	2			Rs.____	Rs.____
66	CRYSTAL	TRICHLOROACETIC ACID 500GM	3			Rs.____	Rs.____
67	OIL	TURPENTINE OIL 1L	2			Rs.____	Rs.____
68	CRYSTAL	UREA 500GM	2			Rs.____	Rs.____
69	OINTMENT	WHITE SOFT PARAFFIN 1KG	60			Rs.____	Rs.____
70	OINTMENT	WOOL FAT 1KG	12			Rs.____	Rs.____
71	CRYSTAL	PHARMACEUTICAL SUGAR 1 KG	200			Rs.____	Rs.____
72	POWDER	ZINCOXIDE 1KG	8			Rs.____	Rs.____
73	POWDER	ZINC SULFATE 1 KG	60			Rs.____	Rs.____
74	ORAL POWDER	ACTIVATED CHARCOAL (1 KG)	550			Rs.____	Rs.____
75	POWDER	METHYL SALICYLATE 1 KG TOPICAL POWDER	1,100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>DENTAL</b>							
76	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 100 G/TUBE	100			Rs.____	Rs.____
77	TOOTH PASTE	ANTICAVITY+ANTIGINGIVITIS 50 G/TUBE	100			Rs.____	Rs.____
78	MOUTH WASH	BENZYADMINE HYDROCHLORIDE 0.15%, CHLORHEXIDINE GLUCONATE 0.2% 250ML	10,000			Rs.____	Rs.____
79	TOOTH PASTE	BENZYDAMINE 200 ML/BOTTLE	500			Rs.____	Rs.____
80	TOOTH PASTE	BENZYDAMINE+CETYLPYRIDINIUM 30 G/TUBE	200			Rs.____	Rs.____
81	MOUTH WASH	CHLORHEXIDINE 200 ML/BOTTLE MOUTH WASH	4,500			Rs.____	Rs.____
82	MOUTH WASH	CHLORHEXIDINE 300 ML MOUTH WASH	4,500			Rs.____	Rs.____
83	ORAL GEL	CHLORHEXIDINE 4% W/W 40GM/TUBE GEL	300			Rs.____	Rs.____
84	MOUTH WASH	CHLORHEXIDINE MOUTH WASH WITH FLORIDE	1,000			Rs.____	Rs.____
85	FLOSS	DENTAL FLOSS 50 METER	500			Rs.____	Rs.____
86	ORAL SPYAY	DEQUALINIUM+BENZALKONIUM ORAL SPRAY	1,000			Rs.____	Rs.____
87	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	2,500			Rs.____	Rs.____
88	ORAL GEL	METRONIDAZOLE ORAL GEL 1% 40 G/TUBE	200			Rs.____	Rs.____
89	ORAL GEL	METRONIDAZOLE+CHLORHEXADINE 1%+0.25% ) ORAL GEL 40 G/TUBE	700			Rs.____	Rs.____
90	ORAL GEL	MICONAZOLE 20 G ORAL GEL	800			Rs.____	Rs.____
91	TOOTH PASTE	PERMETHOL 40G	200			Rs.____	Rs.____
92	MOUTH WASH	POVIDONE-IODINE 60 ML/BOTTLE	200			Rs.____	Rs.____
93	MOUTH WASH	SENSITIVITY RELIEF MOUTH WASH 300ML	240			Rs.____	Rs.____
94	TOOTH PASTE	STANNOUS FLUORIDE 70G	300			Rs.____	Rs.____
95	TOOTH PASTE	TEETH WHITENING TOOTH PASTE (POTASSIUM NITRATE, SODIUM FLUORIDE) 50GM	1,000			Rs.____	Rs.____
96	TOOTH BRUSH	TOOTH BRUSH HARD	300			Rs.____	Rs.____
97	TOOTH BRUSH	TOOTH BRUSH SOFT	300			Rs.____	Rs.____
98	TOOTH PASTE	TOOTHPASTE FOR CAVITY PROTECTION 100GM	500			Rs.____	Rs.____
99	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY 100GM	500			Rs.____	Rs.____
100	TOOTH PASTE	TOOTHPASTE FOR SENSITIVITY WITH EUCALYPTUS & FENNEL EXTRACT 70GM	600			Rs.____	Rs.____
101	TOOTH PASTE	TOOTHPASTE WITH FLOURIDE 100GM	500			Rs.____	Rs.____
102	TOOTH PASTE	TRANEXAMIC ACID 40GM	200			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
103	OINTMENT	TRIAMCINOLONE ACETATE 15G/TUBE	200			Rs.____	Rs.____
104	OINTMENT	TRIAMCINOLONE ACETATE 5 G ORABASE	300			Rs.____	Rs.____
105	ORAL GEL	CLINDAMYCIN PHOSPHATE 1% GEL	200			Rs.____	Rs.____
106	GEL MOUTH WASH	POLY-VINYL-PYRROLIDONE (PVP) AND HYALURONIC ACID -BASED VISCOUS ORAL GEL	300			Rs.____	Rs.____
107	CARTRIDGES	LOCAL ANAESTHESIA INJECTION (PACK 1X50) MEDICAIN (2% LIDOCAIN WITH EPINEPHERINE1:100,000)	1500			Rs.____	Rs.____
<b>DERMATOLOGY</b>							
108	SOAP	ACNE AID 65G BAR OR EQUIVALENT	500			Rs.____	Rs.____
109	SHAMPOO	ANAPRO HAIR SHAMPOO OR EQUIVALENT	200			Rs.____	Rs.____
110	HAIR SPRAY	ANAPRO HAIR SPRAY OR EQUIVALENT	200			Rs.____	Rs.____
111	OIL	DERMIVE OIL FREE MOISTURIZER WITH SPF 20 OR EQUIVALENT	200			Rs.____	Rs.____
112	SOAP	DOVE SOAP BAR	500			Rs.____	Rs.____
113	OIL	FLUOCINOLONE ACETONIDE GEL 0.01% 120ML (OIL)	200			Rs.____	Rs.____
114	OIL	FLUOCINOLONE ACETONIDE PLUS OLIVE OIL 120 ML	200			Rs.____	Rs.____
115	SOAP	GLYCERIN ENRICHED SOAP FOR ALL TYPES OF DRY SKINS	200			Rs.____	Rs.____
116	OIL	HAIR FALL PREVENTION OIL	200			Rs.____	Rs.____
117	OIL	HAIRBION OIL OR EQUIVALENT	200			Rs.____	Rs.____
118	TOPICAL GEL	MULTIPLE SILICONES,SUNSCREEN AGENTS (SCARFADE GEL OR EQUIVALENT)	200			Rs.____	Rs.____
119	FACE WASH	OIL FREE ACNE FACE WASH	200			Rs.____	Rs.____
120	SHAMPOO	SELENIUM SULPHIDE 2.5 % TOPICAL SHAMPOO	200			Rs.____	Rs.____
121	PEELS	SIMILDIET FERRULIC ACID 60 ML/BOTTLE	50			Rs.____	Rs.____
122	PEELS	SIMILDIET LIGHTENING PEEL 60 ML/BOTTLE	50			Rs.____	Rs.____
123	PEELS	SIMILDIET YELLOW PEEL 60 ML/BOTTLE	50			Rs.____	Rs.____
124	SOAP	SOAP FOR DRY SKIN AND SENSITIVE SKIN 65GM/SOAP	200			Rs.____	Rs.____
125	SUN BLOCK	SUN BLOCK LOTION SPF 30	200			Rs.____	Rs.____
126	SUN BLOCK	SUN BLOCK LOTION SPF 45	200			Rs.____	Rs.____
127	SUN BLOCK	SUN BLOCK LOTION SPF 70+	200			Rs.____	Rs.____
128	LOTION	COAL TAR 1% 200ML SHAMPOO	1,030			Rs.____	Rs.____
129	CREAM	CROTAMITON+SULPHUR 20 G CREAM	600			Rs.____	Rs.____
130	TOPICAL SOLUTION	CROTAMITON+SULPHUR LOTION	550			Rs.____	Rs.____
131	OIL	ETHYL ESTERS OF IODINATED FATTY ACIDS OF POPPY SEED OIL 10 ML TOPICAL SOLUTION	550			Rs.____	Rs.____
132	TOPICAL SOLUTION	EUCALYPTUS OIL 1000 ML/BOTTLE TOPICAL SOLUTION	550			Rs.____	Rs.____
133	TOPICAL SOLUTION	LICOR CARBONIC PARA 1 ML/BOTTLE TOPICAL SOLUTION	1,050			Rs.____	Rs.____
134	TOPICAL SOLUTION	LIQUID PARAFFIN 1 LTR TOPICAL SOLUTION	1,100			Rs.____	Rs.____
135	TOPICAL SOLUTION	LIQUID PARAFFIN 120 ML/BOTTLE TOPICAL SOLUTION	1,100			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
136	OINTMENT	METHYLSALICYLATE 12.17%, MENTHOL, EUCALYPTOL, THYMOL, OLEORESIN OF CAPSICUM 50GM/TUBE BALM	3,100			Rs.____	Rs.____
137	OINTMENT	METHYLSALICYLATE 5% W/W, IODINE 4% W/W 28GM/TUBE	3,100			Rs.____	Rs.____
138	OINTMENT	PETROLEUM JELLY 300G/BOTTLE	5,300			Rs.____	Rs.____
139	OINTMENT	SUDO CREAM 60GM OR EQUIVALENT	13,000			Rs.____	Rs.____
140	OINTMENT	SUDO CREAM 30GM OR EQUIVALENT	13,000			Rs.____	Rs.____
141	CREAM	SUN SCNREEN SPF 40 30GM/TUBE CREAM	1,000			Rs.____	Rs.____
142	GEL	SUN SCNREEN SPF 40 GEL 45ML	1,000			Rs.____	Rs.____
143	GEL	SCAR HEALING GEL 20GM	1,050			Rs.____	Rs.____
144	GEL	SILICON SCAR GEL	1,050			Rs.____	Rs.____
145	CREAM	CAPSAICIN EXTRACT CREAM	530			Rs.____	Rs.____
146	LOTION	MENTHOL+ CAMPHOR + STREARIC ACID + CARBOMER+ BENZYL ALCOHOL + PETROLATUM + ISOPROPYL MYRISTATE	1,050			Rs.____	Rs.____
147	CREAM	ZINC OXIDE+BENZALKONIUM 20 G/TUBE CREAM	1,200			Rs.____	Rs.____
<b>FAMILY PLANNING</b>							
148	CONTRACEPTIVES	CONDOM (CONTRACEPTIVE)	3,000			Rs.____	Rs.____
149	CONTRACEPTIVES	CONTRACEPTIVE IMPLANTS 75MG	10			Rs.____	Rs.____
150	CONTRACEPTIVES	INTRAUTERINE DEVICE CONTAINING COPPER IUD	10			Rs.____	Rs.____
151	CONTRACEPTIVES	MINERAL OIL IUD IUD	20			Rs.____	Rs.____
152	CONTRACEPTIVES	MULTILOAD IUD IUD	10			Rs.____	Rs.____
153	CONTRACEPTIVES	MULTILOAD OR EQUIVALENT IUCD	10			Rs.____	Rs.____
154	CONTRACEPTIVES	PROTECT 5 IMPLANT OR EQUIVALENT IUCD	10			Rs.____	Rs.____
155	CONTRACEPTIVES	SAFE LOAD OR EQUIVALENT IUCD	10			Rs.____	Rs.____
<b>MISCELLANEOUS</b>							
156	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	100,000			Rs.____	Rs.____
157	NEBULIZER DEVICE	REVOLIZER	5,000			Rs.____	Rs.____
158	DROPS	COLIC DROP	1,050			Rs.____	Rs.____
159	DROPS	COLIC DROP (MINT, GINGER AND CARDAMOM ALONG WITH OTHER HERBS)	1,050			Rs.____	Rs.____
160	SYP	CRANBERRY EXTRACT SYRUP	1,100			Rs.____	Rs.____
161	ORAL LIQUID	CRANBERRY EXTRACT, URSOLIA,VIT C 120ML	1,100			Rs.____	Rs.____
162	ORAL LIQUID	ORAL REHYDRATION SOLUTION ORAL LIQUID 500ML	15,500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
163	ORAL LIQUID	SAFI SYRUP OR EQUIVALENT	550			Rs.____	Rs.____
164	ORAL LIQUID	PRUNE JUICE & SENNA	550			Rs.____	Rs.____
165	DROPS	B-D-GALACTOSIDASE ENZYME 0.40GRAM DROP 7.5ML	600			Rs.____	Rs.____
166	EYE DROPS	ROSE WATER STERILE FOR EYE	150			Rs.____	Rs.____
167	DROPS	VIT A,C & D3 15 ML/BOTTLE ORAL DROP	1,500			Rs.____	Rs.____
168	DROPS	VITAMIN A & D DROPS ORAL DROP	1,500			Rs.____	Rs.____
169	DROPS	VITAMIN ACD & E ORAL DROPS	1,500			Rs.____	Rs.____
170	SYP	VITAMIN B COMPLEX SYRUP	6,500			Rs.____	Rs.____
171	DROPS	VITAMIN C DROPS	1,500			Rs.____	Rs.____
172	ORAL LIQUID	VITAMIN D3 1000IU/10ML 120ML	6,500			Rs.____	Rs.____
173	ORAL LIQUID	VITAMIN D3 400 IU/DROP	6,500			Rs.____	Rs.____
174	ORAL LIQUID	VITAMIN-A 2666 IU/DROP	6,500			Rs.____	Rs.____
175	TAB	CO ENZYME Q 10 100MG	11,000			Rs.____	Rs.____
176	CAP	COD LIVER OIL SOFT GELATIN CAPSULE	11,000			Rs.____	Rs.____
177	CAP	COENZYME Q10 SOFT GELATIN 50 MG/CAP	11,000			Rs.____	Rs.____
178	TAB	CO-Q10 WITH MINERALS & VITAMINS	3,000			Rs.____	Rs.____
179	TAB	CRANBERRY EXTRACT	6,000			Rs.____	Rs.____
180	ORAL POWDER	CRANBERRY EXTRACT + ELDERBERRY EXTRACT SACHET ORAL POWDER	25,000			Rs.____	Rs.____
181	ORAL POWDER	CRANBERRY EXTRACT SACHET ORAL POWDER	35,000			Rs.____	Rs.____
182	ORAL POWDER	CRANBERRY EXTRACT, URSOLIA ORAL POWDER SACHET	3,000			Rs.____	Rs.____
183	ORAL POWDER	CRANBERRY WITH PROBIOTICS ORAL POWDER	1,500			Rs.____	Rs.____
184	ORAL POWDER	ELDERBERRY & CRANBERRY EXTRACT ORAL POWDER	22,000			Rs.____	Rs.____
185	CAP	EVENING PRIMOSE OIL CAPSULE	800			Rs.____	Rs.____
186	INJ	GLYCERYL TRINITRATE 10 MG/10ML AMP	8,000			Rs.____	Rs.____
187	INJ	GLYCERYL TRINITRATE 50 MG/50ML VIAL	600			Rs.____	Rs.____
188	TAB	GLYCERYL TRINITRATE 0.5 MG/TAB	20,000			Rs.____	Rs.____
189.1	TAB	GLYCERYL TRINITRATE 2.6 MG/TAB	25,000			Rs.____	Rs.____
189.2	TAB	GLYCERYL TRINITRATE 6.4 MG/TAB	23,000			Rs.____	Rs.____
190	TAB	HONEY LOZENGES	43,000			Rs.____	Rs.____
191	TAB	IVY LEAF EXTRACT LOZENGES	8,500			Rs.____	Rs.____
192	TAB	FOLIC ACID 5 MG/TAB	520,000			Rs.____	Rs.____
193	ORAL POWDER	INFANT PROBIOTIC ORAL POWDER	7,000			Rs.____	Rs.____
194	ORAL POWDER	PREPRO-G OR EQUIVALENT (LACTOBACILLUS RHAMNOSUS ORAL POWDER)	7,000			Rs.____	Rs.____
195	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	5,500			Rs.____	Rs.____
196	CAP	PANCREATIC ENZYME REPLACEMENT THERAPY CAPSULES	6,500			Rs.____	Rs.____
197	ORAL POWDER	PROBIOTIC SACHET 2G ORAL POWDER	31,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
198	ORAL POWDER	PSYLLIUM HUSK 25 G ORAL POWDER	50,000			Rs.____	Rs.____
199	ORAL POWDER	PSYLLIUM HUSK 7 G ORAL POWDER	50,000			Rs.____	Rs.____
200	ORAL POWDER	PSYLLIUM HUSK CONTAINER 290 GM JAR ORAL POWDER	50,000			Rs.____	Rs.____
201	ORAL POWDER	RICE BASED ORAL REHYDRATION SALT ORAL POWDER SACHET	10,000			Rs.____	Rs.____
202	ORAL POWDER	SACCHAROMYCES BOULARDII ORAL POWDER	12,000			Rs.____	Rs.____
203	TAB	SENNA EXTRACT 8.6 MG	1,000			Rs.____	Rs.____
204	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 100 G/CONTAINER ORAL POWDER	1,500			Rs.____	Rs.____
205	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 15 G/CONTAINER ORAL POWDER	14,000			Rs.____	Rs.____
206	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 30G ORAL POWDER	14,000			Rs.____	Rs.____
207	ORAL POWDER	SODIUM POLYSTYRENE SULFONATE 450 G ORAL POWDER	800			Rs.____	Rs.____
208	ORAL POWDER	SODIUMBICARBONATE, CITRIC ACID 5GM	2,000			Rs.____	Rs.____
209	CAP	VITABIOTICS FOR FERTILITY	4,000			Rs.____	Rs.____
210	CAP	VITABIOTICS FOR PREGNANCY	3,500			Rs.____	Rs.____
211	ORAL POWDER	WHEAT DEXTRIN AND GREEN TEA EXTRACT ORAL POWDER	700			Rs.____	Rs.____
212	ORAL POWDER	WHEAT DEXTRIN AND GREEN TEA EXTRACT ORAL POWDER 150 GM CONTAINER	700			Rs.____	Rs.____
213	EAR DROP	SODA GLYCERIN EAR DROP OR EQUIVALENT	10,050			Rs.____	Rs.____
214	EAR DROP	SODIUM BICARBONATE+GLYCERINE 10 ML/BOTTLE EAR DROP	1,050			Rs.____	Rs.____
216	NASAL DROPS	NORMAL SALINE 0.9% 30 ML/BOTTLE NASAL DROPS	5,500			Rs.____	Rs.____
217	INJ	POTASSIUM CHLORIDE 1 MEQ/ML, 20ML VIAL	35,000			Rs.____	Rs.____
218	INJ	POTASSIUM CHLORIDE 1 MEQ/ML, 25ML VIAL	35,000			Rs.____	Rs.____
219	INJ	DEXTROSE 25% 20 ML	40,000			Rs.____	Rs.____
220	INJ	DEXTROSE 25% 25 ML	90,000			Rs.____	Rs.____
221	INJ	DEXTROSE 5% 50ML	13,000			Rs.____	Rs.____
222	INJ	SODIUM BICARBONATE 20 ML/ML VIAL	60,000			Rs.____	Rs.____
223	INJ	SODIUM BICARBONATE 25 ML/VIAL	60,000			Rs.____	Rs.____
224	INJ	SODIUM BICARBONATE 7.5% 50 ML/VIAL	15,000			Rs.____	Rs.____
225	DEVICE	SPACER DEVICE ADULT WITH LARGE MASK	6,000			Rs.____	Rs.____
226	DEVICE	SPACER DEVICE ADULT WITH MOUTH PIECE	6,000			Rs.____	Rs.____
227	DEVICE	SPACER DEVICE ADULT WITH SMALL MASK	6,000			Rs.____	Rs.____
228	DEVICE	SPACER DEVICE FOR ADULT	6,000			Rs.____	Rs.____
229	DEVICE	SPACER FOR DEVICE FOR KIDS 0-18MONTHS	6,000			Rs.____	Rs.____
230	DEVICE	SPACER FOR DEVICE FOR KIDS 18 MONTHS - 5 YEARS	6,000			Rs.____	Rs.____
231	DEVICE	SPACER FOR DEVICE FOR KIDS ABOVE 5 YEARS	6,000			Rs.____	Rs.____
232	SUPPOSITORIES	GLYCERIN ADULT	65,000			Rs.____	Rs.____
233	SUPPOSITORIES	GLYCERIN PEADS	20,000			Rs.____	Rs.____
234	SUPPOSITORIES	PARACETAMOL 125 MG/SUPP	6,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
235	SUPPOSITORIES	PARACETAMOL 250 MG/SUPP	6,000			Rs.____	Rs.____
236	TOPICAL SOLUTION	BENZOIN COMPOUND 30 ML/BOTTLE	1,500			Rs.____	Rs.____
237	TOPICAL SOLUTION	GENTIAN VOILET 1% 25 ML/BOTTLE TOPICAL SOLUTION	2,100			Rs.____	Rs.____
238	TOPICAL SOLUTION	GENTIAN VOILET ANTISEPTIC 450ML/BOTTLE	1,100			Rs.____	Rs.____
239	LOTION	CALAMINE 120 ML/BOTTLE LOTION	3,300			Rs.____	Rs.____
240	OINT.	CAMPHOR+EUCALYPTUS OIL+MENTHOL OINTMENT	5,100			Rs.____	Rs.____
241	LOTION	CERMITES,HYALURONIC ACID,LIGHT LIQUID PARAFFON,WHITE SOFT PARRAFIN,CAPRYLIC/CAPRIC TRIGLYCERIDES,GLYCERIN,C12-15,ALKYL BENZOATE,CYCLOMETICONE,MICOFINE,TITANIUM DIXOIDE,OCTINOXIDE,DEIONIZED WATER,DISODIUM EDTA,CARBOMER,METHYLPARABEN,PROPYLPARABEN TOPICAL LOTION	3,200			Rs.____	Rs.____
242	CREAM	DEEP HEAT CREAM OR EQUIVALENT	3,200			Rs.____	Rs.____
243	SPRAY	DEEP HEAT SPRAY OR EQUIVALENT	3,200			Rs.____	Rs.____
244	TOPICAL SOLUTION	HYDROGEN PEROXIDE 450 ML/BOTTLE TOPICAL SOLUTION	6,100			Rs.____	Rs.____
245	INJ	CMV IMMUNOGLOBULIN 10ML VIAL	40			Rs.____	Rs.____
246	INJ	CMV IMMUNOGLOBULIN 50ML VIAL	40			Rs.____	Rs.____
247	INJ	HUMAN IMMUNE GLOBULIN 10% 100ML	600			Rs.____	Rs.____
248	INJ	HUMAN IMMUNE GLOBULIN 10% 10ML	600			Rs.____	Rs.____
249	INJ	HUMAN IMMUNE GLOBULIN 10% 50ML	600			Rs.____	Rs.____
250	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 1G/20ML	550			Rs.____	Rs.____
251	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 2.5G/50ML	550			Rs.____	Rs.____
252	INJ	HUMAN IMMUNE GLOBULIN 5% (PH4) 5G/100ML	550			Rs.____	Rs.____
253	CAN	BUNOL SOLUTION FOR REPROCESSOR MACHINE 5L CAN	100			Rs.____	Rs.____
254	CAN	MDT SOLUTION FOR DIALYZER 5L CAN	100			Rs.____	Rs.____
255	CAN	SODA LIME 5LTR	100			Rs.____	Rs.____
256	CAN	HYPO CHLORIDE BLEACH 10LTR GALLON	500			Rs.____	Rs.____
<b>NUTRITIONAL SUPPLIMENTS</b>							
257	CONTAINER	AMINOLEBAN ORAL OR EQUIVALENT	600			Rs.____	Rs.____
258	CONTAINER	DIABETIC NUTRITION SUPPLIMENT 250ML (GLUCERNA OR EQUIVALENT)	3,000			Rs.____	Rs.____
259	CONTAINER	DIABETIC NUTRITION SUPPLIMENT 400 G/CONTAINER (GLUCERNA OR EQUIVALENT)	4,000			Rs.____	Rs.____
260	SACHET	IMPACT POWDER 740GM OR EQUIVALENT (PACK OF 10)	600			Rs.____	Rs.____
261	CONTAINER	INFANT MILK FORMULA 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
262	CONTAINER	INFANT MILK FORMULA 900GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
263	SOFT PACK	INFANT MILK FORMULA ECONOMY PACK (LACOTGEN OR EQUIVALENT)	500			Rs.____	Rs.____
264	CONTAINER	LACTOSE FREE FORMULA MILK 350GM (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
265	OIL	MEDIUM CHAIN TRIGLYCERIDES OIL 120 GMS	800			Rs.____	Rs.____
266	CONTAINER	MILK FOR LACTATING MOTHER AND PREGNANT LADIES 200GM (BF-MAMA OR EQUIVALENT)	500			Rs.____	Rs.____
267	CONTAINER	MILK FOR LACTATING MOTHER AND PREGNANT LADIES 900GM (BF-MAMA OR EQUIVALENT)	500			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
268	SOFT PACK	MILK FOR LACTATING MOTHER AND PREGNANT LADIES ECONOMY PACK (BF-MAMA OR EQUIVALENT)	500			Rs.____	Rs.____
269	CONTAINER	MILK FORMULA FOR THE AGE 1 YEAR AND ABOVE 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
270	CONTAINER	MILK FORMULA FOR THE AGE 1 YEAR AND ABOVE 900GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
271	SOFT PACK	MILK FORMULA FOR THE AGE 1 YEAR ECONOMY PACK (LACTOGEN OR EQUIVALENT)	500			Rs.____	Rs.____
272	CONTAINER	MILK FORMULA FOR THE AGE SIX MONTHS AND ABOVE 400GM OR EQUIVALENT (MORINAGA OR EQUIVALENT)	500			Rs.____	Rs.____
273	CONTAINER	MILK FORMULA FOR THE AGE SIX MONTHS AND ABOVE 900GM OR EQUIVALENT (MORNIAGA OR EQUIVALENT)	500			Rs.____	Rs.____
274	SOFT PACK	MILK FORMULA FOR THE AGE SIX MONTHS ECONOMY PACK (LACOTGEN OR EQUIVALENT)	500			Rs.____	Rs.____
275	CONTAINER	NOVASOURCE LIQUID 237ML OR EQUIVALENT	1,500			Rs.____	Rs.____
276	CONTAINER	NUTRITIONAL SUPPLEMENT (ALL FLAVOURS) (ENSURE PLUS OR EQUIVALENT) COMPLETE BALANCED NUTRITION 250ML	3,000			Rs.____	Rs.____
277	CONTAINER	NUTRITIONAL SUPPLEMENT (COMPLETE PEPTIDE DIET FOR ADULT) 400GM (PEPTAMEN OR EQUIVALENT)	700			Rs.____	Rs.____
278	CONTAINER	NUTRITIONAL SUPPLEMENT (COMPLETE RENAL NUTRITION FOR PEOPLE WITH KIDNEY DISEASE (NON-DIALYZED) 400GM) NEPRO OR EQUIVALENT	200			Rs.____	Rs.____
279	CONTAINER	NUTRITIONAL SUPPLEMENT (ENSURE OR EQUIVALENT) (COMPLETE BALANCED NUTRITION) 400G	5,000			Rs.____	Rs.____
280	CONTAINER	NUTRITIONAL SUPPLEMENT (LACTOSE PEADS FORMULA)	500			Rs.____	Rs.____
281	CONTAINER	NUTRITIONAL SUPPLEMENT (LACTOSE AND GLUTEN FREE; PROTEIN DIET FOR PATIENT AND HEALTH INDIVIDUAL ) 264 G (BOOST BENEPROTIEN OR EQUIVALENT)	3,000			Rs.____	Rs.____
282	CONTAINER	NUTRITIONAL SUPPLEMENT 430 G/CONTAINER	500			Rs.____	Rs.____
283	CONTAINER	HAEMACCEL NUTRITIONAL SUPPLEMENT(CALCIUM CHLORIDE+POLYGELINE+POTASSIUM IODIDE+ SODIUM CHLORIDE) OR EQUIVALENT 500 ML/BOTTLE	5,500			Rs.____	Rs.____
284	CONTAINER	NUTRITIONAL SUPPLEMENT FOR CHILDREN 400 G (PEDIASURE OR EQUIVALENT)	5,500			Rs.____	Rs.____
285	CONTAINER	NUTRITIONAL SUPPLEMENT FOR MALNUTRITION AND OTHER MEDICAL CONDITION 425G (ISOCAL OR EQUIVALENT)	3,000			Rs.____	Rs.____
286	CONTAINER	NUTRITIONAL SUPPLEMENT FOR RENAL IMPAIR PATIENT HAVING HIGH ENERGY, LOW ELECTROLYTE AND LOW VOLUME ENTERAL FEED 400 G (NIPRO HP / LP OR EQUIVALENT)	500			Rs.____	Rs.____
287	SOFT PACK	NUTRITIONALLY COMPLETE FORMULA FOR THE DIETARY MANAGEMENT OF BABIES WITH SIGNIFICANT REFLUX ECONOMY PACK (NAN AR OR EQUIVALENT)	200			Rs.____	Rs.____
288	CONTAINER	NUTRITIONALLY COMPLETE MILK BASED IRON FORTIFIED INFANT FORMULA 400G (SIMILAC OR EQUIVALENT)	500			Rs.____	Rs.____
289	CONTAINER	RESOURCE DIABETES POWDER 400GM OR EQUIVALENT	1,000			Rs.____	Rs.____
290	CONTAINER	SPECIALIZED FORMULA FOR LOW BIRTH WEIGHT INFANTS 400GM (MORNIAGA BG-P OR EQUIVALENT)	500			Rs.____	Rs.____
291	CONTAINER	SPECIALIZED FORMULA FOR LOW BIRTH WEIGHT INFANTS 900GM (MORNIAGA BG-P OR EQUIVALENT)	500			Rs.____	Rs.____
292	SACHET	AMINOLEBAN ORAL SACHET	7,000			Rs.____	Rs.____
293	CONTAINER	AMINO ACID BASED HYPOALLERGENIC INFANT FORMULA POWDER 0+ MONTHS 400GM	500			Rs.____	Rs.____
294	CONTAINER	AMINO ACID BASED HYPOALLERGENIC INFANT FORMULA WITH IRON 0-12 MONTHS 400GM	500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
295	DEVICE	INSULIN PEN DEVICE	550			Rs._____	Rs._____
296	NEEDLE	NEEDLES FOR INSULIN PEN 30G NEEDLE (ALL ASSORTED SIZES)	6,000			Rs._____	Rs._____
297	NEEDLE	NEEDLES FOR INSULIN PEN 31G NEEDLE (ALL ASSORTED SIZES)	6,000			Rs._____	Rs._____
298	NEEDLE	NEEDLES FOR INSULIN PEN 32G NEEDLE (ALL ASSORTED SIZES)	6,000			Rs._____	Rs._____
299	ORAL LIQUID	BANAFSHA SHAHTOOT SYRUP OR EQUIVALENT	550			Rs._____	Rs._____
<b>RADIOLOGY</b>							
300	CONTRAST	BARIUM SULFATE 98% W/W 340GM (E-Z-HD / VIZUMAX - HD) OR EQUIVALENT	3,200			Rs._____	Rs._____
201	GEL	ULTRASOUND GEL 260 GM	13,000			Rs._____	Rs._____
302	GEL	ULTRASOUND GEL 5KG CAN	400			Rs._____	Rs._____
303	ROLL	ULTRASOUND ROLL 110MM X 20M	14,000			Rs._____	Rs._____
<b>LIVER TRANSPLANT ITEMS</b>							
304	BOTTLE	CUSTODIOL SOLUTION 1000 ML/BOTTLE OR EQUIVALENT	200			Rs._____	Rs._____
305	BOTTLE	CUSTODIOL SOLUTION 500 ML/BOTTLE OR EQUIVALENT	200			Rs._____	Rs._____
306	SOLUTION	UW SOLUTION 1000ML OR EQUIVALENT	150			Rs._____	Rs._____
307	SOLUTION	UW SOLUTION 500ML OR EQUIVALENT	150			Rs._____	Rs._____

# Annexure “A”

## DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

### PROCUREMENT OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA / SURGICAL DISP. / CARDIOLOGY / CATH LAB. & ALLIED ITEMS

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

<b><u>GROUP / LOT – D</u></b>							
Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
<b>NEUROINTERVENTION DEVICES</b>							
1	PIECE	FEMORAL SHEATHS 8F	50			Rs.____	Rs.____
2	PIECE	FEMORAL SHEATHS 9F	50			Rs.____	Rs.____
3	PIECE	DIAGNOSTIC CATHETER VERT 125CM (EUROPEAN CE MARK/JAPANESE/US FDA WITH EVIDENCE OF USE IN EUROPE, JAPAN OR USA)	20			Rs.____	Rs.____
4	PIECE	DIAGNOSTIC CATHETER COBRA 2 (C2) 4F OR EQUIVALENT (EUROPEAN CE MARK/JAPANESE/US FDA WITH EVIDENCE OF USE IN EUROPE, JAPAN OR USA)	10			Rs.____	Rs.____
5	PIECE	DIAGNOSTIC CATHETER VTK 5F (EUROPEAN CE MARK/JAPANESE/US FDA WITH EVIDENCE OF USE IN EUROPE, JAPAN OR USA)	20			Rs.____	Rs.____
6	PIECE	5F SIM 2 DIAGNOSTIC CATHETER WITH SOFT TIP (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	20			Rs.____	Rs.____
7	PIECE	5F BENZ 2 DIAGNOSTIC CATHETER WITH SOFT TIP (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	20			Rs.____	Rs.____
8	PIECE	GLIDE WIRE – 035 X 150	50			Rs.____	Rs.____
9	PIECE	GLIDE WIRE – 035 X 260	20			Rs.____	Rs.____
10	PIECE	BALLOON TIP GUIDE CATHETER	10			Rs.____	Rs.____
11	PIECE	DEDICATED NEUROVASCULAR LONG SHEATH 6F, STRAIGHT TIP, 90CM LONG (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
12	PIECE	SOFIA PLUS NEURO ASPIRATION CATHETER OR EQUIVALENT WITH 0.070” INNER LUMEN, LONGEST LENGTH (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
13	PIECE	SOFIA DISTAL ACCESS/ SUPPORT CATHETER 5F OR EQUIVALENT, MAXIMUM OUTER DIAMETER 0.068, LONGEST LENGTH (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
14	PIECE	NAVIENT NEURO ASPIRATION CATHETER OR EQUIVALENT WITH 0.070” INNER LUMEN, LONGEST LENGTH (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
15	PIECE	REACT NEURO ASPIRATION CATHETER OR EQUIVALENT 0.071" INNER LUMEN, LONGEST LENGTH (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
16	PIECE	NEURO MICRO CATHETER, LONGEST LENGTH WITH 0.021 INCH INNER DIAMETER COMPATIBLE WITH STENT RETRIEVERS (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
17	PIECE	NEURO MICRO CATHETER, LONGEST LENGTH, 45 TIP SHAPE 1.9F/2.4F (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
18	PIECE	NEURO DETACHABLE MICRO CATHETER, LONGEST LENGTH, 1.5-1.5F25 COMPATIBLE WITH DSMO (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
19	PIECE	EMBOLIC AGENT-OXYZ/ SQUID	20			Rs.____	Rs.____
20	PIECE	DETACHABLE NEURO COILS	40			Rs.____	Rs.____
21	PIECE	DETACHABLE BALLOON WITH DELIVERY CATHETER	10			Rs.____	Rs.____
22	PIECE	SNARE CATHETER (3LOOP) ALL SIZES				Rs.____	Rs.____
23	PIECE	BALLOON MOUNTED COVERED STENT DIFFERENT SIZE	5			Rs.____	Rs.____
24	PIECE	NEURO INTRACRANIAL STENT 3.5*12	5			Rs.____	Rs.____
25	PIECE	NEURO INTERVENTION WORKHORSE WIRE 0.014 (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	20			Rs.____	Rs.____
26	PIECE	STENT RETRIEVER PARAMETRIC DESIGN FOR PROXIMAL AND DISTAL TREATMENT WITH COMPATIBLE MICRO CATHETER FOR DELIVERY (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
27	PIECE	SELF-EXPANDING CAROTID STENT WITH OPEN CELLDESIGN, TAPERED STENTS, 6X8X40MM AND 7X10X40MM (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	5			Rs.____	Rs.____
28	PIECE	SELF-EXPANDING CAROTID STENT WITH CLOSED CELLDESIGN (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	5			Rs.____	Rs.____
29	PIECE	Y-HEMOSTASIS VALVE SET (CLICK SYSTEM) 6F	20			Rs.____	Rs.____
30	PIECE	Y-HEMOSTASIS VALVE SET (CLICK SYSTEM) 8F	20			Rs.____	Rs.____
31	PIECE	OCCCLUSION BALLOONS HYPERGLIDE	10			Rs.____	Rs.____
32	PIECE	NEURO INTERVENTION MICRO WIRE 0.008 (JAPANESE/US FDA APPROVED WITH EVIDENCE OF USE IN JAPAN/USA OR VALID US FDA CFG)	10			Rs.____	Rs.____
<b>MISCELLANEOUS ITEMS</b>							
33	PIECE	COTTON ROLL 400GM	20,000			Rs.____	Rs.____
34	PIECE	DISPOSABLE SYRINGE 50CC SYRINGE WITH LEUR LOCK	30,000			Rs.____	Rs.____
35	PIECE	UMBILICAL ARTERY CATHETER 3.5 F	500			Rs.____	Rs.____
36	PIECE	UMBILICAL ARTERY CATHETER 5F	500			Rs.____	Rs.____
37	PIECE	UMBILICAL VEIN CATHETER 3.5 F	500			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
38	PIECE	UMBILICAL VEIN CATHETER 5F	500			Rs.____	Rs.____
39	PIECE	RAM NASAL OXYGEN CANNULA PRONGS SEPTAL SPACE 2.5MM OUTER DIAMETER 3MM	1,500			Rs.____	Rs.____
40	PIECE	RAM NASAL OXYGEN CANNULA PRONGS SEPTAL SPACE 4.25MM OUTER DIAMETER 3MM	1,500			Rs.____	Rs.____
41	PIECE	RAM NASAL OXYGEN CANNULA PRONGS SEPTAL SPACE 4.75MM OUTER DIAMETER 3.5MM	1,500			Rs.____	Rs.____
42	PIECE	DIGNITY SHEET	160,000			Rs.____	Rs.____
43	PIECE	NEONATAL CHEST TUBE 8FR WITH TROCAR	500			Rs.____	Rs.____
44	PIECE	NEONATAL CHEST TUBE 10FR WITH TROCAR	500			Rs.____	Rs.____
45	PIECE	NEONATAL CHEST TUBE 12 FR WITH TROCAR	500			Rs.____	Rs.____
46	PIECE	DIAPER ADULT MEDIUM	1,500			Rs.____	Rs.____
47	PIECE	DIAPER ADULT SMALL	15,000			Rs.____	Rs.____
48	PIECE	DIAPER ADULT LARGE	50,000			Rs.____	Rs.____
49	PIECE	DIAPER ADULT X-LARGE	10,000			Rs.____	Rs.____
50	PIECE	DIAPER ADULT XXL-LARGE	10,000			Rs.____	Rs.____
51	PER NOS.	70% ALCOHOL HAND SANITIZER GEL FDA COMPLIANT VIRUIDAL CERTIFICATE AND EFFICACY DSOSAGE 1.1ML 1000ML POUCH WITH NOZZEL (CE, ISO)	1,000			Rs.____	Rs.____
52	PIECE	SHORT ACCESS NEEDLE 21G	100			Rs.____	Rs.____
53	PIECE	SHORT ARTERIAL CATHETER 10CM 18G VYGON SHEATH	100			Rs.____	Rs.____
54	PIECE	TEFLON GUIDE WIRE 0.018 150CM	100			Rs.____	Rs.____
55	PIECE	PREMICATH NEONATAL PICC CATHETER 1FR/28G	20			Rs.____	Rs.____
56	PIECE	SUPRAPUBIC CATHETER 18 FR.	50			Rs.____	Rs.____
57	PIECE	NASAL PRONG SEAL SIZE 1	1,000			Rs.____	Rs.____
58	PIECE	NASAL PRONG SEAL SIZE 2	1,000			Rs.____	Rs.____
59	PIECE	NASAL PRONG SEAL SIZE 3	1,000			Rs.____	Rs.____
60	PIECE	NYLON SUTURE BLACK MONOFILAMENT 10/0	500			Rs.____	Rs.____
61	PIECE	ENDO GIA VASCULAR RELOAD 30MM 2.5MM DST (WHITE) WITH STAPLER ARTICULATING	100			Rs.____	Rs.____
62	PIECE	ENDO GIA VASCULAR RELOAD 30MM 2.5MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
63	PIECE	ENDO GIA VASCULAR RELOAD 45MM 3.5MM DST (WHITE) WITH STAPLER ARTICULATING	100			Rs.____	Rs.____
64	PIECE	ENDO GIA VASCULAR RELOAD 45MM 3.5MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
65	PIECE	ENDO GIA VASCULAR RELOAD 45MM 4.0MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
66	PIECE	ENDO GIA VASCULAR RELOAD 45MM 4.0MM DST (WHITE) WITH STAPLER ARTICULATING	100			Rs.____	Rs.____
67	PIECE	ENDO GIA VASCULAR RELOAD 45MM 4.8MM DST (WHITE) WITH STAPLER ARTICULATING	100			Rs.____	Rs.____
68	PIECE	ENDO GIA VASCULAR RELOAD 45MM 4.8MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
69	PIECE	ENDO GIA VASCULAR RELOAD 60MM 3.5MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
70	PIECE	ENDO GIA VASCULAR RELOAD 60MM 4.0MM DST (WHITE) WITH STAPLER STRAIGHT	100			Rs.____	Rs.____
71	PIECE	HORIZON LIGATING CLIP SMALL OR EQUIVALENT	3,000			Rs.____	Rs.____
72	PIECE	HORIZON LIGATING CLIP SMALL WIDE OR EQUIVALENT	3,000			Rs.____	Rs.____
73	PIECE	HORIZON LIGATING CLIP MEDIUM OR EQUIVALENT	3,000			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
74	PIECE	HORIZON LIGATING CLIP MEDIUM WIDE OR EQUIVALENT	3,000			Rs.____	Rs.____
75	PIECE	HORIZON LIGATING CLIP LARGE OR EQUIVALENT	500			Rs.____	Rs.____
76	PIECE	HORIZON LIGATING CLIP MEDIUM LARGE OR EQUIVALENT	500			Rs.____	Rs.____
77	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 14/10	1,500			Rs.____	Rs.____
78	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 14/15	1,500			Rs.____	Rs.____
79	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 16/10	1,500			Rs.____	Rs.____
80	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 16/15	1,500			Rs.____	Rs.____
81	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 18/10	500			Rs.____	Rs.____
82	PIECE	SEMI AUTOMATIC BIOPSY GUN & NEEDLE 18/15	500			Rs.____	Rs.____
83	PIECE	INTRA OCULAR IQ LENS ALL ASSORTED SIZES	1,000			Rs.____	Rs.____
84	PIECE	CLAREON AUTNOME INTRO OCULAR LENS	500			Rs.____	Rs.____
85	PACK	GAUZE SPONGE 10cm x 10cm 8PLY (Non Sterile) (Pack of 100)	25,000			Rs.____	Rs.____
86	PIECE	Saphenous Catheter with Generator CR45i-RFA or equivalent	20			Rs.____	Rs.____
87	PAIR	BIOGEL GLOVES STERILE SIZE 6.0, 6.5, 7.0, 7.5, 8.0, 8.5	5,000			Rs.____	Rs.____
88	PIECE	NITTO PAPER TAPE 1(inch) OR Equivalent	12,000			Rs.____	Rs.____
89	PIECE	NEBULIZER WITH T - PIECE	2,000			Rs.____	Rs.____
90	PIECE	ENTERAL FEEDING BAGS	5,000			Rs.____	Rs.____
91	PIECE	NOBA SLIP (UNDERGARMENTS)	5,000			Rs.____	Rs.____
92	PIECE	TABULAR BANDAGE STRONG TYPE 7.5CM X 20M	1,000			Rs.____	Rs.____
93	PIECE	ALCOHOL SWABS	1,000,000			Rs.____	Rs.____
<b>SUTURE MATERIAL</b>							
94	PIECE	POLYDIOXANONE SIZE 4-0 RB 20MM 1/2C	2400			Rs.____	Rs.____
95	PIECE	POLIGLECAPRONE SIZE 4-0 CUTTING 19MM 3/8 CIRCLE (WITH OR WITHOUT ANTIBACTERIAL)	2400			Rs.____	Rs.____
96	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 3-0 RB 22MM (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
97	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 0 "J" NEEDLE 32MM (With or Without Anti-bacterial)	1200			Rs.____	Rs.____
98	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID RAPIDE SIZE 2-0 26MM CUTTING UNDYED	2400			Rs.____	Rs.____
99	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID RAPIDE SIZE 2-0 60MM CUTTING UNDYED	2400			Rs.____	Rs.____
100	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID RAPIDE SIZE 3-0 19MM CUTTING UNDYED	2400			Rs.____	Rs.____
101	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID RAPIDE SIZE 3-0 60MM CUTTING UNDYED	2400			Rs.____	Rs.____
102	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID RAPIDE SIZE 2-0 36MM CUTTING UNDYED	2400			Rs.____	Rs.____
103	PIECE	COATED POLYESTER SIZE 2-0 WITH PLEDGET TAPER CUTTING 26MM (CARDIAC KIT)	2400			Rs.____	Rs.____
104	PIECE	COATED POLYESTER SIZE 2-0 WITH PLEDGET TAPER CUTTING 17MM (CARDIAC KIT)	2400			Rs.____	Rs.____
105	PIECE	POLYDIOXANONE SIZE 4-0 RB 17MM 1/2C	2400			Rs.____	Rs.____
106	PIECE	POLYDIOXANONE SIZE 6-0 RB 11MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
107	PIECE	POLYDIOXANONE SIZE 6-0 RB 9MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
108	PIECE	POLYDIOXANONE SIZE 7-0 RB 9MM 3/8C DOUBLE NEEDED	2400			Rs.____	Rs.____
109	PIECE	POLYDIOXANONE SIZE 1 RB 40MM 1/2C	2400			Rs.____	Rs.____
110	PIECE	POLYDIOXANONE SIZE 2-0 RB 26MM 1/2C	2400			Rs.____	Rs.____
111	PIECE	POLYDIOXANONE SIZE 3-0 RB 20MM 1/2C	2400			Rs.____	Rs.____
112	PIECE	POLYDIOXANONE SIZE 3-0 RB 26MM 1/2C	2400			Rs.____	Rs.____
113	PIECE	POLYDIOXANONE SIZE 5-0 RB 17MM 1/2C	2400			Rs.____	Rs.____
114	PIECE	COATED POLYESTER SIZE 3-0 RB 25MM 1/2C DOUBLE NEEDED	2400			Rs.____	Rs.____
115	PIECE	COATED POLYESTER SIZE 4-0 CUT LENGTH	2400			Rs.____	Rs.____
116	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 4-0 150CM TIES (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
117	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 3-0 16MM CUTTING (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
118	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 3-0 20MM CUTTING (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
119	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 3-0 RB 30MM (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
120	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 4-0 16MM CUTTING (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
121	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 5-0 RB 13MM (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
122	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID SIZE 6-0 RB 12MM (With or Without Anti-bacterial)	2400			Rs.____	Rs.____
123	PIECE	POLYPROPYLENE SIZE 6-0 CUTTING 16MM 3/8C	2400			Rs.____	Rs.____
124	PIECE	POLYPROPYLENE SIZE 8-0 RB 8MM 3/8C DOUBLE NEEDED	500			Rs.____	Rs.____
125	PIECE	POLYPROPYLENE SIZE 2-0 CUTTING 60MM STRAIGHT	2400			Rs.____	Rs.____
126	PIECE	POLYPROPYLENE SIZE 2-0 RB 30MM 75CM	2400			Rs.____	Rs.____
127	PIECE	POLYPROPYLENE SIZE 3-0 CUTTING 60MM STRAIGHT	2400			Rs.____	Rs.____
128	PIECE	POLYPROPYLENE SIZE 3-0 CUTTING 24MM	2400			Rs.____	Rs.____
129	PIECE	POLYPROPYLENE SIZE 4-0 RB 20MM 1/2C DOUBLE NEEDED	2400			Rs.____	Rs.____
130	PIECE	POLYPROPYLENE SIZE 4-0 CUTTING 16MM	2400			Rs.____	Rs.____
131	PIECE	POLYPROPYLENE SIZE 4-0 CUTTING 19MM	2400			Rs.____	Rs.____
132	PIECE	POLYPROPYLENE SIZE 5-0 RB 13MM 1/2C DOUBLE NEEDED	2400			Rs.____	Rs.____
133	PIECE	POLYPROPYLENE SIZE 5-0 RB 10MM 1/2C DOUBLE NEEDED	2400			Rs.____	Rs.____
134	PIECE	POLYPROPYLENE SIZE 5-0 CUTTING 19MM	2400			Rs.____	Rs.____
135	PIECE	POLYPROPYLENE SIZE 5-0 CUTTING 16MM	2400			Rs.____	Rs.____
136	PIECE	COATED POLYESTER SIZE 2-0 RB 26MM 1/2C DOUBLE NEEDED	2400			Rs.____	Rs.____
137	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 0 VIOLET 75CM 40MM 1/2 CIRCLE	2400			Rs.____	Rs.____
138	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 1 VIOLET 75CM 32MM J NEEDLE	2400			Rs.____	Rs.____
139	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 1 VIOLET 90CM 40MM 1/2 CIRCLE	3492			Rs.____	Rs.____
140	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 2-0 VIOLET 75CM 26MM 1/2 CIRCLE	3000			Rs.____	Rs.____
141	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 2-0 VIOLET 75CM 30MM 1/2 CIRCLE	2400			Rs.____	Rs.____
142	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 3-0 VIOLET 75CM 26MM 1/2 CIRCLE	2400			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
143	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 3-0 VIOLET 75CM 30MM 1/2 CIRCLE	2400			Rs.____	Rs.____
144	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 4-0 VIOLET 75CM 22MM 1/2 CIRCLE	2400			Rs.____	Rs.____
145	PIECE	POLYGLYCOLIC ACID 9-1 SIZE 5-0 VIOLET 75CM 17MM 1/2 CIRCLE	2400			Rs.____	Rs.____
146	PIECE	POLYGLACTIN 910 "OR" POLYGLYCOLIC ACID RAPIDE SIZE 4-0 16MM CUTTING UNDYED	2400			Rs.____	Rs.____
147	PIECE	POLYGLYCOLIC ACID LACTOMER 9-1 SIZE 2 VIOLET 75CM 40MM 1/2 CIRCLE	2400			Rs.____	Rs.____
148	PIECE	POLYGLYCOLIC ACID SURGITIE 2-0 53CM (LIGATING LOOP)	2400			Rs.____	Rs.____
149	PIECE	POLYGLACTIN 910 POLYGLYCOLIC ACID 6/0 DOUBLE CUTTING	2400			Rs.____	Rs.____
150	PIECE	SILK SIZE 1 RB 26MM 1/2C	2400			Rs.____	Rs.____
151	PIECE	SILK SIZE 0 RB 30MM 1/2C	2400			Rs.____	Rs.____
152	PIECE	SILK SIZE 0 CUT LENGTH	2400			Rs.____	Rs.____
153	PIECE	SILK SIZE 1 CUT LENGTH	2400			Rs.____	Rs.____
154	PIECE	SILK SIZE 1 CUTTING 45MM 1/2C	2400			Rs.____	Rs.____
155	PIECE	SILK SIZE 2 RB 37MM 1/2C	2400			Rs.____	Rs.____
156	PIECE	SILK SIZE 2 CURVED CUTTING 50 MM	2400			Rs.____	Rs.____
157	PIECE	SILK SIZE 2 CUT LENGTH	2400			Rs.____	Rs.____
158	PIECE	SILK SIZE 2-0 CUT LENGTH	2400			Rs.____	Rs.____
159	PIECE	SILK SIZE 2-0 CUTTING 60MM STRAIGHT	2400			Rs.____	Rs.____
160	PIECE	SILK SIZE 2-0 RB 30MM 1/2C	2400			Rs.____	Rs.____
161	PIECE	SILK SIZE 3-0 CUT LENGTH	2400			Rs.____	Rs.____
162	PIECE	SILK SIZE 3-0 RB 26MM 1/2C	2400			Rs.____	Rs.____
163	PIECE	SILK SIZE 3-0 CUTTING 24MM 3/8C	2400			Rs.____	Rs.____
164	PIECE	SILK SIZE 4-0 CUT LENGTH	2400			Rs.____	Rs.____
165	PIECE	SILK SIZE 4-0 RB 20MM 1/2C	2400			Rs.____	Rs.____
166	PIECE	COATED POLYESTER SIZE 5-0 SPATULA 8MM DOUBLE NEEDLED	2400			Rs.____	Rs.____
167	PIECE	NYLON TAPE 6 MM	2400			Rs.____	Rs.____
168	PIECE	POLYPROPYLENE SIZE 5-0 RB 17MM 1/2C DOUBLE NEEDLED	2400			Rs.____	Rs.____
169	PIECE	POLYPROPYLENE 3/0 C/C 26MM AND 16MM NEEDLE	2400			Rs.____	Rs.____
170	PIECE	POLYPROPYLENE 4/0 C/C 22MM AND 16MM NEEDLE	2400			Rs.____	Rs.____
171	PIECE	POLYPROPYLENE 4/0 RB 13MM NEEDLE	2400			Rs.____	Rs.____
172	PIECE	POLYPROPYLENE 5/0 RB 13MM NEEDLE	2400			Rs.____	Rs.____
173	PIECE	POLYPROPYLENE 5/0 16MM CUTTING BODY	2400			Rs.____	Rs.____
174	PIECE	POLYPROPYLENE 6/0 13MM CUTTING BODY	2400			Rs.____	Rs.____
175	PIECE	POLYPROPYLENE 4/0 C/C 26MM AND 16MM NEEDLE	2400			Rs.____	Rs.____
176	PIECE	POLYPROPYLENE 5/0 C/C 16MM NEEDLE	2400			Rs.____	Rs.____
177	PIECE	POLYGYCONATE SIZE 2-0 RB 26MM 1/2 CIRCLE	2400			Rs.____	Rs.____
178	PIECE	POLYGYCONATE SIZE 3-0 RB 26MM 1/2 CIRCLE	2400			Rs.____	Rs.____
179	PIECE	POLYGYCONATE SIZE 0 RB 40MM 1/2 CIRCLE LOOP	2400			Rs.____	Rs.____
180	PIECE	POLYGYCONATE SIZE 1 RB 40MM 1/2 CIRCLE LOOP	2400			Rs.____	Rs.____
181	PIECE	POLYGYCONATE SIZE 6-0 RB 9MM 1/2 CIRCLE	2400			Rs.____	Rs.____
182	PIECE	POLYGYCONATE SIZE 7-0 RB 9MM 1/2 CIRCLE	2400			Rs.____	Rs.____
183	PIECE	POLYGYCONATE SIZE 4-0 RB 20MM 1/2 CIRCLE	2400			Rs.____	Rs.____
184	PIECE	POLYDIOXANONE SIZE 5-0 RB 13MM 1/2C	2400			Rs.____	Rs.____



Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
185	PIECE	POLYDIOXANONE SIZE 2-0 RB 30MM 1/2C	2400			Rs.____	Rs.____
186	PIECE	POLYDIOXANONE SIZE 6-0 RB 13MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
187	PIECE	POLYDIOXANONE SIZE 7-0 RB 13MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
188	PIECE	POLYGYCONATE SIZE 5-0 RB 17MM 1/2 CIRCLE	2400			Rs.____	Rs.____
189	PIECE	POLYPROPYLENE SIZE 3-0 CUTTING 19MM	2400			Rs.____	Rs.____
190	PIECE	POLYPROPYLENE SIZE 0 RB 40MM 1/2C	2400			Rs.____	Rs.____
191	PIECE	POLYPROPYLENE SIZE 3-0 RB 26MM 1/2C DOUBLE NEEDLED	2400			Rs.____	Rs.____
192	PIECE	POLYPROPYLENE SIZE 7-0 RB 9MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
193	PIECE	POLYPROPYLENE SIZE 4-0 RB 26MM 1/2C DOUBLE NEEDLED	2400			Rs.____	Rs.____
194	PIECE	POLYPROPYLENE SIZE 6-0 RB 13MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
195	PIECE	POLYPROPYLENE SIZE 6-0 RB 11MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
196	PIECE	POLYPROPYLENE SIZE 6-0 RB 9MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
197	PIECE	POLYPROPYLENE SIZE 8-0 RB 6MM 3/8C DOUBLE NEEDLED	2400			Rs.____	Rs.____
198	PIECE	TEMPORARY CARDIAC PACING WIRE SIZE 2-0	2400			Rs.____	Rs.____
199	PIECE	TEMPORARY CARDIAC PACING WIRE SIZE 0	2400			Rs.____	Rs.____
200	PIECE	V-LOC 180 DEVICE POLYGLYCONATE ALL SIZES	2400			Rs.____	Rs.____
201	PIECE	V-LOC 90 DEVICE GLYCOMER 631 ALL SIZES	2400			Rs.____	Rs.____
202	PIECE	V-LOC PBT DEVICE POLYBUTESTER ALL SIZES	2400			Rs.____	Rs.____
203	PIECE	POLYPROPYLENE SIZE 4-0 RB 17MM 1/2C DOUBLE NEEDLED	2400			Rs.____	Rs.____
204	PIECE	POLYDIOXANONE SIZE 4-0 RB 13MM 1/2C	2400			Rs.____	Rs.____
205	PIECE	MERSILK BLACK 4/0 DOUBLE CUTTING NEEDLE OR EQUIVALENT	2400			Rs.____	Rs.____
206	PIECE	SILK TAPE 1 INCH	2400			Rs.____	Rs.____
207	PIECE	ABSORBABLE HEMOSTAT OXIDIZE REGENERATED CELLULOSE 20X10 CM	300			Rs.____	Rs.____
208	PIECE	ABSORBABLE HEMOSTAT OXIDIZE REGENERATED CELLULOSE 30X5 CM	300			Rs.____	Rs.____
209	PIECE	ABSORBABLE HEMOSTAT OXIDIZE REGENERATED CELLULOSE 7.5X5 CM	25			Rs.____	Rs.____
210	PIECE	ABSORBABLE HEMOSTAT OXIDIZE REGENERATED CELLULOSE FIBRILLAR 5X10 CM	25			Rs.____	Rs.____
212	PIECE	ABSORBABLE HEMOSTAT OXIDIZE REGENERATED CELLULOSE FIBRILLAR 2.5X5 CM	130			Rs.____	Rs.____
<b>CARDIOLOGY / CATH LAB. AND ANCILLARIES ITEMS</b>							
213	PIECE	ANGIO LINE 8.5FR (ALL ASSORTED SIZES) (CE marked / DRAP approved)	100			Rs.____	Rs.____
214	PIECE	BROCKENBROUGH SEPTAL PUNCTURE NEEDLE (For PTMC) (FDA & DRAP Approved)	20			Rs.____	Rs.____
215	PIECE	INTRODUCER KIT FOR PTMC INCLUDING GUIDE WIRE SHEATH AND NEEDLE (FDA / CE Marked & DRAP Approved)	100			Rs.____	Rs.____
216	PIECE	MULLEN SHEATH 7FR (FOR PTMC) (FDA & DRAP Approved)	20			Rs.____	Rs.____

Sr.#	Drug Type	Name of Item	Tentative Quantity	REG #	PACK SIZE	Unit Rate	Total Amount
217	PIECE	DRUG (Zotarolimus) -ELUTING CORONARY STENT SYSTEM ALL ASSORTED SIZES 2 <sup>nd</sup> GENERATION) Coronary Stents (Thin Struts 55-85µm) (FDA & DRAP Approved)	250			Rs.____	Rs.____
218	PIECE	FLARE BALLOON (FDA / CE Marked & DRAP Approved)	10			Rs.____	Rs.____
219	PIECE	HYDROPHILIC BALLOON (1.5,2.0) (FDA / CE Marked & DRAP Approved)	10			Rs.____	Rs.____
220	PIECE	OVER THE WIRE BALLOON (FDA / CE Marked & DRAP Approved)	10			Rs.____	Rs.____
221	PIECE	FFR wire (FDA Approved)	10			Rs.____	Rs.____
222	PIECE	Terumo catheter 4F (FDA Approved)	5			Rs.____	Rs.____
223	PIECE	Detachable Coils (FDA Approved)	10			Rs.____	Rs.____
224	PIECE	Cristal Balloon Catheter different size (FDA Approved)	4			Rs.____	Rs.____
225	PIECE	Valve Stent (FDA Approved)	4			Rs.____	Rs.____
226	PIECE	ANGIOGRAPHIC CATHETER MPA-2 4FR (CE marked ,DRAP , FDA approved)	10			Rs.____	Rs.____
227	PIECE	BERMAN CATHETER 4FR (CE marked ,DRAP , FDA approved)	5			Rs.____	Rs.____
228	PIECE	BERMAN WEDGE 4FR (USA made , FDA Approved) 4FR, 5FR	5			Rs.____	Rs.____
229	PIECE	WEDGE PRESSURE CATHETER SINGLE LUMEN 4FR, (FDA Approved ; USA made)	10			Rs.____	Rs.____
230	PIECE	WEDGE PRESSURE CATHETER SINGLE LUMEN 5FR (FDA Approved ; USA made) 5FR & 6 FR (FDA Approved)	10			Rs.____	Rs.____
231	PIECE	BIOGLUE SYRINGE 2ML (FDA Approved)	2			Rs.____	Rs.____
232	PIECE	BIOGLUE SYRINGE 5ML (FDA Approved)	2			Rs.____	Rs.____
233	PIECE	PTFE VASCULAR GRAFT-L10CM (FDA Approved)	5			Rs.____	Rs.____
234	PIECE	FIBRILLATOR (FDA & DRAP Approved)	3			Rs.____	Rs.____
235	PIECE	Short Access Needle 21G	4			Rs.____	Rs.____
236	PIECE	Short Arterial Cath 10cm 18G (Vygon Sheaths)	4			Rs.____	Rs.____
237	PIECE	Short Paediatrics Access Sheath 4, 5, 6fr (2each)	6			Rs.____	Rs.____
238	PIECE	Short Paediatrics Access Wire 0.018	4			Rs.____	Rs.____
239	PIECE	Teflon wire Straight J Tip 0.018 x 150 and 260 length	4			Rs.____	Rs.____
240	PIECE	ENDOCARDIAL LEAD 6 FR (TPM LEAD) Temporary Pacemake TPM Lead (Endocardial) 6F Compatible – for RV Pacing	100			Rs.____	Rs.____
241	PIECE	DRUG-ELUTING STENT (2nd new version or 3rd GENERATION) more than 40mm length, Polymer Free or Biodegradable Polymer, thin struts (FDA & DRAP Approved)	200			Rs.____	Rs.____
242	PIECE	Drug Eluting/coated Balloon All Assorted Sizes (CE marked/FDA approved, German made/USA made)	50			Rs.____	Rs.____