

## BIDDING DOCUMENTS

**TENDER NO: DUHS / DP/ 2019 / 77, dated: 8<sup>th</sup> August, 2019**

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

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

<b>COST OF TENDER DOCUMENTS:</b>	<b>Rs. 2,000/= Rupees Two Thousand Only (Non-Refundable) in shape of Pay Order / Demand Draft in favor of Dow University of Health Sciences, Karachi.</b>
<b>TENDER PROCEDURE:</b>	<b>Single Stage - Two Envelope as per rule 46(2) of SPPRA Rules 2010 (Amended 2019)</b>
<b>TENDER PURCHASING DATE:</b>	<b>From the date of publishing up to 9<sup>th</sup> September, 2019</b>
<b>TENDER SUBMISSION DATE AND TIME:</b>	<b>10<sup>th</sup> September, 2019 at up to 11:00 a.m</b>
<b>TENDER OPENING DATE AND TIME :</b>	<b>10<sup>th</sup> September, 2019 at 11:30 a.m.</b>
<b>TENDER SUBMISSION PLACE :</b>	<b>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</b>
<b>TENDER OPENING PLACE :</b>	<b>Seminar Room, Digital Library Block, OJHA Campus, Karachi</b>

**NOTE:**

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



### **DOW UNIVERSITY OF HEALTH SCIENCES – KARACHI**

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

## **BIDDING DATA**

Procuring Agency	:	<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
Name of Contract	:	Purchase of Drugs / Medicines / Nutrition / Contrast Media & Allied items @ DUHS (As per Annexure – B)
N.I.T No.	:	DUHS / DP / 2019 / 77, Dated: 8 <sup>th</sup> August, 2019
Bid Validity	:	90 days (As per SPP Rules – 2010) (Amended 2019)
Amount of Bid Security	:	2% of total bid value
Date of Submission	:	10 <sup>th</sup> September, 2019 at up to 11:00 a.m.
Date of Opening	:	10 <sup>th</sup> September, 2019 at 11:30 am.
Performance Security	:	2.5% of the Total Contract Value
Language of Bid	:	English
Bidding Procedure	:	Single Stage – Two Envelope Procedure as per SPPRA Rule 46(2) (Amended 2019)
Eligibility Criteria / Technical Evaluation Criteria	:	As per Annexure – A
Advance Payment	:	No Advance Payment will be allowed
Inspection Authority	:	Nominated Inspection Committee
Place of Inspection	:	Pharmacy Store, Procurement Directorate
Place of Delivery	:	Pharmacy Store, Procurement Directorate

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

### **TERMS & CONDITIONS**

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

ITEM #	NOMENCLATURE / PRODUCT NAME	QUANTITY DEMANDED		PRICE PER UNIT
	DETAILS OF ITEMS & QUANTITY ATTACHED ANNEXURE "B"			

DELIVERY PERIOD .....

VALIDITY .....

#### **1. GENERAL CONDITIONS & INSTRUCTIONS:**

**1.1. The quoted rates should be in Pak. Rupees and must be valid for 12 months.** Orders will be placed as per requirement after receiving demand from the concern department of DUHS.

**1.2.** The tender shall be submitted with all documents in sealed envelopes. The envelope must contain tender inquiry Number on the top, the name of the Bidder should be affixed on the face of the envelope. The Bidder should prepare the Tender in form of **Technical** and **Financial** proposals separately. The envelope should be marked **Technical Proposal** and **Financial Proposal** in BOLD and legible letters to avoid confusion. Envelopes should be sealed and addressed to Director Procurement, Dow University of Health Sciences, Karachi and inserted in Tender box by hand or mail on the scheduled date and time, else tender will not be entertained and would be returned unopened to the bidders.

**1.3. Technical Proposal should have the following documents:**

- I. **The Tender Purchase Receipt (original) must be attached along with Technical Proposal, else the bids will be rejected. For alternate offer a separate Purchase Receipt (original) shall be submitted, otherwise both Proposals will be rejected.**
- II. Photocopy of Pay Order / Demand Draft / Call Deposit / Bank Guarantee of Security Deposit should be attached after hiding the amount in figure and words of the Pay Order / Demand Draft / Call Deposit / Bank Guarantee, otherwise the bid will not be considered.
- III. Copy of the Bid offer without showing the rates.
- IV. Valid Manufacturing License, Valid Drug Sales License whichever is applicable.
- V. N.T.N / Income Tax Certificate
- VI. Priority will be given to the FDA approved products (where applicable)
- VII. Valid Professional Tax Certificate.
- VIII. GST Registration Certificate (if applicable).
- IX. Bidder and / or manufacture and / or importer of goods should submit a sealed letter from Bank that they can perform business of more than / equal to **Rs. 100.000 Million**.

**1.4. Financial Proposals should have the following documents:**

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

- 1.5.** Only Manufacturers / Importers or their authorized distributors can participate in the Tender. The Distributor should submit authorization letter in Original (as per specimen) addressed to Director Procurement, Dow University of Health Sciences, Karachi with reference to this Tender.
- 1.6. (A) For Manufacturer:**  
All the Bidders (Manufacturers or their Distributors) should fill the Company Profile Performa which should be filled by the Manufacturer, duly signed and stamped and should be submitted at the specified time of Tender submission along with the relevant certificate and documents otherwise the bid will be rejected. The Company Profile Performa should have the following documents:
- I. Photocopy of Drug Registration Certificate issued by Drugs Regulatory Authority Pakistan (DRAP).
  - II. Manufacturing license of the drug.
  - III. GMP (Good Manufacturing Practices) and CGMP Certificate issued by Drugs Regulatory Authority Pakistan (DRAP) during last 03 years.
  - IV. The Bio-availability / Bio-equivalence report should be submitted or a certificate of analysis carried by the Sindh Provincial Drugs Testing Laboratories and if that is not available then the Federal Drugs Testing Laboratories certificate be submitted. The consignee shall carry out the physical examination after receipt of supplies and standard test *I* analysis report of the laboratory as mentioned above. (Copy of quality assurance certificate for each batch must be provided along with supplies)
  - V. Federal Drug Inspector report of the Manufacturer for last 03 years.
  - VI. Other relevant documents as required in Company Profile Performa.
  - VII. Any other Documents / Information (as mentioned in Evaluation Criteria)
- 1.6. (B) For Importer:**  
All the bidders (Importer or their authorized distributors) should fill the Sole Agent Performa duly signed and stamped and should be submitted at the specified time of tender submission along with the relevant documents as required in the Performa and any other Documents / Information (as mentioned in Evaluation Criteria).
- 1.7.** Tenders must be completed by typing in the column provided / on separate Letter Head duly signed. Soft copy of the tender documents can be downloaded from the website of the Dow University of Health Sciences ([www.duhs.edu.pk](http://www.duhs.edu.pk)).
- 1.8.** The tender must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it duly stamped, else the offer will not be entertained.
- 1.9.** The rates of each item should be written in figures as well as in words. Arithmetical errors will be rectified on this basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall be corrected. In case of discrepancy the price in words will be authenticated and final.
- 1.10.** Conditional Tenders against the Govt. Rules / policy will not be considered /entertained / accepted.
- 1.11.** Tenders shall be accompanied by Bid Security @ 2% of total bid value in shape of Pay Order / Demand Draft / Call Deposit / Bank Guarantee in favor of **Dow University of Health Sciences, Karachi.**
- 1.12.** All Bidders should provide at least **Two Samples** free of cost of the each quoted products.
- 1.13.** The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

- 1.14. All the (applicable) Government taxes (Income Tax / Sindh Sales Tax (if applicable) / 0.35% Stamp Duty of the value of the contract amount will be affixed on the bills or on the contract agreement of the full contract value by the Contractors / Suppliers.**
- 1.15. If the Contractors / Suppliers require Tax exemption facility regarding non deduction of Advance Income Tax vide CR No. 1(10)WHT/2001, dated 11<sup>th</sup> April, 2002, the required documents shall be submitted. The copy of the exemption certificate issued by the concerned authority must be attached and on a copy of Bill of Entry duly attached in case bid price is on C&F basis & Tax paid Challan copy duly attested should be attached with the bill along with an undertaking on Company Letter Head.
- 1.16. One "**SAMPLE TENDER PERFORMA**" is supplied with the list of items to be purchased. The items have to be quoted on the Performa; duly filled stamped & signed by the authorized bidder. Only those items shall be typed on the Performa / separate letter head (as per serial of Performa) for which the rates are to be quoted. Any alteration / correction must be initialed and each page is to be signed and stamped at the bottom.
- 1.17. Schedule is prepared with the generic name; however the bidder may also mention the brand name against the generic name.
- 1.18. 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). The dosage form, strength and pack size quoted by the bidder shall confirm to the ones mentioned in the tender form, dosage should be submitted for quoted items.
- 1.19. Registration number, make or origin of the country of the drug must be mentioned for each item, for which quotation is given, otherwise it will not be considered. The bidder will also provide original warranty of Manufacturer / Importer with Batch number and Quantity at the time of supply of medicines.
- 1.20. The quoted rates once offered by the firms will not be changed during the contract period.**
- 1.21. It is mandatory that drugs quoted are registered with the Federal Ministry of Health / Drugs Regulatory Authority Pakistan (DRAP).
- 1.22. 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.
- 1.23. 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.**
- 2. SPECIAL CONDITIONS:**
- 2.1. Stores are required as early as possible. The bidder may, however, give their short guaranteed delivery period by which the supply will be completed positively.
- 2.2. The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Dow University of Health Sciences, Karachi.
- 2.3. 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 any case.
- 2.4. No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer is quoting itself in any tender. Failing those offers of both the manufacturer as well as other bidder shall be ignored.

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

- 2.18.** Manufacturers / Importers / distributors will directly supply the goods as per supply order along with Bill of Warranty and Quality Certificate of each batch.
- 3. PURCHASER'S RIGHT TO VARY QUANTITIES**  
The DUHS Authority reserves right to increase / decrease or delete the quantities of Drugs / Medicines etc., at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions of goods at any time during contract period.
- 4. PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:**  
The DUHS Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended 2019).
- 5. PERFORMANCE SECURITY:**  
The successful bidders will have to deposit requisite security in the shape of a Pay Order / Demand Draft / Call Deposit / Bank Guarantee at **2.5% value of the contract amount**. The same will be released after successful completion of stores or till the finalization of contract. After the acceptance of the Tender by the Vendor, a purchase order may be issued and if offer is not accepted by the Vendor, the Bid Security shall be forfeited to the DUHS as per SPPRA Rules, 2010 (Amended 2019).
- 6. SHELF LIFE REQUIRED:**  
No supply will be accepted having expiry date less than 80% of shelf life for the National manufacturer and 70% for imported items (wherever applicable).
- 7. REDRESSAL:**  
Redressal of Grievances & settlement of dispute will be as per SPPRA Rule-2010 (Amended 2019).
- 8. BID EVALUATION (T.E.R):**  
Bid evaluation will be considered on following grounds for approval of company.

(i)

**CRITERIA FOR EVALUATION OF THE BID**

**Annexure-A**

**Section (a)**

<b>CRITERIA</b>	<b>YES</b>	<b>NO</b>
Copy of Registration National Tax Number (NTN) (Mandatory) / General Sale Tax (GST) (If applicable). Bidder should be active Tax Payer and Filer		
Copy of Undertaking regarding supply of required items within stipulated time with quality certificate from the authorized Laboratory.		
Average Financial Turn-over for the last Three Fiscal Years Rs. 100 Million or more regarding financial soundness of the firm. Income Tax Return Forms of Last Three Years must be attached		
Relevant experience (Documentary Evidence should be attached) for the last three years with large Hospitals.		
An undertaking regarding that the Firm shall not be black listed / involve in any litigation with Government Institutions. (Federal / Provincial / Local)		
Valid Drug Sales License whichever is applicable is the mandatory requirement of the bid.		

**Section (b)**

<b>FOR PHARMACEUTICALS</b>	<b>Yes</b>	<b>No</b>	<b>FOR IMPORTERS</b>	<b>Yes</b>	<b>No</b>
Previous performance in the DUHS (last three years)			Previous performance in the DUHS (last three years)		
Federal Drug Inspector / Drug licensing Board (Rating) of last three years			Company agreement with principal duly countersigned by Pakistan Embassy/Consulates (If applicable)		
Financial Soundness of the Company			Financial Soundness of the Distributor Company		
Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence			Assay procedure / References Standard / Evidence of Bio-availability / Bio Equivalence		
Quality Control Department Assessment			Quality Control Department Assessment		
Warehouse assessment as per attached Performa			Warehouse assessment as per attached Performa		
Market Share more than 50% of the product in comparison to Government			Market Share more than 50% of the product in comparison to Government		
Government Share more than 50% of the product in comparison to market			Government Share more than 50% of the product in comparison to market		
Source of Raw Material			Source of Raw Material		

Technical evaluation of the products will be assessed on clinical experience of the consultant (s) of the relevant specialty.

**NOTE:**

**The offer will not be entertained if the required documentary evidence has not been found attached in support of above evaluation criteria.**

However any document missing as mentioned in Section-B the bidder shall submit the same within 24-hours, otherwise his bid treated as rejected.

**The final decision for qualification shall be on the basis of provision of all documents and approval of samples by the committee.**



**9. UNDERTAKING on Non Judicial Stamp Paper**

- 9.1. I / we read / understand the conditions specified in the tender inquiry and undertake:
- 9.2. 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.
- 9.3. That I / we agreed whether our tender accepted for total, partial or enhanced quantity for all or any single item.
- 9.4. 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.
- 9.5. 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.
- 9.6. I / we undertake that, if any of the information submitted in accordance to this tender inquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.
- 9.7. I / we undertake to deposit the Drug Testing fees per batch to the Provincial/Central Drugs Testing Laboratories, the said-fees will be paid directly to POL / CDL, if the assignment given to the said laboratories.
- 9.8. I/ we undertake that, I/ we will replace the drugs three month before its expiry.
- 9.9. I/ we undertake that, I/ we have never been black listed.

**Signature of Contractor / Supplier:** \_\_\_\_\_

**Name of Firm with full Address:** \_\_\_\_\_

**E mail Address:** \_\_\_\_\_

**Office Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**10. TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE**

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

Signature of Vendor \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Designation \_\_\_\_\_

Seal and Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail address \_\_\_\_\_

**Witness**

1) Name \_\_\_\_\_ Signature \_\_\_\_\_

2) Name \_\_\_\_\_ Signature \_\_\_\_\_

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

I/We, M/s. \_\_\_\_\_ hereby authorize M/s. \_\_\_\_\_

Address: \_\_\_\_\_ as our authorized Distributor for Dow University of Health Sciences, Karachi for 12 months (extendable for further 6 months with mutual consent or till the finalization of next tender).

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

Signature of Manufacturer / Importer \_\_\_\_\_

Name & Designation. \_\_\_\_\_

Address: \_\_\_\_\_

**Note:**

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

**Contract Form**

**THIS AGREEMENT** made the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ 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)

# 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.				
2.d	<ul style="list-style-type: none"> <li>• <b>Certificate from bank that manufacturer is capable of doing business up to and</b></li> <li>• <b>financial worth of company</b></li> </ul>				

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>• <b>Assay procedure of all product</b></li> <li>• <b>Reference Standard</b></li> <li>• <b>Bio-availability/ Bio-equivalence report of all product</b></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>• <b>Pharmacist/chemist/other</b></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>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				

**OINEMENTS / CREAMS / GELS/**

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

<b>S. #</b>	<b>Criteria</b>	<b>Available as per SOPs GMP or cGMP</b>	<b>Partial</b>	<b>Not available</b>	<b>Remarks</b>
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) 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

# Annexure “B”

## DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

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

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

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
<b>LARGE VOLUME PARENTERALS</b>						
1	Inj.	Balance solution iso 1000ml		1500	Rs._____	Rs._____
2	Inj.	Balance solution iso 500ml		1500	Rs._____	Rs._____
3	Inj.	Bicarbonate haemodialysis solution a + b		25000	Rs._____	Rs._____
4	Inj.	Cardioplegia solution or equivalent		400	Rs._____	Rs._____
5	Inj.	Dextrose 25 % 1000 ml		100	Rs._____	Rs._____
6	Inj.	Dextrose 5% + sodium chloride 0.9% 1000 ml.		5500	Rs._____	Rs._____
7	Inj.	Dextrose 5% + sodium chloride 0.9% 500 ml.		1000	Rs._____	Rs._____
8	Inj.	Dextrose saline 1/2 strength 500ml.		3500	Rs._____	Rs._____
9	Inj.	Dextrose saline 1/3 strength 500ml.		500	Rs._____	Rs._____
10	Inj.	Dextrose saline 1/5 strength 500ml.		2000	Rs._____	Rs._____
11	Inj.	Dextrose water 10 % 1000 ml.		1000	Rs._____	Rs._____
12	Inj.	Dextrose water 25 % 1000 ml.		200	Rs._____	Rs._____
13	Inj.	Dextrose water 25 % 500 ml.		200	Rs._____	Rs._____
14	Inj.	Dextrose water 5% 1000 ml		4500	Rs._____	Rs._____
15	Inj.	Dextrose water 5% 1000 ml WITH EURO CAP		4500	Rs._____	Rs._____
16	Inj.	Dextrose water 5% 500 ml		600	Rs._____	Rs._____
17	Inj.	Dextrose water 5% 500 ml WITH EURO CAP		600	Rs._____	Rs._____
18	Inj.	Fat emulsion		500	Rs._____	Rs._____
19	Inj.	Mannitol 20 %		1200	Rs._____	Rs._____
20	Inj.	Modified fluid gelatins 4% 500ml		200	Rs._____	Rs._____
21	Inj.	Polygeline 500ml Inf		1500	Rs._____	Rs._____
22	Inj.	Ringer lactate 1000 ml		16000	Rs._____	Rs._____
23	Inj.	Ringer lactate 500 ml.		5000	Rs._____	Rs._____
24	Inj.	SODIUM BICARBONATE 1MEQ/ML 20ml		200	Rs._____	Rs._____
25	Inj.	SODIUM BICARBONATE 1MEQ/ML 25ml		200	Rs._____	Rs._____
26	Inj.	Sodium chloride 0.45% 1000 ml		1000	Rs._____	Rs._____
27	Inj.	Sodium chloride 0.45% 500 ml		1600	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
28	Inj.	Sodium chloride 0.9% 1000ml		1600	Rs._____	Rs._____
29	Inj.	Sodium chloride 0.9% 1000ml WITH EURO CAP		75000	Rs._____	Rs._____
30	Inj.	Sodium chloride 0.9% 500ml		13000	Rs._____	Rs._____
31	Inj.	Sodium chloride 0.9% 500ml WITH EURO CAP		13000	Rs._____	Rs._____
32	Inj.	Sterofundin iso inf 1000ml or equivalent		1500	Rs._____	Rs._____

## INJECTIONS

33	Inj.	Abciximab 2mg /ml		200	Rs._____	Rs._____
34	Inj.	Acetylcysteine 1gm		500	Rs._____	Rs._____
35	Inj.	Acyclovir 500mg		1600	Rs._____	Rs._____
36	Inj.	Adenosine 18mg		100	Rs._____	Rs._____
37	Inj.	Adenosine 6 mg		100	Rs._____	Rs._____
38	Inj.	ado-trastuzumab emastine 100mg		50	Rs._____	Rs._____
39	Inj.	ado-trastuzumab emastine 160 mg		50	Rs._____	Rs._____
40	Inj.	Adrenaline 1ml		13000	Rs._____	Rs._____
41	Inj.	Aflibercept 40mg/ml		50	Rs._____	Rs._____
42	Inj.	Albumin human 20 % 100 ml		1000	Rs._____	Rs._____
43	Inj.	Albumin human 20 % 50 ml		1000	Rs._____	Rs._____
44	Inj.	Albumin human 25% solution, 100ml		200	Rs._____	Rs._____
45	Inj.	Albumin human 25% solution, 50ml		200	Rs._____	Rs._____
46	Inj.	Alprostadil 20mcg		200	Rs._____	Rs._____
47	Inj.	Alteplase 50 mg		200	Rs._____	Rs._____
48	Inj.	Amikacin 100mg		2000	Rs._____	Rs._____
49	Inj.	Amikacin 250mg		1000	Rs._____	Rs._____
50	Inj.	Amikacin 500mg		2000	Rs._____	Rs._____
51	Inj.	Amino acid 5% vitamin, 10% sorbitol 500ml		500	Rs._____	Rs._____
52	Inj.	Amino acid 10% 500 ml.		500	Rs._____	Rs._____
53	Inj.	Amino acid 600 (500ml)		1300	Rs._____	Rs._____
54	Inj.	Amino acid 8 % 500ml		200	Rs._____	Rs._____
55	Inj.	Amino acid, dextrose, lipid		20	Rs._____	Rs._____
56	Inj.	Aminoacid 10% 500ml		200	Rs._____	Rs._____
57	Inj.	Aminoacid and Dextrose		20	Rs._____	Rs._____
58	Inj.	Aminophyline 250mg		500	Rs._____	Rs._____
59	Inj.	Amiodraone 150mg		1200	Rs._____	Rs._____
60	Inj.	Amoxicillin 500mg		300	Rs._____	Rs._____
61	Inj.	Amphotericin		130	Rs._____	Rs._____
62	Inj.	Ampicillin 500mg		500	Rs._____	Rs._____
63	Inj.	Ampicillin/cloxacillin 125/125mg		3500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
64	Inj.	Ampicillin/cloxacillin 250/250mg		3500	Rs._____	Rs._____
65	Inj.	Antihaemophilic factor-viii (human) 250 iu		200	Rs._____	Rs._____
66	Inj.	ARGATROBAN 1mg/ml		200	Rs._____	Rs._____
67	Inj.	Artemether 40mg		200	Rs._____	Rs._____
68	Inj.	Artemether 80mg		200	Rs._____	Rs._____
69	Inj.	Artesunate 60 mg		200	Rs._____	Rs._____
70	Inj.	Artimether, lumefantrine 80mg.		200	Rs._____	Rs._____
71	Inj.	ATG Horse		100	Rs._____	Rs._____
72	Inj.	ATG Rabbit 100mg/5ml		300	Rs._____	Rs._____
73	Inj.	ATG Rabbit 25mg		100	Rs._____	Rs._____
74	Inj.	Atracurium besylate 10mg		20000	Rs._____	Rs._____
75	Inj.	Atracurium besylate 25mg		100	Rs._____	Rs._____
76	Inj.	Atracurium besylate 30mg		100	Rs._____	Rs._____
77	Inj.	Atropine 2mg		10000	Rs._____	Rs._____
78	Inj.	Azithromycin 500mg		1000	Rs._____	Rs._____
79	Inj.	Benzyl pencillin 1000000 unit		200	Rs._____	Rs._____
80	Inj.	Beractant 25mg		100	Rs._____	Rs._____
81	Inj.	Beriplast p combi set		100	Rs._____	Rs._____
82	Inj.	Botulinium toxoid		100	Rs._____	Rs._____
83	Inj.	Bupivacain hcl 0.5% for spinal		5000	Rs._____	Rs._____
84	Inj.	Bupivacain hcl 0.75% for spinal		2000	Rs._____	Rs._____
85	Inj.	Bupivacain plain 10ml		1600	Rs._____	Rs._____
86	Inj.	Calcitonin 200 iu		100	Rs._____	Rs._____
87	Inj.	Calcitriol 1mcg/ml		100	Rs._____	Rs._____
88	Inj.	Calcium Chloride 20% 10ml		100	Rs._____	Rs._____
89	Inj.	Calcium gluconate 1gm/10ml		10000	Rs._____	Rs._____
90	Inj.	Carboprost 250 mcg/ml		100	Rs._____	Rs._____
91	Inj.	Cefepime 1grm		2000	Rs._____	Rs._____
92	Inj.	Cefepime 500mg		1000	Rs._____	Rs._____
93	Inj.	Cefoperazone + sulbactam 1gm		1000	Rs._____	Rs._____
94	Inj.	Cefoperazone + sulbactam 2gm		1500	Rs._____	Rs._____
95	Inj.	Cefotaxime sodium 1gm.		600	Rs._____	Rs._____
96	Inj.	Cefotaxime sodium 250mg		1000	Rs._____	Rs._____
97	Inj.	Cefotaxime sodium 500mg		500	Rs._____	Rs._____
98	Inj.	Ceftazidime 1gm		1300	Rs._____	Rs._____
99	Inj.	Ceftazidime 250mg		1000	Rs._____	Rs._____
100	Inj.	Ceftazidime 500mg		300	Rs._____	Rs._____
101	Inj.	Ceftizoxime 1gm		100	Rs._____	Rs._____
102	Inj.	Ceftriaxone sodium 1 gm.		50000	Rs._____	Rs._____
103	Inj.	Ceftriaxone sodium 2 gm.		100	Rs._____	Rs._____
104	Inj.	Ceftriaxone sodium 250mg		1500	Rs._____	Rs._____
105	Inj.	Ceftriaxone sodium 500mg		4000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
106	Inj.	Cefuroxime 1.5gm		500	Rs._____	Rs._____
107	Inj.	Cefuroxime 750mg		1000	Rs._____	Rs._____
108	Inj.	Cephadrine 500mg		100	Rs._____	Rs._____
109	Inj.	Ciprofloxacin 200mg/100ml		10000	Rs._____	Rs._____
110	Inj.	Ciprofloxacin 400mg/100ml		100	Rs._____	Rs._____
111	Inj.	cis-Atracurium		100	Rs._____	Rs._____
112	Inj.	Citocoline 250 mg		100	Rs._____	Rs._____
113	Inj.	Clarithromycin 500mg		1300	Rs._____	Rs._____
114	Inj.	Clavulanic acid + amoxicillin 0.6mg.		1000	Rs._____	Rs._____
115	Inj.	Clavulanic acid + amoxicillin 1.2mg.		20000	Rs._____	Rs._____
116	Inj.	Clindamycin 300mg/2ml		500	Rs._____	Rs._____
117	Inj.	Clindamycin 600mg/4ml		5000	Rs._____	Rs._____
118	Inj.	Colistimethate sodium 1 million i.u		15000	Rs._____	Rs._____
119	Inj.	Dantrolene Sodium		100	Rs._____	Rs._____
120	Inj.	Deferoxamine 500mg		100	Rs._____	Rs._____
121	Inj.	Desmopressin 4mcg		100	Rs._____	Rs._____
122	Inj.	Dexamethasone 4mg/1ml		25000	Rs._____	Rs._____
123	Inj.	Dexmedetomidine		100	Rs._____	Rs._____
124	Inj.	Dextrose 25 % 25 ml		25000	Rs._____	Rs._____
125	Inj.	DEXTROSE 25% 100ml.		200	Rs._____	Rs._____
126	Inj.	DEXTROSE 25% 20ml.		100	Rs._____	Rs._____
127	Inj.	Dextrose 5 % 100 ml		10000	Rs._____	Rs._____
128	Inj.	Dextrose 5 % 100 ml WITH EURO CAP		10000	Rs._____	Rs._____
129	Inj.	Dextrose 5 % 50 ml		100	Rs._____	Rs._____
130	Inj.	DHEAS 60 mg		100	Rs._____	Rs._____
131	Inj.	Diazepam 10mg/2ml		500	Rs._____	Rs._____
132	Inj.	Diclofenac sodium 75mg		20000	Rs._____	Rs._____
133	Inj.	Digoxin 0.5mg		100	Rs._____	Rs._____
134	Inj.	Dinoprostone 10mg/ml		100	Rs._____	Rs._____
135	Inj.	Dinoprostone 5mg/ml		100	Rs._____	Rs._____
136	Inj.	Dobutamine 250mg/20ml		500	Rs._____	Rs._____
137	Inj.	Dopamine 200 mg		1500	Rs._____	Rs._____
138	Inj.	Drotaverine 40mg/2ml		10000	Rs._____	Rs._____
139	Inj.	Enoxaparin 20 mg		100	Rs._____	Rs._____
140	Inj.	Enoxaparin 40 mg		4000	Rs._____	Rs._____
141	Inj.	Enoxaparin 60 mg		4000	Rs._____	Rs._____
142	Inj.	Enoxaparin 80 mg		2000	Rs._____	Rs._____
143	Inj.	Ephedrine 50mg/ml		100	Rs._____	Rs._____
144	Inj.	Epoetin Beta 2000		100	Rs._____	Rs._____
145	Inj.	Epoetin Beta 5000		100	Rs._____	Rs._____
146	Inj.	Ergometrine		100	Rs._____	Rs._____
147	Inj.	Ertapenem 1gm		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
148	Inj.	Erythropoietins, 10000 iu		1000	Rs._____	Rs._____
149	Inj.	Erythropoietins, 2000 iu		200	Rs._____	Rs._____
150	Inj.	Erythropoietins, 4000 iu		400	Rs._____	Rs._____
151	Inj.	Erythropoietins, 5000 iu		100	Rs._____	Rs._____
152	Inj.	Esomeprazole 40mg		200	Rs._____	Rs._____
153	Inj.	Essential Amino Acids 7% or Nephrosteril equivalent		300	Rs._____	Rs._____
154	Inj.	Etanercept 50mg		100	Rs._____	Rs._____
155	Inj.	Etomidate lipuro 10 ml		200	Rs._____	Rs._____
156	Inj.	FACTOR XIII		100	Rs._____	Rs._____
157	Inj.	Factor ix		100	Rs._____	Rs._____
158	Inj.	Factor VII A (Recombinant)		50	Rs._____	Rs._____
159	Inj.	Fentanyl 25mcg		100	Rs._____	Rs._____
160	Inj.	Ferriccarboxymaltose 50mg/10ml		100	Rs._____	Rs._____
161	Inj.	FIBRINOGEN CONCENTRATE 1mg		100	Rs._____	Rs._____
162	Inj.	Fluconazole 100mg/50ml		1000	Rs._____	Rs._____
163	Inj.	Flumazenil 0.1mg/ml		100	Rs._____	Rs._____
164	Inj.	Flupenthixol 40 mg /2ml		100	Rs._____	Rs._____
165	Inj.	Fluphenazine 100mg		100	Rs._____	Rs._____
166	Inj.	Fluphenazine 20 mg		100	Rs._____	Rs._____
167	Inj.	Follitropin Alfa 75IU		100	Rs._____	Rs._____
168	Inj.	Fondaparinux 2.5 mg		100	Rs._____	Rs._____
169	Inj.	Fosfomycin 1gm		500	Rs._____	Rs._____
170	Inj.	Furosemide 20mg		35000	Rs._____	Rs._____
171	Inj.	Gancylovir 250mg		200	Rs._____	Rs._____
172	Inj.	Gentamycin 20mg		2000	Rs._____	Rs._____
173	Inj.	Gentamycin 40mg		3500	Rs._____	Rs._____
174	Inj.	Gentamycin 80mg		3500	Rs._____	Rs._____
175	Inj.	Glycine		1500	Rs._____	Rs._____
176	Inj.	Glycopyrolate 0.2mg/ml.		500	Rs._____	Rs._____
177	Inj.	Glycopyrolate+neostigmine methylsulphate 1ml.		4000	Rs._____	Rs._____
178	Inj.	HAEMATE P 1000		100	Rs._____	Rs._____
179	Inj.	Haloperidol 5mg		500	Rs._____	Rs._____
180	Inj.	Heparin 5000 iu/5ml		10000	Rs._____	Rs._____
181	Inj.	Histacryl		500	Rs._____	Rs._____
182	Inj.	Human Chorionic Gonadotropin 5000IU		100	Rs._____	Rs._____
183	Inj.	Hydralazine 20 mg		1500	Rs._____	Rs._____
184	Inj.	Hydrocortisone 100mg		15000	Rs._____	Rs._____
185	Inj.	Hydrocortisone 250mg		5000	Rs._____	Rs._____
186	Inj.	Hydroxyprogesterone Caproate 250 mg		100	Rs._____	Rs._____
187	Inj.	Ibandronate sodium 1mg/ml		100	Rs._____	Rs._____
188	Inj.	Ibutlide 1mg / 10ml		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
189	Inj.	Imipenem/cilastatin 250/250mg		5000	Rs._____	Rs._____
190	Inj.	Imipenem/cilastatin 500/500mg		5000	Rs._____	Rs._____
191	Inj.	Inj. Dextrose 50% 100ml		2000	Rs._____	Rs._____
192	Inj.	Inj. Dextrose 50% 50ml		2000	Rs._____	Rs._____
193	Inj.	Iron isomaltoside 100mg		1000	Rs._____	Rs._____
194	Inj.	Iron sucrose 100mg/5ml		4000	Rs._____	Rs._____
195	Inj.	isosorbid mononitrate		500	Rs._____	Rs._____
196	Inj.	Ketamine 250mg/5ml		500	Rs._____	Rs._____
197	Inj.	Ketorolac 30mg		60000	Rs._____	Rs._____
198	Inj.	Labetalol 5mg/ml		5000	Rs._____	Rs._____
199	Inj.	Lacosamide 200 mg		200	Rs._____	Rs._____
200	Inj.	Levetiracetam 500mg/5ml		4000	Rs._____	Rs._____
201	Inj.	Levofloxacin infusion 500mg/100ml		1000	Rs._____	Rs._____
202	Inj.	Lignocaine 2% 10ml		10000	Rs._____	Rs._____
203	Inj.	Lignocaine with adrenalin 10ml		1500	Rs._____	Rs._____
204	Inj.	Lincomycin 300mg		250	Rs._____	Rs._____
205	Inj.	Lincomycin 600mg		250	Rs._____	Rs._____
206	Inj.	Linezolid infusion 200mg/100ml		200	Rs._____	Rs._____
207	Inj.	Linezolid infusion 600mg/300ml		2000	Rs._____	Rs._____
208	Inj.	Liposomal Amphoterecin 10mg		100	Rs._____	Rs._____
209	Inj.	Liposomal amphotericin 50mg		100	Rs._____	Rs._____
210	Inj.	Liraglutide		100	Rs._____	Rs._____
211	Inj.	lock solution containing (cyclo)-taurolidine, 100 units heparin/ml, citrate (4%)		2600	Rs._____	Rs._____
212	Inj.	lock solution contains (cyclo)-taurolidine and citrate (4%)		2600	Rs._____	Rs._____
213	Inj.	L-ornithine l-aspartate 5gm/10ml		100	Rs._____	Rs._____
214	Inj.	lutropin alfa 75 iu		100	Rs._____	Rs._____
215	Inj.	Magnesium Chloride 200mg		200	Rs._____	Rs._____
216	Inj.	Magnesium sulphate 500mg/ml, 10ml		5000	Rs._____	Rs._____
217	Inj.	Magnesium sulphate 500mg/ml, 2ml		3000	Rs._____	Rs._____
218	Inj.	Mecobalamin 500mcg/ml		1000	Rs._____	Rs._____
219	Inj.	Medroxy progesterone acetate 150 mg / ml		100	Rs._____	Rs._____
220	Inj.	Medroxyprogesterone acetate 1000mg/2.5ml		100	Rs._____	Rs._____
221	Inj.	Meglumine antimoniate		100	Rs._____	Rs._____
222	Inj.	Menotropin 75 iu		200	Rs._____	Rs._____
223	Inj.	Meropenem 1000 mg		15000	Rs._____	Rs._____
224	Inj.	Meropenem 500 mg		7000	Rs._____	Rs._____
225	Inj.	Methoxy polyethylene glycol epoetins beta 150mcg		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
226	Inj.	Methoxy polyethylene glycol epoetins beta 200mcg		100	Rs._____	Rs._____
227	Inj.	Methoxy polyethylene glycol epoetins beta 50mcg		100	Rs._____	Rs._____
228	Inj.	Methoxy polyethylene glycol epoetins beta 75mcg		100	Rs._____	Rs._____
229	Inj.	Methyergotamine 0.2mg/ml		200	Rs._____	Rs._____
230	Inj.	Methyl prednisolone sodium succinate 1000mg		200	Rs._____	Rs._____
231	Inj.	Methyl prednisolone sodium succinate 500mg		1000	Rs._____	Rs._____
232	Inj.	Methylene Blue		100	Rs._____	Rs._____
233	Inj.	Methylprednisolone acetate 40mg/1ml		500	Rs._____	Rs._____
234	Inj.	Methylprednisolone acetate 80mg/2ml		500	Rs._____	Rs._____
235	Inj.	Metoclopramide 10mg		50000	Rs._____	Rs._____
236	Inj.	Metoprolol 5mg		1000	Rs._____	Rs._____
237	Inj.	Metronidazole 100ml.		30000	Rs._____	Rs._____
238	Inj.	Midazolam 5mg/5ml		10000	Rs._____	Rs._____
239	Inj.	Milrinone 10 mg		100	Rs._____	Rs._____
240	Inj.	Morphine 2mg		100	Rs._____	Rs._____
241	Inj.	Moxifloxacin infusion 400mg./250ml		5000	Rs._____	Rs._____
242	Inj.	Nalbuphine 10mg.		10000	Rs._____	Rs._____
243	Inj.	Nalbuphine 20mg.		3000	Rs._____	Rs._____
244	Inj.	Naloxone 0.4mg/ml		300	Rs._____	Rs._____
245	Inj.	Neostigmine 2.5mg/5ml		100	Rs._____	Rs._____
246	Inj.	Nimodipine 2 mg / ml		100	Rs._____	Rs._____
247	Inj.	Nitroglycerine 10mg/10 ml		2000	Rs._____	Rs._____
248	Inj.	Nitropruside 50mg		100	Rs._____	Rs._____
249	Inj.	Noradrenaline / norepinephrine 4mg/4ml		11000	Rs._____	Rs._____
250	Inj.	Norethisterone 200mg		200	Rs._____	Rs._____
251	Inj.	Norethisterone enanthate 50 mg, estradiol valerate 5mg		200	Rs._____	Rs._____
252	Inj.	Octreotide 0.05 mg		1000	Rs._____	Rs._____
253	Inj.	Octreotide 0.1mg		1500	Rs._____	Rs._____
254	Inj.	Omeprazole 40mg		65000	Rs._____	Rs._____
255	Inj.	Oxytocin 5iu		18000	Rs._____	Rs._____
256	Inl.	Pancuronium 10mg		100	Rs._____	Rs._____
257	Inj.	Papaverine		500	Rs._____	Rs._____
258	Inj.	Paracetamol 1gm/100ml		60000	Rs._____	Rs._____
259	Inj.	Paracetamol 300mg		1000	Rs._____	Rs._____
260	Inj.	Peg-Interferon Alpha-2A 180mcg		100	Rs._____	Rs._____
261	Inj.	Peg-interferon alpha-2b 3 m iu		100	Rs._____	Rs._____
262	Inj.	Penicillin G		100	Rs._____	Rs._____
263	Inj.	Penicillin-G-benzathine Inj 1.2million		100	Rs._____	Rs._____



Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
264	Inj.	Pethidine 50mg		100	Rs._____	Rs._____
265	Inj.	Pheniramine 22.7 mg/ml		100	Rs._____	Rs._____
266	Inj.	Phenobarbital 200 mg		100	Rs._____	Rs._____
267	Inj.	Phentolamine 5mg		100	Rs._____	Rs._____
268	Inj.	Phenylepherine 10mg/ml		500	Rs._____	Rs._____
269	Inj.	Phenytoin 250mg		100	Rs._____	Rs._____
270	Inj.	Phloroglucinol / trimethylephloroglucino 4ml		100	Rs._____	Rs._____
271	Inj.	Piperacillin-tazobactam 2.25 gm		8000	Rs._____	Rs._____
272	Inj.	Piperacillin-tazobactam 4.5 gm		22000	Rs._____	Rs._____
273	Inj.	Potassium chloride 7.4% i.v 20 ml.		100	Rs._____	Rs._____
274	Inj.	Potassium Phosphate		100	Rs._____	Rs._____
275	Inj.	Pralidoxime chloride 20mg/ml 10ml		12000	Rs._____	Rs._____
276	Inj.	Prochlorperazine 12.5 mg/ml		100	Rs._____	Rs._____
277	Inj.	Procyclidine 10 mg		100	Rs._____	Rs._____
278	Inj.	Propofol 200mg/20ml		3000	Rs._____	Rs._____
279	Inj.	Protamine sulphate		1000	Rs._____	Rs._____
280	Inj.	PROTHROMBIN COMPLEX CONCENTRATE 500U		100	Rs._____	Rs._____
281	Inj.	Quinine di hydro chloride		200	Rs._____	Rs._____
282	Inj.	Ranitidine 50mg		5000	Rs._____	Rs._____
283	Inj.	Rocuronium 10mg/ml		100	Rs._____	Rs._____
284	Inj.	Ropivacaine 0.5%		100	Rs._____	Rs._____
285	Inj.	Sevoflurane		20	Rs._____	Rs._____
286	Inj.	Sodium chloride 0.9 % 50 ml		100	Rs._____	Rs._____
287	Inj.	Sodium chloride 0.9% 100ml		160000	Rs._____	Rs._____
288	Inj.	Sodium chloride 0.9% 25ml		11000	Rs._____	Rs._____
289	Inj.	Sodium hyaluronate		100	Rs._____	Rs._____
290	Inj.	Streptokinase 1.5 iu		50	Rs._____	Rs._____
291	Inj.	Succinyl choline 50mg/ml		50	Rs._____	Rs._____
292	Inj.	Sulfamethoxazole and trimethoprim.		50	Rs._____	Rs._____
293	Inj.	Suxamethonium 100mg/2ml		500	Rs._____	Rs._____
294	Inj.	Teicoplanin 200mg		500	Rs._____	Rs._____
295	Inj.	Teicoplanin 400mg		100	Rs._____	Rs._____
296	Inj.	Terbutaline 0.5mg/ml		100	Rs._____	Rs._____
297	Inj.	Terlipressin 1 mg		2000	Rs._____	Rs._____
298	Inj.	Thiocolchicoside 4mg		100	Rs._____	Rs._____
299	Inj.	Thiopental 1000mg		100	Rs._____	Rs._____
300	Inj.	Thiopental 500mg		100	Rs._____	Rs._____
301	Inj.	Tigecycline 50mg		100	Rs._____	Rs._____
302	Inj.	Tobramycin		100	Rs._____	Rs._____
303	Inj.	Tocilizumab 200mg / 10ml		50	Rs._____	Rs._____
304	Inj.	Tocilizumab 80mg / 4ml		50	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
305	Inj.	Tramadol 100mg/2ml		20000	Rs._____	Rs._____
306	Inj.	Tranexamic acid 250 mg/5ml		5000	Rs._____	Rs._____
307	Inj.	Tranexamic acid 500mg /5ml		15000	Rs._____	Rs._____
308	Inj.	Triamcinolone		50	Rs._____	Rs._____
309	Inj.	Ulinastatin 1 lac unit		50	Rs._____	Rs._____
310	Inj.	Urofollitropin 75 IU		100	Rs._____	Rs._____
311	Inj.	Valproate/divalproex 500mg/5ml		1000	Rs._____	Rs._____
312	Inj.	Vancomycin 1000mg		7000	Rs._____	Rs._____
313	Inj.	Vancomycin 500mg		1500	Rs._____	Rs._____
314	Inj.	Vasopressin		100	Rs._____	Rs._____
315	Inj.	Verapamil		100	Rs._____	Rs._____
316	Inj.	Vitamin (B1, B6, B12) 3ml		6000	Rs._____	Rs._____
317	Inj.	Vitamin D 600000iu		5000	Rs._____	Rs._____
318	Inj.	Vitamin D3 200000iu Oral/IM		5000	Rs._____	Rs._____
319	Inj.	Vitamin K 10mg/ml		500	Rs._____	Rs._____
320	Inj.	Voriconazole		100	Rs._____	Rs._____
321	Inj.	Water for injection 10ml		30000	Rs._____	Rs._____
322	Inj.	Water for injection 5ml		30000	Rs._____	Rs._____
323	Inj.	Zuclopenthixol 200 mg		100	Rs._____	Rs._____

### TOXOIDS/VACCINES/IMMUNOGLOBULIN

324	Inj.	Anti rabies vaccine (inactivated rabies vaccine. 2.5 i.u with diluent)		50	Rs._____	Rs._____
325	Inj.	Anti snake venom 10ml		10	Rs._____	Rs._____
326	Inj.	Anti-d (rho) immunoglobulin 300mcg		50	Rs._____	Rs._____
327	Inj.	Anti-d (rho) immunoglobulin 300mcg for itp patients		50	Rs._____	Rs._____
328	Inj.	Bcg or bacille calmette-guerin		50	Rs._____	Rs._____
329	Inj.	Cmv immunoglobulin (CMVIG)		50	Rs._____	Rs._____
330	Inj.	Diphtheria and tetanus toxoids		50	Rs._____	Rs._____
331	Inj.	Diphtheria and tetanus toxoids and acellular pertussis		50	Rs._____	Rs._____
332	Inj.	Dtpa-hbv-ipv/hib vaccine		50	Rs._____	Rs._____
333	Inj.	Haemophilus influenzae type b vaccine,		50	Rs._____	Rs._____
334	Inj.	Hepatitis a ( for adult ) 1 ml Vaccine		50	Rs._____	Rs._____
335	Inj.	Hepatitis a ( for pediatrics ) 0.5 ml Vaccine		50	Rs._____	Rs._____
336	Inj.	Hepatitis-b adult 0.1mg/ml Vaccine		62	Rs._____	Rs._____
337	Inj.	Hepatitis-b immunoglobilin		50	Rs._____	Rs._____
338	Inj.	Hepatitis-b peads 0.05mg/ml vaccine		50	Rs._____	Rs._____
339	Inj.	Human papilloma virus (hpv)		50	Rs._____	Rs._____
340	Inj.	Immune globulin (human) 10%		20	Rs._____	Rs._____
341	Inj.	Immune globulin (human) 5% 50ml		20	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
342	Inj.	Pentaglobin 100ml or Equivalent		20	Rs._____	Rs._____
343	Inj.	Pentaglobin 10ml or Equivalent		20	Rs._____	Rs._____
344	Inj.	Influenza vaccine		72	Rs._____	Rs._____
345	Inj.	Meningococcal vaccine		53	Rs._____	Rs._____
346	Inj.	Meningococcal (Group A,C,Y and W135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine		53	Rs._____	Rs._____
347	Inj.	Mmr ( measles, mumps, and rubella ) vaccine		50	Rs._____	Rs._____
348	Inj.	Pneumococcal adult 25mcg/0.5ml pcv - 13		50	Rs._____	Rs._____
349	Inj.	Pneumococcal peads 2mcg/0.5ml		50	Rs._____	Rs._____
350	Inj.	Pneumococcal polysaccharide vaccine ppsv23		50	Rs._____	Rs._____
351	Oral	Poliovirus vaccine		50	Rs._____	Rs._____
352	Inj.	Poliovirus vaccine		50	Rs._____	Rs._____
353	Inj.	Rota Virus vaccine		50	Rs._____	Rs._____
354	Inj.	Rabies anti serum 5ml		50	Rs._____	Rs._____
355	Inj.	Rabies immunoglobulin 2ml		50	Rs._____	Rs._____
356	Inj.	Tetanus antitoxin 0.5 ml (who pre qualified)		10000	Rs._____	Rs._____
357	Inj.	Tetanus immunoglobulin		50	Rs._____	Rs._____
358	Inj.	Typhoid vaccine		100	Rs._____	Rs._____
359	Inj.	Varicella vaccine		50	Rs._____	Rs._____
360	Inj.	Varicella zoster immune globulin		50	Rs._____	Rs._____

### INSULINS PREPARATIONS

361	Cart.	50% insulin lispro protamine suspension and 50% insulin lispro injection Insulin Cartridge		100	Rs._____	Rs._____
362	Cart.	75% insulin lispro protamine suspension and 25% insulin lispro Insulin Cartridge		100	Rs._____	Rs._____
363	PFP	50% insulin lispro protamine suspension and 50% insulin lispro injection Insulin Cartridge		100	Rs._____	Rs._____
364	PFP	75% insulin lispro protamine suspension and 25% insulin lispro Insulin Cartridge		100	Rs._____	Rs._____
365	PFP	Analog GLP1		20	Rs._____	Rs._____
366	Dev	Disposable needle 30 G for Insulin Pen		1500	Rs._____	Rs._____
367	Dev	Disposable needle 31 G for Insulin Pen		1500	Rs._____	Rs._____
368	PFP	Human Insulin Intermediate Acting/NPH		40	Rs._____	Rs._____
369	PFP	Human Insulin Rapid/Short Actin		50	Rs._____	Rs._____
370	PFP	Human Soluble Insulin 30% and Isophane Insulin 70%		50	Rs._____	Rs._____
371	Cart.	Human Soluble Insulin 30% and Isophane Insulin 70%, 3ml Insulin Cartridge		1500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
372	PFP	Insulin Aspart 100IU 1PFP x 3ml		100	Rs._____	Rs._____
373	Inj.	Insulin glargine 100IU 1Vial x 10ml		100	Rs._____	Rs._____
374	PFP	Insulin glargine Inj 100IU 1PFP x 3ml		100	Rs._____	Rs._____
375	PFP	Insulin Lispro 100u/ml, 3ml		100	Rs._____	Rs._____
376	Dev	Insulin Pen		1000	Rs._____	Rs._____
377	Inj.	Isophane insulin 30IU, Human Insulin 70IU 100IU 1Vial x 10ml		1500	Rs._____	Rs._____
378	Inj.	NPH Human Insulin, 100IU 1Vial x 10ml		1000	Rs._____	Rs._____
379	Inj.	Regular Human Insulin, 100IU 1Vial x 10ml		1200	Rs._____	Rs._____

### CYTOTOXIC DRUGS

380	Inj.	5 FU 1000 mg		100	Rs._____	Rs._____
381	Inj.	5 FU 250mg		250	Rs._____	Rs._____
382	Inj.	5 FU 500 mg		300	Rs._____	Rs._____
383	inj	ALEMTUZUMAB		50	Rs._____	Rs._____
384	Tab.	ANASTROZOLE 1mg		50	Rs._____	Rs._____
385	Inj.	Arsenic Triooxide 10mg		30	Rs._____	Rs._____
386	Inj.	Arsenic trioxide		50	Rs._____	Rs._____
387	Cap	ATRA 10mg		1200	Rs._____	Rs._____
388	Inj.	Azacitidine 100 mg		20	Rs._____	Rs._____
389	Inj.	Basiliximab 20mg		100	Rs._____	Rs._____
390	Inj.	Bendamustine 100 mg		50	Rs._____	Rs._____
391	Inj.	Bevacizumab Inj 400mg		50	Rs._____	Rs._____
392	Inj.	Bevacizumab Inj SQ		20	Rs._____	Rs._____
393	Inj.	Bleomycin 15mg		50	Rs._____	Rs._____
394	Inj.	bortezomib 2mg		100	Rs._____	Rs._____
395	Inj.	bortezomib 3.5mg		100	Rs._____	Rs._____
396	tab	BOSUTINIB 500mg		200	Rs._____	Rs._____
397	Tab	Busulfan		200	Rs._____	Rs._____
398	Inj.	Busulfan		200	Rs._____	Rs._____
399	Inj.	Calcium Folate/Leucovorin 100mg		200	Rs._____	Rs._____
400	Tab.	Calcium Folate/Leucovorin 15mg		200	Rs._____	Rs._____
401	Inj.	Calcium Folate/Leucovorin 50mg		200	Rs._____	Rs._____
402	Tab.	Capecitabine 500mg		1200	Rs._____	Rs._____
403	Inj.	CarboplaTins 150mg		300	Rs._____	Rs._____
404	inj	CARFILZOMIB 60 mg		200	Rs._____	Rs._____
405	Inj.	CARMUSTINE 100 mg		200	Rs._____	Rs._____
406	Inj.	Cetuximab Inj 100mg		200	Rs._____	Rs._____
407	Tab	Chlorambucil 2mg		200	Rs._____	Rs._____
408	Inj.	CIDOFOVIR 250mg		200	Rs._____	Rs._____
409	Inj	CIDOFOVIR 350mg		50	Rs._____	Rs._____
410	Inj.	CisplaTins 10mg		50	Rs._____	Rs._____
411	Inj.	CisplaTins 25mg		200	Rs._____	Rs._____

Sr. #	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
412	Inj.	CisplaTins 50mg		200	Rs._____	Rs._____
413	Inj.	Cladribine 10 mg		200	Rs._____	Rs._____
414	Inj.	Cyclophasphomide 1gm		200	Rs._____	Rs._____
415	Inj.	Cyclophasphomide 500mg		200	Rs._____	Rs._____
416	Tab.	Cyclophosphamide 50 mg		500	Rs._____	Rs._____
417	Inj.	Cyclosporin 50mg/ml		20	Rs._____	Rs._____
418	SYP	CYCLOSPORINE		200	Rs._____	Rs._____
419	Inj.	Cyclosporine 250 mg/5ml		200	Rs._____	Rs._____
420	Inj	Cytarabien 1000mg		200	Rs._____	Rs._____
421	Inj	Cytarabien 500mg		2000	Rs._____	Rs._____
422	Inj.	Dacarbazine 200mg		100	Rs._____	Rs._____
423	Inj.	Dactinomycin Inj 0.5mg		100	Rs._____	Rs._____
424	inj	DARATUMUMAB 100 mg		200	Rs._____	Rs._____
425	Tab	DASATINIB 20mg		200	Rs._____	Rs._____
426	Tab	DASATINIB 50 mg		200	Rs._____	Rs._____
427	Tab	DASATINIB 70 mg		200	Rs._____	Rs._____
428	Inj.	Daunorubicin Inj 20mg		300	Rs._____	Rs._____
429	Inj.	DECITABINE 50mg		200	Rs._____	Rs._____
430	Inj.	Denosumab 120mg		200	Rs._____	Rs._____
431	Inj.	Denosumab 60mg		200	Rs._____	Rs._____
432	Bot.	Dextrose 5% Glass bottle		200	Rs._____	Rs._____
433	Inj.	Docetaxel 20mg		200	Rs._____	Rs._____
434	Inj.	Doxorubicin 10mg		200	Rs._____	Rs._____
435	Inj.	Doxorubicin 50mg		400	Rs._____	Rs._____
436	Dis.	Dripset with filter for paclitexil		200	Rs._____	Rs._____
437	Tab.	Eltrombopag Olamine 25mg		200	Rs._____	Rs._____
438	Tab.	Eltrombopag Olamine 50mg		200	Rs._____	Rs._____
439	Inj.	Epirubicin 10mg		200	Rs._____	Rs._____
440	Inj.	Epirubicin 50mg		200	Rs._____	Rs._____
441	Tab	ERLOTINIB 150 mg		200	Rs._____	Rs._____
442	Inj.	Etoposide 100mg		200	Rs._____	Rs._____
443	Tab.	Everolimus 0.25mg		200	Rs._____	Rs._____
444	Tab.	Everolimus 0.75mg		200	Rs._____	Rs._____
445	Inj.	Filgrastim 300mcg		1100	Rs._____	Rs._____
446	Inj.	Fludarabine Phosphate 50mg		200	Rs._____	Rs._____
447	Tab.	Fludarabine50mg		200	Rs._____	Rs._____
448	Inj.	Gemcitabine 1gm		100	Rs._____	Rs._____
449	Inj.	Gemcitabine 200mg		100	Rs._____	Rs._____
450	Inj.	Goserelin Acetate 3.6mg		200	Rs._____	Rs._____
451	Inj.	Granisetron 3mg		200	Rs._____	Rs._____
452	Cap	Hydroxyurea 500mg		4000	Rs._____	Rs._____
453	Cap	IBRUTINIB 140 mg		200	Rs._____	Rs._____
454	Inj.	Idarubicin 10mg		100	Rs._____	Rs._____

Sr. #	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
455	Inj.	Idarubicin 5mg		100	Rs._____	Rs._____
456	Tab	IDELALISIB 150 mg		200	Rs._____	Rs._____
457	Inj.	Ifosfomide 1gm		200	Rs._____	Rs._____
458	Inj.	Ifosfomide 2gm		200	Rs._____	Rs._____
459	Tab	IMATINIB 100mg		200	Rs._____	Rs._____
460	Tab	IMATINIB 400 mg		200	Rs._____	Rs._____
461	Inj.	Interleukin 11 (12MIU/ 1.5mg)		200	Rs._____	Rs._____
462	Cap	IXAZOMIB 4mg		200	Rs._____	Rs._____
463	Tab	lapatinib tablet 250 mg		200	Rs._____	Rs._____
464	Tab.	LapaTinsib 250mg		200	Rs._____	Rs._____
465	Inj.	L-Asparaginase		100	Rs._____	Rs._____
466	Cap	lenalidomide 5MG		200	Rs._____	Rs._____
467	Tab.	Letrozole 2.5 mg		200	Rs._____	Rs._____
468	Tab	letrozole 2.5 mg		200	Rs._____	Rs._____
469	Inj	Leuprolide acetate 11.25 mg		200	Rs._____	Rs._____
470	Inj	Leuprolide acetate 3.75 mg		100	Rs._____	Rs._____
471	Inj.	Leuproline acetate 7.5 mg		200	Rs._____	Rs._____
472	Cap	Lomustine 50 mg		200	Rs._____	Rs._____
473	Inj.	Melphlan 50 mg		200	Rs._____	Rs._____
474	Tab.	Melphlan 50 mg		500	Rs._____	Rs._____
475	Tab.	Mercaptopurine 50mg		1500	Rs._____	Rs._____
476	Inj.	Mesna 100mg		500	Rs._____	Rs._____
477	Inj.	Methotrexate 1gm		200	Rs._____	Rs._____
478	Tab.	Methotrexate 2.5mg		200	Rs._____	Rs._____
479	Inj.	Methotrexate 500mg		100	Rs._____	Rs._____
480	Inj.	Methotrexate 50mg		200	Rs._____	Rs._____
481	Cap	midostaurin 50 mg		200	Rs._____	Rs._____
482	Inj.	Mitomycin 10mg		200	Rs._____	Rs._____
483	Inj	Mitoxantrone		100	Rs._____	Rs._____
484	Tab	NILOTINIB 150 mg		200	Rs._____	Rs._____
485	Tab	NILOTINIB 200 mg		200	Rs._____	Rs._____
486	Inj.	OBINUTUZUMAB 1000mg		200	Rs._____	Rs._____
487	Inj.	Ocrelizumab 300mg		200	Rs._____	Rs._____
488	Inj.	Octreotide LAR 20mg		200	Rs._____	Rs._____
489	Inj.	Octreotide LAR 30mg		200	Rs._____	Rs._____
490	Inj.	OFATUMUMAB 1000mg		200	Rs._____	Rs._____
491	Inj.	Ondansetron 8mg		8000	Rs._____	Rs._____
492	Tab.	Ondansetron 8mg		5000	Rs._____	Rs._____
493	Inj.	OxaliplaTins 100mg		200	Rs._____	Rs._____
494	Inj.	OxaliplaTins 50mg		200	Rs._____	Rs._____
495	Inj.	Paclitaxel 150mg with glass bottle 5% Dextrose		200	Rs._____	Rs._____
496	Inj.	Paclitaxel 300mg with glass bottle 5 % Dextrose		200	Rs._____	Rs._____

Sr. #	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
497	Inj	Paclitaxel 30mg with Glass Bottle 5% Dextrose		200	Rs._____	Rs._____
498	Inj.	Pamideronate 30mg		200	Rs._____	Rs._____
499	Inj.	Pamideronate 90mg		200	Rs._____	Rs._____
500	tab	PAZOPANIB 200mg		200	Rs._____	Rs._____
501	Tab	Pazopanib 400mg		200	Rs._____	Rs._____
502	Inj.	Peg l-asparaginase 3750iu		200	Rs._____	Rs._____
503	Inj.	Peg-filgrastim		200	Rs._____	Rs._____
504	Inj.	Pemetrexed 100 mg		200	Rs._____	Rs._____
505	Inj.	Pemetrexed 50 mg		200	Rs._____	Rs._____
506	Inj	PENTAMIDINE		200	Rs._____	Rs._____
507	Tab	PONATINIB 45 mg		200	Rs._____	Rs._____
508	Cap	Procarbazine 50mg		150	Rs._____	Rs._____
509	Tab	Propylthiouracil Tab 50mg		200	Rs._____	Rs._____
510	Inj.	Protein Bound Paclitexil		200	Rs._____	Rs._____
511	Inj.	RAMUCIRUMAB 500mg/50ml		200	Rs._____	Rs._____
512	Inj.	Ranibizumab 0.5mg		200	Rs._____	Rs._____
513	Inj.	RASBURICASE 6mg		200	Rs._____	Rs._____
514	Inj.	Rituximab 100mg		100	Rs._____	Rs._____
515	Inj.	Rituximab 500mg		200	Rs._____	Rs._____
516	Inj.	Rituximab SQ		200	Rs._____	Rs._____
517	Inj.	ROMIPLOSTIM 250 mcg		200	Rs._____	Rs._____
518	Inj.	ROMIPLOSTIM 500 mcg		200	Rs._____	Rs._____
519	Tab	ruxolitinib 15 mg		200	Rs._____	Rs._____
520	Tab	SORAFENIB 200mg		200	Rs._____	Rs._____
521	Cap	SUNATINIB 50 mg		200	Rs._____	Rs._____
522	Tab	Tamoxifen 10 mg		200	Rs._____	Rs._____
523	Tab	Tamoxifen 20 mg		200	Rs._____	Rs._____
524	Cap	tegafur/uracil 100/224mg		100	Rs._____	Rs._____
525	Cap	Temozolomide 100 mg		200	Rs._____	Rs._____
526	Cap	Thalidomide		200	Rs._____	Rs._____
527	Tab.	THIOGUANINE		200	Rs._____	Rs._____
528	Inj.	THIOTEPA 50mg		200	Rs._____	Rs._____
529	Inj.	Tirofiban 12.5mg/50ml		200	Rs._____	Rs._____
530	Inj.	Tocilizumab 200 mg		200	Rs._____	Rs._____
531	Inj.	Topotecan 4mg		100	Rs._____	Rs._____
532	Inj.	Trastuzumab 440mg		200	Rs._____	Rs._____
533	Inj.	Trastuzumab SQ		200	Rs._____	Rs._____
534	Tab	venetoclax 100 mg		200	Rs._____	Rs._____
535	Inj.	Venoraelebin 50mg		200	Rs._____	Rs._____
536	Inj.	VinblasTinse Sulphate 10mg		100	Rs._____	Rs._____
537	Inj.	VincrisTinse 1mg		110	Rs._____	Rs._____
538	Inj.	VincrisTinse 2 mg		200	Rs._____	Rs._____
539	Inj.	Zoledronic Acid 4 mg.		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
540	Inj.	Zoledronic Acid 5 mg.		100	Rs. _____	Rs. _____

### ANTI TUBRCULOSIS

541	Tab.	Ethambutol 400mg		500	Rs. _____	Rs. _____
542	Tab.	Pyrazinamide 500mg		500	Rs. _____	Rs. _____
543	Syp.	Rifampacin, 100mg/5ml		50	Rs. _____	Rs. _____
544	Tab.	Rifampacin, Isoniazid, 300mg/150mg		2000	Rs. _____	Rs. _____
545	Tab.	Rifampacin, Isoniazid, 450mg/300mg		2000	Rs. _____	Rs. _____
546	Tab.	Rifampicin, Isoniazid, Ethambutol, Pyrazinamid, 150mg /75mg /275mg /400mg		4000	Rs. _____	Rs. _____
547	Tab.	Rifampicin, Isoniazid, Ethambutol, 150mg /75mg /275mg		2000	Rs. _____	Rs. _____
548	Tab.	Isoniazid 100 MG		25000	Rs. _____	Rs. _____
549	Inj.	Rifampicin 600mg		100	Rs. _____	Rs. _____
550	Inj.	Streptomycin, 1gm		250	Rs. _____	Rs. _____

### ORAL SOLID DOSAGE FORM (TABLETS/CAPSULES)

551	Tab/Cap	Acetazolamide 250 mg		500	Rs. _____	Rs. _____
552	Tab/Cap	Acetylsalicylic acid 75 mg		500	Rs. _____	Rs. _____
553	Tab/Cap	Acitretin 10 mg		500	Rs. _____	Rs. _____
554	Tab/Cap	Acitretin 25mg		500	Rs. _____	Rs. _____
555	Tab/Cap	Acyclofenac 100mg		4000	Rs. _____	Rs. _____
556	Tab/Cap	Acyclovir 200mg		500	Rs. _____	Rs. _____
557	Tab/Cap	Acyclovir 400mg		5200	Rs. _____	Rs. _____
558	Tab/Cap	Albendazole 200mg		500	Rs. _____	Rs. _____
559	Tab/Cap	Alendronate sodium 70mg		500	Rs. _____	Rs. _____
560	Tab/Cap	Alfacalcidol 0.5mcg		10000	Rs. _____	Rs. _____
561	Tab/Cap	Alfuzosine 10mg		500	Rs. _____	Rs. _____
562	Tab/Cap	Alitretinoin 10 mg		500	Rs. _____	Rs. _____
563	Tab/Cap	Allopurinol 100mg		500	Rs. _____	Rs. _____
564	Tab/Cap	Allopurinol 300mg		500	Rs. _____	Rs. _____
565	Tab/Cap	Alprazolam 0.25 mg		2000	Rs. _____	Rs. _____
566	Tab/Cap	Alprazolam 0.5 mg		3200	Rs. _____	Rs. _____
567	Tab/Cap	Aluminium Hydroxide 200mg, Magnesium Hydroxide 200mg, Simethicone 25mg		20000	Rs. _____	Rs. _____
568	Tab/Cap	Aluminium Hydroxide and Magnesium Trisilicate		10000	Rs. _____	Rs. _____
569	Tab/Cap	Amantadine 100 mg		500	Rs. _____	Rs. _____
570	Tab/Cap	Amiodraone 200 mg		1000	Rs. _____	Rs. _____
571	Tab/Cap	Amitriptyline 25mg		500	Rs. _____	Rs. _____



Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
572	Tab/Cap	Amlodipine 10mg		27000	Rs._____	Rs._____
573	Tab/Cap	Amlodipine 5mg		20000	Rs._____	Rs._____
574	Tab/Cap	Amlodipine+valsartan + hydrochlorthiazide		500	Rs._____	Rs._____
575	Tab/Cap	Amlodipine+valsartan 10mg/160mg		1200	Rs._____	Rs._____
576	Tab/Cap	Amlodipine+valsartan 5mg/160mg		500	Rs._____	Rs._____
577	Tab/Cap	Amlodipine+valsartan 5mg/80mg		3500	Rs._____	Rs._____
578	Tab/Cap	Amloride/furosemide 5mg/40mg		500	Rs._____	Rs._____
579	Tab/Cap	Amoxicillin 500 mg		7100	Rs._____	Rs._____
580	Tab/Cap	Ampicillin 500mg		500	Rs._____	Rs._____
581	Tab/Cap	Aprepitant (Pack of 125 mg and 2 tab of 80mg)		500	Rs._____	Rs._____
582	Tab/Cap	Artimether 20mg + lumefantrine120 mg.		500	Rs._____	Rs._____
583	Tab/Cap	Artimether 40mg + lumefantrine240 mg.		3500	Rs._____	Rs._____
584	Tab/Cap	Ascorbic 500mg		500	Rs._____	Rs._____
585	Tab/Cap	Asprin 150 mg		500	Rs._____	Rs._____
586	Tab/Cap	Asprin 300 mg		7200	Rs._____	Rs._____
587	Tab/Cap	Asprin 75 mg		25500	Rs._____	Rs._____
588	Tab/Cap	Atenolol 100mg		1200	Rs._____	Rs._____
589	Tab/Cap	Atenolol 25mg		1200	Rs._____	Rs._____
590	Tab/Cap	Atenolol 50mg		1200	Rs._____	Rs._____
591	Tab/Cap	Atorvastatin 40 mg		500	Rs._____	Rs._____
592	Tab/Cap	Atorvastatins 10 mg		4200	Rs._____	Rs._____
593	Tab/Cap	Atorvastatins 20 mg		3000	Rs._____	Rs._____
594	Tab/Cap	ATOVAQUONE 250 mg		500	Rs._____	Rs._____
595	Tab/Cap	Attapulgit 500mg		500	Rs._____	Rs._____
596	Tab/Cap	Azathioprine 50mg		500	Rs._____	Rs._____
597	Tab/Cap	Azithromycin 250mg		2000	Rs._____	Rs._____
598	Tab/Cap	Azithromycin 500mg		4000	Rs._____	Rs._____
599	Tab/Cap	Baclofen 10mg		500	Rs._____	Rs._____
600	Tab/Cap	Beraprost 20mcg		200	Rs._____	Rs._____
601	Tab/Cap	Betahistidine 16mg		5000	Rs._____	Rs._____
602	Tab/Cap	Betahistidine 8mg		5000	Rs._____	Rs._____
603	Tab/Cap	Betamethasone		5000	Rs._____	Rs._____
604	Tab/Cap	Bicalutamide 50mg		500	Rs._____	Rs._____
605	Tab/Cap	Bisacodyl 5mg		1000	Rs._____	Rs._____
606	Tab/Cap	Bisoprolol fumarate 10mg		3000	Rs._____	Rs._____
607	Tab/Cap	Bisoprolol fumarate 2.5mg		5000	Rs._____	Rs._____
608	Tab/Cap	Bisoprolol fumarate 5mg		3000	Rs._____	Rs._____
609	Tab/Cap	Bosentan 125 mg		3000	Rs._____	Rs._____
610	Tab/Cap	Bosentan 62.5 mg		500	Rs._____	Rs._____
611	Tab/Cap	Bromazepam 3mg		5000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
612	Tab/Cap	Bromocriptine 2.5 mg		500	Rs. _____	Rs. _____
613	Tab/Cap	Buprenorphine 2mg		500	Rs. _____	Rs. _____
614	Tab/Cap	Cafiene citrate		500	Rs. _____	Rs. _____
615	Tab/Cap	Calcitriol		500	Rs. _____	Rs. _____
616	Tab/Cap	Calcium (500mg), Vitamin K2 (90mcg),Vitamin D3 (800IU),		500	Rs. _____	Rs. _____
617	Tab/Cap	Calcium + vit c ( chewable )		5000	Rs. _____	Rs. _____
618	Tab/Cap	Calcium + vit c + d3 + b6		30000	Rs. _____	Rs. _____
619	Tab/Cap	Calcium carbonate, vitamin d3 125mg/125 iu		500	Rs. _____	Rs. _____
620	Tab/Cap	Calcium, vitamin d & c, effervescent 1000mg		15000	Rs. _____	Rs. _____
621	Tab/Cap	Candesartan 16 mg		500	Rs. _____	Rs. _____
622	Tab/Cap	Candesartan 4 mg		500	Rs. _____	Rs. _____
623	Tab/Cap	Candesartan 8 mg		500	Rs. _____	Rs. _____
624	Tab/Cap	Captopril 25 mg		3000	Rs. _____	Rs. _____
625	Tab/Cap	Captopril 12.5 mg		3000	Rs. _____	Rs. _____
626	Tab/Cap	Carbamazepine 200mg		2500	Rs. _____	Rs. _____
627	Tab/Cap	Carbimazole 5mg		500	Rs. _____	Rs. _____
628	Tab/Cap	Carvedilol 12.5mg		6500	Rs. _____	Rs. _____
629	Tab/Cap	Carvedilol 25mg		3500	Rs. _____	Rs. _____
630	Tab/Cap	Carvedilol 6.25 mg		11500	Rs. _____	Rs. _____
631	Tab/Cap	Ceephalexin 500 mg		500	Rs. _____	Rs. _____
632	Tab/Cap	Cefixime 200 mg		500	Rs. _____	Rs. _____
633	Tab/Cap	Cefixime 400 mg		10000	Rs. _____	Rs. _____
634	Tab/Cap	Cefpodoxime 200 mg		500	Rs. _____	Rs. _____
635	Tab/Cap	Celecoxib 100mg		2500	Rs. _____	Rs. _____
636	Tab/Cap	Celecoxib 200mg		1500	Rs. _____	Rs. _____
637	Tab/Cap	Cephradine 250mg		1500	Rs. _____	Rs. _____
638	Tab/Cap	Cephradine 500mg		2000	Rs. _____	Rs. _____
639	Tab/Cap	Cetirizine 10mg		16000	Rs. _____	Rs. _____
640	Tab/Cap	Chlordiazepoxide and clidinium bromide		500	Rs. _____	Rs. _____
641	Tab/Cap	Chloroquine phosphate		500	Rs. _____	Rs. _____
642	Tab/Cap	Chlorphenamine, Paracetamol, Pseudoephidine		10000	Rs. _____	Rs. _____
643	Tab/Cap	Chlorpheniramine 4mg		500	Rs. _____	Rs. _____
644	Tab/Cap	Cholestyramine sachet 4 g		500	Rs. _____	Rs. _____
645	Tab/Cap	Cilostazole 100 mg		500	Rs. _____	Rs. _____
646	Tab/Cap	Cilostazole 50 mg		500	Rs. _____	Rs. _____
647	Tab/Cap	Cinacalcet 30mg		500	Rs. _____	Rs. _____
648	Tab/Cap	Cinnarizine 25 mg		500	Rs. _____	Rs. _____
649	Tab/Cap	Cinnarizine 75 mg		500	Rs. _____	Rs. _____
650	Tab/Cap	Ciprofloxacin 250mg		5000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
651	Tab/Cap	Ciprofloxacin 500mg		5000	Rs._____	Rs._____
652	Tab/Cap	Citalopram 20mg		500	Rs._____	Rs._____
653	Tab/Cap	Clarithromycin 250mg		3500	Rs._____	Rs._____
654	Tab/Cap	Clarithromycin 500mg		6500	Rs._____	Rs._____
655	Tab/Cap	Clarithromycin xl		1500	Rs._____	Rs._____
656	Tab/Cap	Clavulanic acid + amoxicillin 1gm		12500	Rs._____	Rs._____
657	Tab/Cap	Clavulanic acid + amoxicillin 375mg		2500	Rs._____	Rs._____
658	Tab/Cap	Clavulanic acid + amoxicillin 625mg		20000	Rs._____	Rs._____
659	Tab/Cap	Clemastine 1mg		1000	Rs._____	Rs._____
660	Tab/Cap	Clindamycin 150mg		500	Rs._____	Rs._____
661	Tab/Cap	Clindamycin 300mg		3500	Rs._____	Rs._____
662	Tab/Cap	Clobazepam 10 mg		500	Rs._____	Rs._____
663	Tab/Cap	Clomiphene Citrate 50 mg		500	Rs._____	Rs._____
664	Tab/Cap	Clomipramine 25 mg		500	Rs._____	Rs._____
665	Tab/Cap	Clonazepam 0.5mg		2500	Rs._____	Rs._____
666	Tab/Cap	Clonazepam 2mg		500	Rs._____	Rs._____
667	Tab/Cap	Clopidogrel 75mg		8000	Rs._____	Rs._____
668	Tab/Cap	Clopidogrel 75mg + aspirin 75mg		3000	Rs._____	Rs._____
669	Tab/Cap	Clotrimazole vaginal pessary 100 mg		200	Rs._____	Rs._____
670	Tab/Cap	Clozapine 100 mg		500	Rs._____	Rs._____
671	Tab/Cap	Clozapine 25 mg		500	Rs._____	Rs._____
672	Tab/Cap	Conjugated Estrogen 0.625mg		500	Rs._____	Rs._____
673	Tab/Cap	Cranberry extract		2000	Rs._____	Rs._____
674	Tab/Cap	Cyclophosphamide 50 mg		500	Rs._____	Rs._____
675	Tab/Cap	Cyclosporin 100mg		400000	Rs._____	Rs._____
676	Tab/Cap	Cyclosporin 25mg		700000	Rs._____	Rs._____
677	Tab/Cap	Cyclosporin 50mg		50000	Rs._____	Rs._____
678	Tab/Cap	Cyproterone Acetate 2mg/Ethinyl Estradiol 0.035mg		500	Rs._____	Rs._____
679	Tab/Cap	Cyproterone Acetate 50 mg		500	Rs._____	Rs._____
680	Tab/Cap	DABIGATRAN 110mg		500	Rs._____	Rs._____
681	Tab/Cap	Daclatasvir 60mg		500	Rs._____	Rs._____
682	Tab/Cap	Danazol 100 mg		500	Rs._____	Rs._____
683	Tab/Cap	Danazol 200 mg		500	Rs._____	Rs._____
684	Tab/Cap	Dapsone 100mg		500	Rs._____	Rs._____
685	Tab/Cap	Deferasirox 100mg		500	Rs._____	Rs._____
686	Tab/Cap	Deferasirox 400mg		500	Rs._____	Rs._____
687	Tab/Cap	Deferiprone 500mg		500	Rs._____	Rs._____
688	Tab/Cap	Desmopressin 0.2 mg		500	Rs._____	Rs._____
689	Tab/Cap	Desloratidine 5 mg		500	Rs._____	Rs._____
690	Tab/Cap	Dexamethasone 0.5mg		6000	Rs._____	Rs._____
691	Tab/Cap	Dexamethasone 4mg		5000	Rs._____	Rs._____
692	Tab/Cap	Dexlansoprazole 30mg		500	Rs._____	Rs._____
693	Tab/Cap	Dexlansoprazole 60 mg		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
694	Tab/Cap	Diazepam 10mg		500	Rs._____	Rs._____
695	Tab/Cap	Diazepam 5mg		1000	Rs._____	Rs._____
696	Tab/Cap	Diclofenac 50mg + misoprostol 200mg		5000	Rs._____	Rs._____
697	Tab/Cap	Diclofenac potassium 50mg		12000	Rs._____	Rs._____
698	Tab/Cap	Diclofenac sodium 100mg		1000	Rs._____	Rs._____
699	Tab/Cap	Diclofenac sodium 50mg		25000	Rs._____	Rs._____
700	Tab/Cap	Diclofenac suppositories 100mg		6000	Rs._____	Rs._____
701	Tab/Cap	Digoxin 0.25mg		1000	Rs._____	Rs._____
702	Tab/Cap	Diltiazem 30mg		1000	Rs._____	Rs._____
703	Tab/Cap	Diltiazem 60mg		1000	Rs._____	Rs._____
704	Tab/Cap	Dinoprostone 3mg		500	Rs._____	Rs._____
705	Tab/Cap	Dinoprostone 3mg vaginal		500	Rs._____	Rs._____
706	Tab/Cap	Diosmin/Hesperidine450/50mg		500	Rs._____	Rs._____
707	Tab/Cap	Diosmine 600 mg		500	Rs._____	Rs._____
708	Tab/Cap	Diphenhydramine 50 mg		500	Rs._____	Rs._____
709	Tab/Cap	Diphenoxylate + atropine		500	Rs._____	Rs._____
710	Tab/Cap	Disprin 300mg		500	Rs._____	Rs._____
711	Tab/Cap	DOCUSATE 50 mg		500	Rs._____	Rs._____
712	Tab/Cap	Domperidone 10mg		500	Rs._____	Rs._____
713	Tab/Cap	Dothiepin / dosulepin 25 mg		500	Rs._____	Rs._____
714	Tab/Cap	Doxazosin 2mg		500	Rs._____	Rs._____
715	Tab/Cap	Doxycycline 100 mg		4500	Rs._____	Rs._____
716	Tab/Cap	Doxylamine + pyridoxine		500	Rs._____	Rs._____
717	Tab/Cap	Drotaverine 40mg		10000	Rs._____	Rs._____
718	Tab/Cap	Drotaverine 80mg		10000	Rs._____	Rs._____
719	Tab/Cap	Duloxetine 20 mg		1000	Rs._____	Rs._____
720	Tab/Cap	Duloxetine 30 mg		500	Rs._____	Rs._____
721	Tab/Cap	Duloxetine 60 mg		500	Rs._____	Rs._____
722	Tab/Cap	Dutasteride + tamsulosin 0.5mg/0.4mg		500	Rs._____	Rs._____
723	Tab/Cap	Dutasteride 0.5mg		500	Rs._____	Rs._____
724	Tab/Cap	Dydrogesterone 10mg		4500	Rs._____	Rs._____
725	Tab/Cap	Dydrogesterone 10mg		500	Rs._____	Rs._____
726	Tab/Cap	Ebastine 10 mg		500	Rs._____	Rs._____
727	Tab/Cap	Ebastine 20mg		500	Rs._____	Rs._____
728	Tab/Cap	Enalapril maleate 5 mg		500	Rs._____	Rs._____
729	Tab/Cap	Enalapril maleate 10 mg		2500	Rs._____	Rs._____
730	Tab/Cap	Enalapril/hydrochlorothiazide 10/25 mg		500	Rs._____	Rs._____
731	Tab/Cap	Enoxacin 400 mg		500	Rs._____	Rs._____
732	Tab/Cap	Entecavir 0.5mg		2000	Rs._____	Rs._____
733	Tab/Cap	Eperisone hcl 50mg		500	Rs._____	Rs._____
734	Tab/Cap	Erythromycin 250 mg		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
735	Tab/Cap	Erythromycin 500 mg		500	Rs._____	Rs._____
736	Tab/Cap	Escitalopram 10mg		500	Rs._____	Rs._____
737	Tab/Cap	Escitalopram 20mg		500	Rs._____	Rs._____
738	Tab/Cap	Escitalopram 5mg		10000	Rs._____	Rs._____
739	Tab/Cap	Esomeprazole 20mg		35000	Rs._____	Rs._____
740	Tab/Cap	Esomeprazole 40mg		35000	Rs._____	Rs._____
741	Tab/Cap	Estradiol Valerate 2mg		500	Rs._____	Rs._____
742	Tab/Cap	Estradiol Valerate 2mg ,Norgestrel 0.5mg		500	Rs._____	Rs._____
743	Tab/Cap	Estradiol Valerate 2mg,Cyproterone Acetate 1mg		500	Rs._____	Rs._____
744	Tab/Cap	Ethinyl estradiol 0.02mg, Drospirenone 3mg		500	Rs._____	Rs._____
745	Tab/Cap	Ethinylestradiol 0.02mg ,Gestodene 0.075mg		500	Rs._____	Rs._____
746	Tab/Cap	Etoricoxib 60mg		500	Rs._____	Rs._____
747	Tab/Cap	Famciclovir 250 mg		500	Rs._____	Rs._____
748	Tab/Cap	Famotidine 20mg		500	Rs._____	Rs._____
749	Tab/Cap	Febuxostat 40mg		500	Rs._____	Rs._____
750	Tab/Cap	Febuxostat 80mg		500	Rs._____	Rs._____
751	Tab/Cap	Fenofibrate 200 mg		500	Rs._____	Rs._____
752	Tab/Cap	Fenofibrate 67 mg		500	Rs._____	Rs._____
753	Tab/Cap	Ferrous sulphate + folic acid		500	Rs._____	Rs._____
754	Tab/Cap	Ferrous sulphate + folic acid + vitamin a + b- complex		500	Rs._____	Rs._____
755	Tab/Cap	Ferrous sulphate + folic acid + vitamin c + b- complex		500	Rs._____	Rs._____
756	Tab/Cap	Ferrous sulphate 200mg		10000	Rs._____	Rs._____
757	Tab/Cap	Ferrous sulphate 525 (represent 105mg of elemental iron), folic acid 800mcg,vit c 500mg, b1 6mg,,b2 6mg, b6 5mg, b12 25mcg, nicotiamide 30 mg, calcium pantothenate 10mg		10000	Rs._____	Rs._____
758	Tab/Cap	Fexofenadine 120 mg		7500	Rs._____	Rs._____
759	Tab/Cap	Fexofenadine 180 mg		1000	Rs._____	Rs._____
760	Tab/Cap	Fexofenadine 60 mg		6000	Rs._____	Rs._____
761	Tab/Cap	Fexofenadine/pseudoephedrine 60 mg/12mg		1000	Rs._____	Rs._____
762	Tab/Cap	Finasteride 5mg		500	Rs._____	Rs._____
763	Tab/Cap	Flavoxate (hcl) 200mg		500	Rs._____	Rs._____
764	Tab/Cap	Flecainide 100 mg		500	Rs._____	Rs._____
765	Tab/Cap	Flecainide 50 mg		500	Rs._____	Rs._____
766	Tab/Cap	Fluconazole 150mg		5000	Rs._____	Rs._____
767	Tab/Cap	Fluconazole 200mg		1000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
768	Tab/Cap	Fluconazole 50mg		5000	Rs._____	Rs._____
769	Tab/Cap	fludrocortisone acetate 0.1mg		500	Rs._____	Rs._____
770	Tab/Cap	Flunarizine 5mg		500	Rs._____	Rs._____
771	Tab/Cap	Fluoxetine 20mg		1600	Rs._____	Rs._____
772	Tab/Cap	Flupenthixol 0.25 mg		500	Rs._____	Rs._____
773	Tab/Cap	Fluphenazine/nortriptyline 10/0.5 mg		500	Rs._____	Rs._____
774	Tab/Cap	Flurbiprofen 100mg		4000	Rs._____	Rs._____
775	Tab/Cap	FLUTAMIDA Tab 250mg		500	Rs._____	Rs._____
776	Tab/Cap	Fluvoxamine 100 mg		500	Rs._____	Rs._____
777	Tab/Cap	Folic acid 5mg		80000	Rs._____	Rs._____
778	Tab/Cap	Fosaprepitant		500	Rs._____	Rs._____
779	Tab/Cap	Fosfomycin calcium 500mg		1000	Rs._____	Rs._____
780	Tab/Cap	Fosinopril 10 mg		500	Rs._____	Rs._____
781	Tab/Cap	Furosemide 20mg		5000	Rs._____	Rs._____
782	Tab/Cap	Furosemide 40mg		5000	Rs._____	Rs._____
783	Tab/Cap	Gabapentins 100 mg		3000	Rs._____	Rs._____
784	Tab/Cap	Gabapentins 300 mg		3000	Rs._____	Rs._____
785	Tab/Cap	Gemfibrozil 600mg		500	Rs._____	Rs._____
786	Tab/Cap	Gemifloxacin 320mg		45	Rs._____	Rs._____
787	Tab/Cap	Glibenclamide 5mg		150	Rs._____	Rs._____
788	Tab/Cap	Glibenclamide+metformin 5mg/500mg		1000	Rs._____	Rs._____
789	Tab/Cap	Gliclazide 30mg		2000	Rs._____	Rs._____
790	Tab/Cap	Gliclazide 60mg		5000	Rs._____	Rs._____
791	Tab/Cap	Gliclazide 80mg		1000	Rs._____	Rs._____
792	Tab/Cap	Glimepiride 1 mg + metformine 500mg		1000	Rs._____	Rs._____
793	Tab/Cap	Glimepiride 1mg		1500	Rs._____	Rs._____
794	Tab/Cap	Glimepiride 2 mg + metformine 500mg		1000	Rs._____	Rs._____
795	Tab/Cap	Glimepiride 2mg		500	Rs._____	Rs._____
796	Tab/Cap	Glimepiride 3mg		500	Rs._____	Rs._____
797	Tab/Cap	Glimepiride 4mg		500	Rs._____	Rs._____
798	Tab/Cap	Glucosamine + chondroitin 500mg/400mg		500	Rs._____	Rs._____
799	Tab/Cap	Glyceryl trinitrate 0.5 mg		500	Rs._____	Rs._____
800	Tab/Cap	Glyceryl trinitrate 2.6mg		1000	Rs._____	Rs._____
801	Tab/Cap	Glyceryl trinitrate 6.4mg		5000	Rs._____	Rs._____
802	Tab/Cap	Haloperidol 0.5 mg		500	Rs._____	Rs._____
803	Tab/Cap	Haloperidol 10mg		500	Rs._____	Rs._____
804	Tab/Cap	Haloperidol 5mg		300	Rs._____	Rs._____
805	Tab/Cap	Honey lozenges		6000	Rs._____	Rs._____
806	Tab/Cap	Hydralazine 25 mg		10000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
807	Tab/Cap	Hydroxychloroquine 200mg		500	Rs._____	Rs._____
808	Tab/Cap	Hydroxyzine 10 mg		500	Rs._____	Rs._____
809	Tab/Cap	Hydroxyzine 25 mg		500	Rs._____	Rs._____
810	Tab/Cap	Hyoscine butylbromide 10 mg		500	Rs._____	Rs._____
811	Tab/Cap	Hyoscine butylbromide and paracetamol		2000	Rs._____	Rs._____
812	Tab/Cap	Ibandronate sodium 150mg		5	Rs._____	Rs._____
813	Tab/Cap	Ibuprofen 400 mg		15000	Rs._____	Rs._____
814	Tab/Cap	Imipramine 25 mg		500	Rs._____	Rs._____
815	Tab/Cap	Indapamide 1.25mg		400	Rs._____	Rs._____
816	Tab/Cap	Indapamide 2.5 mg		500	Rs._____	Rs._____
817	Tab/Cap	Indapamide SR 1.5mg/Amplodipine 10mg		500	Rs._____	Rs._____
818	Tab/Cap	Indapamide SR 1.5mg/Amplodipine 5mg		500	Rs._____	Rs._____
819	Tab/Cap	Indomethacin 25mg		1000	Rs._____	Rs._____
820	Tab/Cap	Irbesartan 150 mg		500	Rs._____	Rs._____
821	Tab/Cap	Irbesartan 300 mg		500	Rs._____	Rs._____
822	Tab/Cap	Irbesartan 300 mg/12.5mg		500	Rs._____	Rs._____
823	Tab/Cap	Irbesartan 75mg		500	Rs._____	Rs._____
824	Tab/Cap	Irbesartan/hctz 150/12.5 mg		500	Rs._____	Rs._____
825	Tab/Cap	Iron + folic acid 150mg/0.5mg		500	Rs._____	Rs._____
826	Tab/Cap	Iron poly maltose		10000	Rs._____	Rs._____
827	Tab/Cap	Iron, multivitamin, folic acid 150mg/50mg/0.5mg		500	Rs._____	Rs._____
828	Tab/Cap	Isosorbide (dinitrate) 10mg		2500	Rs._____	Rs._____
829	Tab/Cap	Isosorbide (mononitrate) 20mg		1000	Rs._____	Rs._____
830	Tab/Cap	Isosorbide (mononitrate) 40mg		1000	Rs._____	Rs._____
831	Tab/Cap	Isotretinoin 20mg		500	Rs._____	Rs._____
832	Tab/Cap	Isotretinoin10mg		500	Rs._____	Rs._____
833	Tab/Cap	Itopride 150mg		5000	Rs._____	Rs._____
834	Tab/Cap	Itopride 50mg		5300	Rs._____	Rs._____
835	Tab/Cap	Itraconazole 100mg		2000	Rs._____	Rs._____
836	Tab/Cap	Ivabradin 5 mg		500	Rs._____	Rs._____
837	Tab/Cap	Ivabradin 7.5 mg		500	Rs._____	Rs._____
838	Tab/Cap	Ivermectin 6mg		500	Rs._____	Rs._____
839	Tab/Cap	Ketoconazole 200mg		500	Rs._____	Rs._____
840	Tab/Cap	Labetalol 200mg		1000	Rs._____	Rs._____
841	Tab/Cap	Lacosamide 100 mg		500	Rs._____	Rs._____
842	Tab/Cap	Lacosamide 50 mg		500	Rs._____	Rs._____
843	Tab/Cap	Lamotrigene 100 mg		500	Rs._____	Rs._____
844	Tab/Cap	Lamotrigene 50 mg		500	Rs._____	Rs._____
845	Tab/Cap	Lamotrigene 25 mg		500	Rs._____	Rs._____
846	Tab/Cap	Lansoprazole 30mg		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
847	Tab/Cap	Leflunomide 10 mg		500	Rs._____	Rs._____
848	Tab/Cap	Leflunomide 20mg		500	Rs._____	Rs._____
849	Tab/Cap	Levetiracetam 250mg		3000	Rs._____	Rs._____
850	Tab/Cap	Levetiracetam 500mg		3000	Rs._____	Rs._____
851	Tab/Cap	Levocetirzine 5 mg		500	Rs._____	Rs._____
852	Tab/Cap	Levodopa/carbidopa 25/250 mg		500	Rs._____	Rs._____
853	Tab/Cap	Levofloxacin 250mg		6000	Rs._____	Rs._____
854	Tab/Cap	Levofloxacin 500mg		6000	Rs._____	Rs._____
855	Tab/Cap	Levofloxacin 750mg		1000	Rs._____	Rs._____
856	Tab/Cap	Levonorgestrel 0.75mg		500	Rs._____	Rs._____
857	Tab/Cap	Levonorgestrel 0.15mg + Ethinyl Estradiol 0.03mg		500	Rs._____	Rs._____
858	Tab/Cap	Levosulpiride 25mg		2000	Rs._____	Rs._____
859	Tab/Cap	Levothyroxin 25mcg		2000	Rs._____	Rs._____
860	Tab/Cap	Levothyroxin 50mcg		11000	Rs._____	Rs._____
861	Tab/Cap	Levothyroxin 75mcg		11000	Rs._____	Rs._____
862	Tab/Cap	Linezolid 600mg		2500	Rs._____	Rs._____
863	Tab/Cap	Lisinopril 10mg		1000	Rs._____	Rs._____
864	Tab/Cap	Lisinopril 20mg , Hydrochlorothiazide 12.5mg		1000	Rs._____	Rs._____
865	Tab/Cap	Lisinopril 5mg		1000	Rs._____	Rs._____
866	Tab/Cap	Lithium carbonate 200 mg		500	Rs._____	Rs._____
867	Tab/Cap	Loperamide 2mg		500	Rs._____	Rs._____
868	Tab/Cap	Loratidine 10mg		15000	Rs._____	Rs._____
869	Tab/Cap	Lorazepam 1mg		1000	Rs._____	Rs._____
870	Tab/Cap	Losartan 50mg.		2000	Rs._____	Rs._____
871	Tab/Cap	Losartan/hydrochloride 50mg/12.5mg.		1000	Rs._____	Rs._____
872	Tab/Cap	Lulipristl 30 mg		500	Rs._____	Rs._____
873	Tab/Cap	Magnesium sulphate 500mg		2000	Rs._____	Rs._____
874	Tab/Cap	Mebendazole 100 mg		1000	Rs._____	Rs._____
875	Tab/Cap	Mebeverine 135 mg		1000	Rs._____	Rs._____
876	Tab/Cap	Mebeverine 200mg		1000	Rs._____	Rs._____
877	Tab/Cap	Meclizine25mg + pyridoxine 50mg		1000	Rs._____	Rs._____
878	Tab/Cap	Mecobalamin 500mcg		6000	Rs._____	Rs._____
879	Tab/Cap	Mefenamic acid 250mg		8000	Rs._____	Rs._____
880	Tab/Cap	Mefenamic acid 500mg		30000	Rs._____	Rs._____
881	Tab/Cap	Meloxicam 15mg		5000	Rs._____	Rs._____
882	Tab/Cap	Meloxicam 7.5mg		12000	Rs._____	Rs._____
883	Tab/Cap	Mesalazine 400mg		1000	Rs._____	Rs._____
884	Tab/Cap	Mesalazine 800mg		500	Rs._____	Rs._____
885	Tab/Cap	Metalozone 5mg		500	Rs._____	Rs._____
886	Tab/Cap	Metaprolol 100 mg		1000	Rs._____	Rs._____
887	Tab/Cap	Metaprolol 25mg		10000	Rs._____	Rs._____



Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
888	Tab/Cap	Metformin 1000mg		1000	Rs. _____	Rs. _____
889	Tab/Cap	Metformin 250mg		4000	Rs. _____	Rs. _____
890	Tab/Cap	Metformin 500mg		20000	Rs. _____	Rs. _____
891	Tab/Cap	Metformin 850mg		1000	Rs. _____	Rs. _____
892	Tab/Cap	Methyldopa 250 mg		1000	Rs. _____	Rs. _____
893	Tab/Cap	Methyltetrahydrofolic Acid 600 mcg		1000	Rs. _____	Rs. _____
894	Tab/Cap	Metoclopramide 10mg		10000	Rs. _____	Rs. _____
895	Tab/Cap	Metoclopramide 6mg, bromelain 36.7mg, enteric coating simethicone inner core (pancreatin 4nf) 150mg, sodium dehydrocholate 50mg		500	Rs. _____	Rs. _____
896	Tab/Cap	Metopine 2.75mg, L-lysine 250mg, DL-Carnitine 375mg, Vitamin B1 30mg, Vitamin B6 30mg, Vitamin B12 1000mcg		500	Rs. _____	Rs. _____
897	Tab/Cap	Metoprolol 100mg		1000	Rs. _____	Rs. _____
898	Tab/Cap	Metoprolol 50mg		1000	Rs. _____	Rs. _____
899	Tab/Cap	Metronidazole 200mg		1000	Rs. _____	Rs. _____
900	Tab/Cap	Metronidazole 200mg + diloxamide furoate 250mg		1000	Rs. _____	Rs. _____
901	Tab/Cap	Metronidazole 400mg		40000	Rs. _____	Rs. _____
902	Tab/Cap	Metronidazole 400mg + diloxamide furoate 500mg		1000	Rs. _____	Rs. _____
903	Tab/Cap	Midazolam 7.5mg		3000	Rs. _____	Rs. _____
904	Tab/Cap	Minocycline		500	Rs. _____	Rs. _____
905	Tab/Cap	Mirabegron 25mg		500	Rs. _____	Rs. _____
906	Tab/Cap	Mirabegron 50mg		500	Rs. _____	Rs. _____
907	Tab/Cap	Misoprostol 200 mcg		6000	Rs. _____	Rs. _____
908	Tab/Cap	Montelukast sodium 10 mg		10000	Rs. _____	Rs. _____
909	Tab/Cap	Montelukast sodium 4 mg		150	Rs. _____	Rs. _____
910	Tab/Cap	Montelukast sodium 4mg (sachet)		2500	Rs. _____	Rs. _____
911	Tab/Cap	Montelukast sodium 5 mg		2500	Rs. _____	Rs. _____
912	Tab/Cap	Morphine 10mg		100	Rs. _____	Rs. _____
913	Tab/Cap	Morphine 30mg		100	Rs. _____	Rs. _____
914	Tab/Cap	Moxifloxacin 400mg		3000	Rs. _____	Rs. _____
915	Tab/Cap	Multivitamin with mineral		1000	Rs. _____	Rs. _____
916	Tab/Cap	Mycophenolate mofetil 500mg		51000	Rs. _____	Rs. _____
917	Tab/Cap	Mycophenolate sodium salt 180mg		500	Rs. _____	Rs. _____
918	Tab/Cap	Mycophenolate sodium salt 360mg		42000	Rs. _____	Rs. _____
919	Tab/Cap	Naproxen sodium 250mg		3500	Rs. _____	Rs. _____
920	Tab/Cap	Naproxen sodium 500mg		8200	Rs. _____	Rs. _____
921	Tab/Cap	Naproxen sodium 550mg		500	Rs. _____	Rs. _____
922	Tab/Cap	Nebilvalol 5 mg		500	Rs. _____	Rs. _____
923	Tab/Cap	Nicorandil 10mg		500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
924	Tab/Cap	Nicorandil 20mg		500	Rs. _____	Rs. _____
925	Tab/Cap	Nicotinamide 100mg, Vitamin B2 15mg, Thiamine HCl Vitamin B1 5mg, Vitamin E 30IU, Zinc Oxide 22.5mg, Ascorbic Acid 500mg, Cyanocobalamin 12mcg, Folic Acid 150mcg, Pyridoxine 20mg		500	Rs. _____	Rs. _____
926	Tab/Cap	Nicotine 2mg		500	Rs. _____	Rs. _____
927	Tab/Cap	Nicotine 4mg		500	Rs. _____	Rs. _____
928	Tab/Cap	Nicotinic Acid 13.5mg, Vitamin A 2500IU, Vitamin B2 1.2mg, Vitamin B 1.05mg, Vitamin E 15IU, Ascorbic Acid 60mg, Calciferol 400IU, Cyanocobalamin 4.5mcg, Folinic Acid 300mcg, Pyridoxine 1.05mg		1000	Rs. _____	Rs. _____
929	Tab/Cap	Nicotinic Acid 36mg, Vitamin B2 3.2mg, Vitamin B1 2.8mg, Biotin 0.15mg, Cyanocobalamin 2mcg, Folic Acid 400mcg, Pyridoxine 4mg, Inositol 10mg, Pantothenic Acid 12mg		1000	Rs. _____	Rs. _____
930	Tab/Cap	Nifedipine 20 mg		10000	Rs. _____	Rs. _____
931	Tab/Cap	Nifedipine 30 mg		10000	Rs. _____	Rs. _____
932	Tab/Cap	Nimodipine 30 mg		10000	Rs. _____	Rs. _____
933	Tab/Cap	Nimsulide 100mg		10000	Rs. _____	Rs. _____
934	Tab/Cap	Nitazoxanide 500 mg		500	Rs. _____	Rs. _____
935	Tab/Cap	Nitrazepam 5mg		500	Rs. _____	Rs. _____
936	Tab/Cap	Nitrofurantoin		500	Rs. _____	Rs. _____
937	Tab/Cap	Norethisterone 5mg		500	Rs. _____	Rs. _____
938	Tab/Cap	Oessin/Vitamin D		30000	Rs. _____	Rs. _____
939	Tab/Cap	Oestrogen conjugated 0.3mg		500	Rs. _____	Rs. _____
940	Tab/Cap	Ofloxacin 200mg		1100	Rs. _____	Rs. _____
941	Tab/Cap	Olanzapine 10mg		500	Rs. _____	Rs. _____
942	Tab/Cap	Olanzapine 5 mg		500	Rs. _____	Rs. _____
943	Tab/Cap	Olmesartan medoxomil 10mg		500	Rs. _____	Rs. _____
944	Tab/Cap	Olmesartan medoxomil 40mg		500	Rs. _____	Rs. _____
945	Tab/Cap	Olmesartan medoxomil 5mg		500	Rs. _____	Rs. _____
946	Tab/Cap	Olmesartan medoxomil 20mg		500	Rs. _____	Rs. _____
947	Tab/Cap	Omeprazole 20mg		22000	Rs. _____	Rs. _____
948	Tab/Cap	Omeprazole 40mg		32000	Rs. _____	Rs. _____
949	Tab/Cap	Orphenadrine 35mg + paracetamol 450mg		15000	Rs. _____	Rs. _____
950	Tab/Cap	Orphenadrine 50mg + paracetamol 650mg		60000	Rs. _____	Rs. _____
951	Tab/Cap	Oseltamavir 75mg		500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
952	Tab/Cap	Oxybutynine 50mg		500	Rs. _____	Rs. _____
953	Tab/Cap	Oxymetholone 50 mg		500	Rs. _____	Rs. _____
954	Tab/Cap	Pancrealipase 10000 iu		500	Rs. _____	Rs. _____
955	Tab/Cap	Pantoprazole 40mg		4500	Rs. _____	Rs. _____
956	Tab/Cap	Paracetamol 500mg		175000	Rs. _____	Rs. _____
957	Tab/Cap	Paracetamol caffiene 500mg		10000	Rs. _____	Rs. _____
958	Tab/Cap	Parazosin 1mg		500	Rs. _____	Rs. _____
959	Tab/Cap	Parazosin 2 mg		500	Rs. _____	Rs. _____
960	Tab/Cap	Paroxetine 25 mg		500	Rs. _____	Rs. _____
961	Tab/Cap	Paroxetine 12.5 mg		500	Rs. _____	Rs. _____
962	Tab/Cap	Paroxetine 20mg		500	Rs. _____	Rs. _____
963	Tab/Cap	Penicillin v		500	Rs. _____	Rs. _____
964	Tab/Cap	Perindopril 2mg		500	Rs. _____	Rs. _____
965	Tab/Cap	Perindopril 4mg		500	Rs. _____	Rs. _____
966	Tab/Cap	Perindopril 8mg		500	Rs. _____	Rs. _____
967	Tab/Cap	Perindopril/Amplodipine 4mg/10mg		500	Rs. _____	Rs. _____
968	Tab/Cap	Perindopril/Amplodipine 4mg/5mg		500	Rs. _____	Rs. _____
969	Tab/Cap	Perindopril/Amplodipine 8mg/10mg		500	Rs. _____	Rs. _____
970	Tab/Cap	Perindopril/Amplodipine 8mg/5mg		500	Rs. _____	Rs. _____
971	Tab/Cap	Perindopril/indapamide 2mg/0.625mg		500	Rs. _____	Rs. _____
972	Tab/Cap	Perindopril/indapamide 5mg/1.25mg		500	Rs. _____	Rs. _____
973	Tab/Cap	Pheniramine 25mg		500	Rs. _____	Rs. _____
974	Tab/Cap	Phenobarbital 30 mg		500	Rs. _____	Rs. _____
975	Tab/Cap	Phenytoin 300 mg		500	Rs. _____	Rs. _____
976	Tab/Cap	Phloroglucinol/trimethylephlorogluci no 80mg		500	Rs. _____	Rs. _____
977	Tab/Cap	Pioglitazone 15mg		500	Rs. _____	Rs. _____
978	Tab/Cap	Pioglitazone 30 mg		500	Rs. _____	Rs. _____
979	Tab/Cap	Pipedemic Acid 400 mg		1500	Rs. _____	Rs. _____
980	Tab/Cap	Pirfenidone 200 mg		500	Rs. _____	Rs. _____
981	Tab/Cap	Piribedil 50mg		500	Rs. _____	Rs. _____
982	Tab/Cap	Piroxicam 20mg		5000	Rs. _____	Rs. _____
983	Tab/Cap	Piroxicam beta cyclodextrin 20mg		500	Rs. _____	Rs. _____
984	Tab/Cap	Potassium chloride		12000	Rs. _____	Rs. _____
985	Tab/Cap	Prednisolone 5mg		75000	Rs. _____	Rs. _____
986	Tab/Cap	Prednisolone 5mg ( enteric coated )		100000	Rs. _____	Rs. _____
987	Tab/Cap	Pregabalin 150mg		500	Rs. _____	Rs. _____
988	Tab/Cap	Pregabalin 25mg		500	Rs. _____	Rs. _____
989	Tab/Cap	Pregabalin 50mg		7000	Rs. _____	Rs. _____
990	Tab/Cap	Pregabalin 75mg		10000	Rs. _____	Rs. _____
991	Tab/Cap	Procainamide 250 mg		500	Rs. _____	Rs. _____
992	Tab/Cap	Prochlorperazine 5 mg		500	Rs. _____	Rs. _____
993	Tab/Cap	Procyclidine 5mg		1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
994	Tab/Cap	Propyl thiouracil 50mg		500	Rs._____	Rs._____
995	Tab/Cap	Prothiadin 25 mg		1500	Rs._____	Rs._____
996	Tab/Cap	Prothiadin 75 mg		1500	Rs._____	Rs._____
997	Tab/Cap	Pyrantel pamoate		500	Rs._____	Rs._____
998	Tab/Cap	Pyridostigmine 60mg		500	Rs._____	Rs._____
999	Tab/Cap	Pyridoxine 50 mg		500	Rs._____	Rs._____
1000	Tab/Cap	PYRIMETHAMINE tablet 25mg		500	Rs._____	Rs._____
1001	Tab/Cap	Quetiapine 100mg		500	Rs._____	Rs._____
1002	Tab/Cap	Quetiapine 25mg		500	Rs._____	Rs._____
1003	Tab/Cap	Raloxifene 60 mg		500	Rs._____	Rs._____
1004	Tab/Cap	Ramipril 10mg		1000	Rs._____	Rs._____
1005	Tab/Cap	Ramipril 2.5mg		1500	Rs._____	Rs._____
1006	Tab/Cap	Ramipril 5mg		1500	Rs._____	Rs._____
1007	Tab/Cap	Ranitidine 150 mg		10000	Rs._____	Rs._____
1008	Tab/Cap	Ranolazine 500 mg		500	Rs._____	Rs._____
1009	Tab/Cap	Retinol (Vitamin A) 4000 IU, Betacarotene 1000 IU, Colecalciferol (Vit.D) 400 IU, Tocopherol (Vitamin E) 30 IU, Ascorbic Acid (Vitamin C) 90 mg, Thiamine mononitrate (Vitamin B1) 3 mg, Riboflavin (Vitamin B2) 3.4mg, Pyridoxine hydrochloride (Vitamin B6) 3mg, Cyanocobalamin (Vitamin B12), Folic Acid 0.4mg, Biotin (Vitamin H) 30mcg, Pantothenic acid 10mg, Phosphorus 31mg, Iodine 150mcg, Magnesium 100mg, Copper 2mg, Zinc 15mg, Manganese 5mg, Selenium 10mcg, Molybdenum 15mcg, Chromium 15mcg, Potassium 7.5mg, Chloride 7.5mg.		1000	Rs._____	Rs._____
1010	Tab/Cap	Rifaximin 200 mg.		500	Rs._____	Rs._____
1011	Tab/Cap	Rifaximin 550 mg.		10000	Rs._____	Rs._____
1012	Tab/Cap	Risperidone 1mg		500	Rs._____	Rs._____
1013	Tab/Cap	Risperidone 2mg		500	Rs._____	Rs._____
1014	Tab/Cap	Risperidone 3mg		500	Rs._____	Rs._____
1015	Tab/Cap	Risperidone 4mg		500	Rs._____	Rs._____
1016	Tab/Cap	Rivaroxaban 10mg		500	Rs._____	Rs._____
1017	Tab/Cap	Rivaroxaban 20 mg		500	Rs._____	Rs._____
1018	Tab/Cap	Rivastigmine 3mg		500	Rs._____	Rs._____
1019	Tab/Cap	Rivastigmine 6mg		500	Rs._____	Rs._____
1020	Tab/Cap	Ropinrole 0.25mg		500	Rs._____	Rs._____
1021	Tab/Cap	Ropinrole 1mg		500	Rs._____	Rs._____
1022	Tab/Cap	Ropinrole 2mg		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1023	Tab/Cap	Rosuvastatins 10mg		10000	Rs._____	Rs._____
1024	Tab/Cap	Rosuvastatins 20mg		5000	Rs._____	Rs._____
1025	Tab/Cap	Rosuvastatins 5mg		2000	Rs._____	Rs._____
1026	Tab/Cap	Sacubitril , valsartan 100mg		500	Rs._____	Rs._____
1027	Tab/Cap	Salbutamol 2mg		500	Rs._____	Rs._____
1028	Tab/Cap	Salbutamol 4mg		500	Rs._____	Rs._____
1029	Tab/Cap	Secnidazole		500	Rs._____	Rs._____
1030	Tab/Cap	Senna		500	Rs._____	Rs._____
1031	Tab/Cap	Serratiopeptidase 10mg		15000	Rs._____	Rs._____
1032	Tab/Cap	Serratiopeptidase 5mg		5000	Rs._____	Rs._____
1033	Tab/Cap	Sertaline 50 mg		3000	Rs._____	Rs._____
1034	Tab/Cap	Sertraline 100mg		3000	Rs._____	Rs._____
1035	Tab/Cap	Sevelamer 400mg		1000	Rs._____	Rs._____
1036	Tab/Cap	Sevelamer 800mg		1000	Rs._____	Rs._____
1037	Tab/Cap	Sildenafil 100 mg		200	Rs._____	Rs._____
1038	Tab/Cap	Silymarin 200 mg		500	Rs._____	Rs._____
1039	Tab/Cap	Simvastatin 10 mg		1000	Rs._____	Rs._____
1040	Tab/Cap	Simvastatin 20 mg		1000	Rs._____	Rs._____
1041	Tab/Cap	Sirolimus 1mg		500	Rs._____	Rs._____
1042	Tab/Cap	Sirolimus 2mg		500	Rs._____	Rs._____
1043	Tab/Cap	Sitagliptins + metformin 50mg/1000mg		4000	Rs._____	Rs._____
1044	Tab/Cap	Sitagliptins + metformin 50mg/500mg		5000	Rs._____	Rs._____
1045	Tab/Cap	Sitagliptins 100mg		1000	Rs._____	Rs._____
1046	Tab/Cap	Sitagliptins 50mg		2000	Rs._____	Rs._____
1047	Tab/Cap	Sodium bicarbonate 300mg		20000	Rs._____	Rs._____
1048	Tab/Cap	Sodium fusidate 250 mg		500	Rs._____	Rs._____
1049	Tab/Cap	Sofosbuvir 400mg		500	Rs._____	Rs._____
1050	Tab/Cap	Solifenacin + tamsulosin 5mg/0.4mg		1000	Rs._____	Rs._____
1051	Tab/Cap	Solifenacin 5mg		1000	Rs._____	Rs._____
1052	Tab/Cap	Solifenacin 10mg		1000	Rs._____	Rs._____
1053	Tab/Cap	Spironolactone 100mg		3000	Rs._____	Rs._____
1054	Tab/Cap	Spironolactone 25mg		1000	Rs._____	Rs._____
1055	Tab/Cap	Spironolactone + furosemide 20/50mg		4000	Rs._____	Rs._____
1056	Tab/Cap	Spironolactone + furosemide 40/50mg		4000	Rs._____	Rs._____
1057	Tab/Cap	Spironolactone + hydrochlorothiazide 25/25 mg		500	Rs._____	Rs._____
1058	Tab/Cap	Sucralfate 1gm		1000	Rs._____	Rs._____
1059	Tab/Cap	Sucralfate 500 mg		1000	Rs._____	Rs._____
1060	Tab/Cap	Sulfamethoxazole and trimethoprim		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1061	Tab/Cap	Sulfamethoxazole and trimethoprim ( double strength )		500	Rs._____	Rs._____
1062	Tab/Cap	Sulphasalazine 100mg		500	Rs._____	Rs._____
1063	Tab/Cap	Sumatriptan succinate 50 mg		500	Rs._____	Rs._____
1064	Tab/Cap	Tacrolimus 0.5mg		30000	Rs._____	Rs._____
1065	Tab/Cap	Tacrolimus 1mg		30000	Rs._____	Rs._____
1066	Tab/Cap	Tacrolimus Extended Release		30000	Rs._____	Rs._____
1067	Tab/Cap	Tamazepam 10 mg		500	Rs._____	Rs._____
1068	Tab/Cap	Tamsulosin 0.4mg		8000	Rs._____	Rs._____
1069	Tab/Cap	Telmisartan 40 mg		500	Rs._____	Rs._____
1070	Tab/Cap	Telmisartan 80 mg		500	Rs._____	Rs._____
1071	Tab/Cap	Tenofovir 300mg		1000	Rs._____	Rs._____
1072	Tab/Cap	Terazosin 2mg		500	Rs._____	Rs._____
1073	Tab/Cap	Terbinafine 125mg		500	Rs._____	Rs._____
1074	Tab/Cap	Terbinafine 250mg		500	Rs._____	Rs._____
1075	Tab/Cap	Terbutaline 2.5mg		1000	Rs._____	Rs._____
1076	Tab/Cap	Theophylline 300mg		1000	Rs._____	Rs._____
1077	Tab/Cap	Theophylline 150 mg		1500	Rs._____	Rs._____
1078	Tab/Cap	Thyroxin 50mcg		12000	Rs._____	Rs._____
1079	Tab/Cap	Tianeptine 12.5mg		1000	Rs._____	Rs._____
1080	Tab/Cap	Tibolone 2.5 mg		500	Rs._____	Rs._____
1081	Tab/Cap	Ticagrelor 90mg		500	Rs._____	Rs._____
1082	Tab/Cap	Tinidazole 500 mg		500	Rs._____	Rs._____
1083	Tab/Cap	Tizanidine 2mg		10000	Rs._____	Rs._____
1084	Tab/Cap	Tolbuterol 1 mg		2000	Rs._____	Rs._____
1085	Tab/Cap	Tolbuterol 2 mg		2000	Rs._____	Rs._____
1086	Tab/Cap	Tolterodine 2mg		1500	Rs._____	Rs._____
1087	Tab/Cap	Topiramate 100mg		1000	Rs._____	Rs._____
1088	Tab/Cap	Topiramate 25mg		3000	Rs._____	Rs._____
1089	Tab/Cap	Topiramate 50mg		500	Rs._____	Rs._____
1090	Tab/Cap	Tramadol + paracetamol 37.5mg/325mg		1000	Rs._____	Rs._____
1091	Tab/Cap	Tramadol 50mg		5000	Rs._____	Rs._____
1092	Tab/Cap	Tramadol sr 100mg		3000	Rs._____	Rs._____
1093	Tab/Cap	Tranexamic acid 250mg		3000	Rs._____	Rs._____
1094	Tab/Cap	Tranexamic acid 500mg		7000	Rs._____	Rs._____
1095	Tab/Cap	Trifluoperazine 5 mg		500	Rs._____	Rs._____
1096	Tab/Cap	Trihexyphenidyl 2mg		500	Rs._____	Rs._____
1097	Tab/Cap	Trimetadazine mr 35mg		500	Rs._____	Rs._____
1098	Tab/Cap	Trimetazidine 20 mg		500	Rs._____	Rs._____
1099	Tab/Cap	Trimetazidine 35 mg		500	Rs._____	Rs._____
1100	Tab/Cap	Ursodeoxycholic acid 250 mg		1000	Rs._____	Rs._____
1101	Tab/Cap	Ursodeoxycholic acid 500mg		1000	Rs._____	Rs._____
1102	Tab/Cap	Valacyclovir 500 mg		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1103	Tab/Cap	Valgancyclovir 450mg		7000	Rs._____	Rs._____
1104	Tab/Cap	Valproate/divalproex 250mg		2000	Rs._____	Rs._____
1105	Tab/Cap	Valproate/divalproex 500mg		2000	Rs._____	Rs._____
1106	Tab/Cap	Valproate/divalproex cr 500mg		1000	Rs._____	Rs._____
1107	Tab/Cap	Valsartan 160mg		500	Rs._____	Rs._____
1108	Tab/Cap	Valsartan 160mg , Hydrochlorothiazide 25mg		1000	Rs._____	Rs._____
1109	Tab/Cap	Valsartan 80mg		1000	Rs._____	Rs._____
1110	Tab/Cap	Valsartan 80mg, Hydrochlorothiazide 12.5mg		1000	Rs._____	Rs._____
1111	Tab/Cap	Amlodipine 5mg, Valsartan 160mg , Hydrochlorothiazide 12.5mg		1000	Rs._____	Rs._____
1112	Tab/Cap	Venlafaxine 37.5 mg		500	Rs._____	Rs._____
1113	Tab/Cap	Venlafaxine 75 mg		500	Rs._____	Rs._____
1114	Tab/Cap	Verapamil 240mg		1000	Rs._____	Rs._____
1115	Tab/Cap	Verapamil 40mg		2000	Rs._____	Rs._____
1116	Tab/Cap	Verapamil 80mg		300	Rs._____	Rs._____
1117	Tab/Cap	Vigabatrin 500 mg		500	Rs._____	Rs._____
1118	Tab/Cap	Vildagliptins + metformin 50mg/1000mg		500	Rs._____	Rs._____
1119	Tab/Cap	Vildagliptins + metformin 50mg/850mg		1000	Rs._____	Rs._____
1120	Tab/Cap	Vildagliptins 50mg		3000	Rs._____	Rs._____
1121	Tab/Cap	Vimtain B complex		1000	Rs._____	Rs._____
1122	Tab/Cap	Vitamin (b1, b6, b12)		15000	Rs._____	Rs._____
1123	Tab/Cap	Vitamin A, Vitamin C, Vitamin E, Vitamin D, Vitamin B.complex , Calcium, Magnesium, Ferrous, Copper, Zinc, Iodine, Manganese		2000	Rs._____	Rs._____
1124	Tab/Cap	Vitamin b and C		1000	Rs._____	Rs._____
1125	Tab/Cap	Vitamin C 750mg, Nicotinamide 100mg, Vitamin E 30IU, Calcium pantothenate 20mg, Vitamin B1 15mg, Vitamin B2 10mg, Vitamin B6 5mg, Vitamin B12 4mcg, Folic Acid 150mcg		1000	Rs._____	Rs._____
1126	Tab/Cap	Vitamin D3 200000IU		1000	Rs._____	Rs._____
1127	Tab/Cap	Vitamin D3 800IU, Calcium 600mg		1000	Rs._____	Rs._____
1128	Tab/Cap	Vitamin e 200mg		5000	Rs._____	Rs._____
1129	Tab/Cap	Vitamin e 400mg		10000	Rs._____	Rs._____
1130	Tab/Cap	Vitamin multi (ascorbic acid / biotins) 60mg/0.15mg		1000	Rs._____	Rs._____
1131	Tab/Cap	Vitmain E,C and zinc		1000	Rs._____	Rs._____
1132	Tab/Cap	Voriconazole 200mg		500	Rs._____	Rs._____
1133	Tab/Cap	Warfarin 1mg		1000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1134	Tab/Cap	Warfarin 5mg		2000	Rs._____	Rs._____
1135	Tab/Cap	Zinc 22.5mg, Vitamin E 30IU, Vitamin C 500mg, Folic acid 150mcg, Vitamin B1 15mg, Vitamin B2 15mg, Nicotinamide 100mg, Vitamin b6 20mg, Vitamin b12 12mcg, Pantothenic Acid 20mg		1000	Rs._____	Rs._____
1136	Tab/Cap	Zingiber officinale sp + vitamin b6 (pyridoxine)		500	Rs._____	Rs._____
1137	Tab/Cap	Zolmitriptan 2.5 mg		500	Rs._____	Rs._____
1138	Tab/Cap	Zolpidem hemitartrate 10 mg		500	Rs._____	Rs._____
1139	Tab/Cap	Zuclopenthixol 10 mg		500	Rs._____	Rs._____
1140	Tab/Cap	Zuclopenthixol 2 mg		500	Rs._____	Rs._____
1141	Tab/Cap	Zuclopenthixol 5 mg		500	Rs._____	Rs._____

### POWDERS / GRANULES

1142	Powder	Acetylcysteine 200mg		1000	Rs._____	Rs._____
1143	Powder	ACTIVATED CHARCOAL		50	Rs._____	Rs._____
1144	Powder	Bacitracin, Neomycin		100	Rs._____	Rs._____
1145	Powder	Dioctahydral Smectite		10000	Rs._____	Rs._____
1146	Powder	Fosfomycin Calcium 3GM/SACHET		1500	Rs._____	Rs._____
1147	Powder	Ispaghul or equivalent		5000	Rs._____	Rs._____
1148	Powder	Lactobacillus Acidophilus, Bifidobacterium Lactis 1gm		1000	Rs._____	Rs._____
1149	Powder	L-ornithine L-aspartate GRANULES 5 GM		1000	Rs._____	Rs._____
1150	Powder	Omeprazole + Sodium Bicarbonate		20000	Rs._____	Rs._____
1151	Powder	Oral rehydration Salt		10000	Rs._____	Rs._____
1152	Powder	Polyethylene glycol Powder		1000	Rs._____	Rs._____
1153	Powder	RICE BASED ORS		5000	Rs._____	Rs._____
1154	Oral	Sodium polystyrene sulfonate		100	Rs._____	Rs._____
1155	Powder	Sodiumbicarbonate, Citric Acid 5gm		6000	Rs._____	Rs._____
1156	Powder	STRONTIUM RANELATE 2GM/SACH		2000	Rs._____	Rs._____



## NUTRITION SUPPLIMENTS

1157	Powder	Beneprotein 227gm or Equivalent		300	Rs. _____	Rs. _____
1158	Powder	Ensure Supplement 400gm or Equivalent		2000	Rs. _____	Rs. _____
1159	Powder	Glucerna Supplement 400gm or Equivalent		2000	Rs. _____	Rs. _____
1160	Powder	Isocal Supplement 425gm or Equivalent		200	Rs. _____	Rs. _____
1161	Powder	PediaSure Triplesure 400gm or Equivalent		50	Rs. _____	Rs. _____
1162	Powder	Peptamine 400gm or Equivalent		50	Rs. _____	Rs. _____
1163	Powder	Alanine 0.655g, Arginine 0.695g, Aspartic Acid 0.43 g, Carnitine 25mg, Glutamic Acid 0.855g, Glycine 1.68 g, Histidine 0.235 g, Isoleucine 1.76 g, Leucine 2.03 g, Lysine 0.42g, Methionine 0.06g, Phenylalanine 0.16g, Proline 0.98g, Serine 0.215g, Threonine 0.29g, Tyrosine 0.04g, Tryptophan 0.08g, Valine 1.635 g, Vitamin A 139.8mcg, Vitamin A 139.8mcg, Vitamin D 1.165mcg, Vitamin B1 0.086mg, Vitamin B2 0.155mg, Vitamin B6 0.2015mg, Vitamin B12 0.5mcg, Viatmin C 7.24mg, Vitamin E 9.86mg, Folic Acid 0.5mg, Pantothenic Acid 1.09mg, Nicotinic Acid 1.4mg, Biotin 25mcg, Choline 5.05mg, Potassium 162mg, Calcium 69mg, Magnesium 20.2mg, Chloride 218.9mg, Phosphorus 83.75mg, Iron 1.315mg, Zinc 5mg, Copper 141mcg, Iodine 9.55mcg, Manganese 0.175mg		200	Rs. _____	Rs. _____
1164	inj.	Aminoacetic acid 9g, L-alanine 7.5g, L-arginine HCl 7.3g, L-arginine 6g, L-cysteine HCl monohydrate 0.4g, L-cysteine 0.3g, L-histidine HCl monohydrate 3.2g, L-histidine 2.4g, L-isoleucine 9g, L-leucine 11g, L-Lysine HCl 7.6g, L-lysine 6.1 g, L-methionine 1g, L-phenylalanine 1g, L-proline 8g, L-serine 5g, L-threonine 4.5g, L-tryptophan 0.7g, L-valine 8.4g		200	Rs. _____	Rs. _____
1165	Powder	Nepro High protein or equivalent		500	Rs. _____	Rs. _____
1166	Powder	Nepro Low Protein or equivalent		500	Rs. _____	Rs. _____
1167	Powder	Nutritionally complete, milk-based, iron-fortified infant formula		1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
<b>LIQUID DOSAGE FORMS</b>						
1168	Syp	Acefylline/diphenhydramine 45/8mg		1500	Rs._____	Rs._____
1169	SUSP	Aluminium hydroxide and Magnesium hydroxide + Oxethazaine		500	Rs._____	Rs._____
1170	Susp	Aluminium hydroxide, magnesium hydroxide, simethicone 120ml		500	Rs._____	Rs._____
1171	Syp	Aminophylline, Ammonium Chloride Containing Expectorants		500	Rs._____	Rs._____
1172	Syp	Ammonium Chloride 30mg, Menthol 0.98mg, Diphenhydramine 8mg, Aminophylline 32mg		3000	Rs._____	Rs._____
1173	Syp	Ammonium Chloride 30mg, Menthol 0.98mg, Diphenhydramine 8mg, Aminophylline 32mg sugar free		1500	Rs._____	Rs._____
1174	Syp	Amoxicillin 125mg / 5ml		200	Rs._____	Rs._____
1175	Syp	Amoxicillin 250mg / 5ml		200	Rs._____	Rs._____
1176	Syp	Artimether + Lumefantrine 15/90mg/60ml		200	Rs._____	Rs._____
1177	Syp	Azithromycin 200mg/5ml		500	Rs._____	Rs._____
1178	SYP	Calcium Pantothenate		500	Rs._____	Rs._____
1179	Syp	Carbamazepine 100mg/5ml		200	Rs._____	Rs._____
1180	SYP	CEEPHALEXIN 250MG/5ML		200	Rs._____	Rs._____
1181	Syp	Cefaclor Monohydrate 125mg/5ml		100	Rs._____	Rs._____
1182	Drop	Cefaclor Monohydrate 50mg/ml		100	Rs._____	Rs._____
1183	Syp	Cefixime 100mg/5ml 60ml		500	Rs._____	Rs._____
1184	Syp	Cefixime 200mg/5ml 60ml		500	Rs._____	Rs._____
1185	SYP	CEFPODOXIME 40mg/5ml		200	Rs._____	Rs._____
1186	Susp	Cephradine 125mg. 60ml		100	Rs._____	Rs._____
1187	Susp	Cephradine 250mg 60 ml.		100	Rs._____	Rs._____
1188	Syp	Cetirizine 5mg/5ml		1000	Rs._____	Rs._____
1189	SYP	Chloroquine Sulphate 68MG/5ML		200	Rs._____	Rs._____
1190	Syp	Chlorpheniramine + Pseudoephedrine		200	Rs._____	Rs._____
1191	SYP	CIPROFLOXACIN		200	Rs._____	Rs._____
1192	Syp	Ciprofloxacin 125mg/5ml 60ml Bottle		300	Rs._____	Rs._____
1193	Syp	Ciprofloxacin 250mg/5ml 60ml Bottle		300	Rs._____	Rs._____
1194	Syp	Clarithromycin 125mg/5ml		300	Rs._____	Rs._____
1195	Syp	Clavulanic Acid + Amoxicillin 60ml (156.25mg/5ml)		500	Rs._____	Rs._____
1196	Syp	Clavulanic Acid + Amoxicillin 60ml (312.5mg/5ml)		500	Rs._____	Rs._____
1197	Syp	Clavulanic Acid + Amoxicillin 457mg/5ml 70ml		500	Rs._____	Rs._____
1198		Colonoscopy Solution		1000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1199	Susp	Cream of Magnesia with Liquid Paraffin Emulsion 120ml (Laxative)		500	Rs._____	Rs._____
1200	Syp	Cyclosporin 100mg/ml		10	Rs._____	Rs._____
1201	SYP	Cyproheptadine orotate 1.5 mg, Carnitine HCL 150 mg, Lysine HCL 150 mg, Vitamin B1 10 mg, Vitamin B6 10 mg, ...		500	Rs._____	Rs._____
1202	Syp	Dextromethorphan hydrobromide 6.25mg, Diphenhydramine hydrochloride 5mg		300	Rs._____	Rs._____
1203	Syp	Dimenhydrinate 12.5mg/4ml		300	Rs._____	Rs._____
1204	Syp	Diphenhydramin 8mg + Aminophylline 32gm + Amm. Chloride 30mg + Menthol 0.98mg/120ml		300	Rs._____	Rs._____
1205	Syp	Diphenhydramine 8mg,Aminophylline 3 2mg, Ammonium Chloride 30mg, Menthol 0.98mg		1500	Rs._____	Rs._____
1206	LIQ	DISODIUM HYDROGEN CITRATE 120 ML		200	Rs._____	Rs._____
1207	Syp	Domperidone 1mg/ml		1500	Rs._____	Rs._____
1208	SYP	Famotidine 10mg/5ml		200	Rs._____	Rs._____
1209	SYP	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		200	Rs._____	Rs._____
1210	SYP	Hyoscine butylbromide 5MG/5ML		500	Rs._____	Rs._____
1211	Syp	Ibuprofen 100mg/5ml / 90ml		2000	Rs._____	Rs._____
1212	Syp	Ibuprofen+Pseudoephidrine 60ml		1000	Rs._____	Rs._____
1213	Syp	Iron (Ferrous sulphate, Vit C, B1, B2, B6, B12)		300	Rs._____	Rs._____
1214	SYP	IRON POLY MALTOSE		300	Rs._____	Rs._____
1215	Syp	Iron With Vitamin B Complex Preps		300	Rs._____	Rs._____
1216	Syp	Ketotifen 60ml		500	Rs._____	Rs._____
1217	Syp	Lactulose 3.35g/5ml / 120ml Bottle		10000	Rs._____	Rs._____
1218	Syp	Loratidine 5mg / 5ml		500	Rs._____	Rs._____
1219	Syp	L-Ornithine L-Aspartate 120ml		300	Rs._____	Rs._____
1220	SYP	MEBENDAZOLE 50MG/ML		500	Rs._____	Rs._____
1221	SYP	MEFENAMIC ACID 50MG/5ML		500	Rs._____	Rs._____
1222	SYP	Metopine 2.75mg, L-lysine 250mg, DL-Carnitine 375mg, Vitamin B1 30mg, Vitamin B6 30mg, Vitamin B12 1000mcg		500	Rs._____	Rs._____
1223	Syp	Metronidazole + Diloxamide Furoate 90ml		300	Rs._____	Rs._____
1224	SYP	Metronidazole 200mg		1000	Rs._____	Rs._____
1225	Drop	MULTI VITAMIN DROPS		300	Rs._____	Rs._____
1226	Susp	Nalidixic Acid 250mg/60ml		500	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1227	Syp	Nicotinamide 16.66mg, Riboflavin (Vitamin B2) 1.66mg, Thiamine HCl (Vitamin B1) 4.16mg, Ascorbic Acid 75mg, Cyanocobalamin 8.33mcg, Pyridoxine 1.666mg		200	Rs. _____	Rs. _____
1228	Drop	NystaTins 100000 IU/ml, 30ml		2000	Rs. _____	Rs. _____
1229	Sol.	Oral rehydration Solution		1000	Rs. _____	Rs. _____
1230	SYP	Ossein Mineral Complex 250mg, Vitamin-D 400IU		300	Rs. _____	Rs. _____
1231	SYP	Paracetamol 160mg/5ml		3000	Rs. _____	Rs. _____
1232	Drop	Paracetamol 20ml		1000	Rs. _____	Rs. _____
1233	Syp	Paracetamol 250mg/5ml		1000	Rs. _____	Rs. _____
1234	Drop	Pediococcus Pentosaceus & Bifidobacterium Longum		200	Rs. _____	Rs. _____
1235	Syp	Pheniramine 15mg/5ml		200	Rs. _____	Rs. _____
1236	Syp	Pholcodine 1.5mg, Alcohol 3.8% ,Promethazine 1.5mg		300	Rs. _____	Rs. _____
1237	SYP	Pizotifen 0.25mg/5ml		200	Rs. _____	Rs. _____
1238	SYP	POTASSIUM CHLORIDE		300	Rs. _____	Rs. _____
1239	SYP	Potassium Citrate		200	Rs. _____	Rs. _____
1240	Syp	Promethazine Elixir		200	Rs. _____	Rs. _____
1241	SYP	RANITIDINE 75MG/5ML		300	Rs. _____	Rs. _____
1242	Sol.	Risperidone 1mg/ml 30ml bottle		100	Rs. _____	Rs. _____
1243	Syp	Salbutamol 100ml 2mg/5ml		300	Rs. _____	Rs. _____
1244	Syp	Salbutamol Expectorant		100	Rs. _____	Rs. _____
1245	Liqd.	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.		50	Rs. _____	Rs. _____
1246	Susp	Sodium Alginate 1000mg, Potassium Bicarbonate 200mg 120ml		3000	Rs. _____	Rs. _____
1247	Susp	Sodium Alginate 500mg, Calcium Carbonate 160mg, Sodium Bicarbonate 267mg, 120ml		1000	Rs. _____	Rs. _____
1248	Syp	Sodium Citrate		300	Rs. _____	Rs. _____
1249	SYP	SODIUM IRON EDETATE		300	Rs. _____	Rs. _____
1250	SYP	SODIUM PICOSULPHATE		300	Rs. _____	Rs. _____
1251	Syp	Sucralfate 60ml		2000	Rs. _____	Rs. _____
1252	Drop	SULFOLAX DROPS		200	Rs. _____	Rs. _____
1253	Syp	Terbutaline 0.3mg/ml		500	Rs. _____	Rs. _____
1254	Syp	Terbutaline/ GuaNAFASINE		300	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1255	Syp	Thiamine HCl 10mg, Cyanocobalamin 0.1mcg, Cyproheptadine 1.5mg, Pyridoxine 10mg, Lysine 150mg, Carnitine 150mg		500	Rs._____	Rs._____
1256	Syp	Valproate/Divalproex 250mg/5ml		100	Rs._____	Rs._____
1257	Syp	Vitamin (Multivitamin Lysine) 120ml		300	Rs._____	Rs._____
1258	Syp	Vitamin (Multivitamin Minerals) 120ml		600	Rs._____	Rs._____
1259	Syp	Vitamin (Multivitamin) 120ml		300	Rs._____	Rs._____
1260	Drop	Vitamin A Oral Drop		300	Rs._____	Rs._____
1261	Drop	Vitamin D3 (Cholecalciferol) oral drop		300	Rs._____	Rs._____
1262	Drop	Vitamin-A Oral Drops		50	Rs._____	Rs._____
1263	Drop	Vitamin-D3 Oral Drops		200	Rs._____	Rs._____
1264	Syp	Zinc Sulphate 60ml		1000	Rs._____	Rs._____

### INHALERS & NASAL PREPARATIONS

1265	NEB	Beclomethasone		500	Rs._____	Rs._____
1266	NEB	Beclomethasone + Salbutamol		10000	Rs._____	Rs._____
1267	Spray	Beclomethasone Nasal Spray 100mcg		200	Rs._____	Rs._____
1268	Cap	Budesonid 200mcg+Formoterol 6mcg		200	Rs._____	Rs._____
1269	Cap	Budesonid 400mcg+Formoterol 12mcg		200	Rs._____	Rs._____
1270	Drop	Flunisolide 0.025% Nasal Spray		200	Rs._____	Rs._____
1271	Spray	Fluticasone Furoate Nasal Spray 0.05% W/W		50	Rs._____	Rs._____
1272	Spray	Fluticasone Propionate Nasal Spray		200	Rs._____	Rs._____
1273	Cap	Indaceterol 150mcg		200	Rs._____	Rs._____
1274	Cap	Indaceterol 300mcg		300	Rs._____	Rs._____
1275	INH	Inhaler Beclomethasone Forte CFC Free 250mcg		50	Rs._____	Rs._____
1276	INH	Inhaler Beclomethasone+dipropionate+salbutamol 100mcg		50	Rs._____	Rs._____
1277	INH	Inhaler Beclomethasone+formoterol 100/6 mcg		100	Rs._____	Rs._____
1278	INH	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/125mcg		50	Rs._____	Rs._____
1279	INH	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/250mcg		50	Rs._____	Rs._____
1280	INH	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/50mcg		20	Rs._____	Rs._____
1281	INH	Inhaler Fluticasone Propionate + Salmeterol CFC Free 50/500mcg		20	Rs._____	Rs._____
1282	INH	Inhaler Salbutamol CFC Free 100mcg		300	Rs._____	Rs._____
1283	INH	Ipratropiun Bromide		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1284	NEB	Ipratropium Bromide Nebulizer solution 500mcg/2ml		60000	Rs. _____	Rs. _____
1285	Spray	Mometasone Furoate		200	Rs. _____	Rs. _____
1286	Drops	Normal Saline drops		1000	Rs. _____	Rs. _____
1287	DEV	REVOLIZER ( INHALING DEVICE )		100	Rs. _____	Rs. _____
1288	NEB	Salbutamol Respiratory Sol. 20 ml		2000	Rs. _____	Rs. _____
1289	Spray	Sodium Cromoglycate		300	Rs. _____	Rs. _____
1290	CAP	Tiotropium 18mcg		300	Rs. _____	Rs. _____
1291	CAP	TIOTROPIUM 18mcg, FORMOTEROL FUMARATE 12mcg		300	Rs. _____	Rs. _____
1292	Spray	Xylometazoline ( For Peads )		200	Rs. _____	Rs. _____
1293	Spray	Xylometazoline + Sodium Cromoglycate		300	Rs. _____	Rs. _____
1294	Spray	Xylometazoline Nasal spray (adult)		1000	Rs. _____	Rs. _____

### OPHTHALMIC DROPS / OINTMENTS

1295	Onit.	Acyclovir Eye 4.5gm		200	Rs. _____	Rs. _____
1296	Drops	Betamethasone		300	Rs. _____	Rs. _____
1297	Drops	Betamethasone + Neomycin		200	Rs. _____	Rs. _____
1298	Drops	Carbachol		100	Rs. _____	Rs. _____
1299	Drops	Chloramphenicol		200	Rs. _____	Rs. _____
1300	Oint	Chloramphenicol		200	Rs. _____	Rs. _____
1301	Drops	Cyclopentolate		200	Rs. _____	Rs. _____
1302	Drops	Dexamethasone		200	Rs. _____	Rs. _____
1303	Drops	Dexamethasone + Moxifloxacin		200	Rs. _____	Rs. _____
1304	Drops	Dorzolamide + Brinzolamide		200	Rs. _____	Rs. _____
1305	Drops	Dorzolamide 2% + Timolol 0.5% 5ml		200	Rs. _____	Rs. _____
1306	Drops	Fusidic Acid eye drop		200	Rs. _____	Rs. _____
1307	Drops	Fluorometholone 0.1%		200	Rs. _____	Rs. _____
1308	Drops	Homatropin		200	Rs. _____	Rs. _____
1309	Drops	Latanoprost + Travoprost		200	Rs. _____	Rs. _____
1310	Drops	Latanoprost 0.01% 2.5ml		200	Rs. _____	Rs. _____
1311	Drops	Moxifloxacin 0.50%		300	Rs. _____	Rs. _____
1312	Drops	Natamycin 5% 5ml		200	Rs. _____	Rs. _____
1313	Drops	Natural Tears		200	Rs. _____	Rs. _____
1314	Drops	Nepafenec 0.1%		100	Rs. _____	Rs. _____
1315	Drops	Ofloxacin Eye		50	Rs. _____	Rs. _____
1316	Drops	Olopatadine 0.2%		200	Rs. _____	Rs. _____
1317	Drops	Phenylephrine 10%		200	Rs. _____	Rs. _____
1318	Drops	Pilocarpine		200	Rs. _____	Rs. _____
1319	Oint	Polymyxin - B Sulphate + Bacitracin Eye Oint. Tubes of 6gm		1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1320	Drop	Polyvinyl Alcohol 1.4% Povidone 0.6% Eye 10ml		400	Rs. _____	Rs. _____
1321	Drops	Prednislone Acetate		100	Rs. _____	Rs. _____
1322	Drops	Proparacaine		200	Rs. _____	Rs. _____
1323	Drops	Sodium hyaluronate		200	Rs. _____	Rs. _____
1324	Drops	Timolol 0.5%		200	Rs. _____	Rs. _____
1325	Drops	Tobramycin 0.3%		100	Rs. _____	Rs. _____
1326	Drops	Tobramycin 0.3%, Dexamethasone 0.1%		100	Rs. _____	Rs. _____
1327	Onit.	Tobramycin Dexamethasone Eye		200	Rs. _____	Rs. _____
1328	Onit.	Tobramycin Eye		200	Rs. _____	Rs. _____
1329	Drops	Tropicamide 1% Eye		100	Rs. _____	Rs. _____

### OTIC PREPARATIONS

1330	Drops	Betamethason		200	Rs. _____	Rs. _____
1331	Drops	Betamethason-N		500	Rs. _____	Rs. _____
1332	Drops	Ciprofloxacin + Dexamethasone Ear 5ml		200	Rs. _____	Rs. _____
1333	Drops	Ciprofloxacin + Lignocaine 5ml Ear 5ml		200	Rs. _____	Rs. _____
1334	Drops	Ciprofloxacin Ear 5ml		200	Rs. _____	Rs. _____
1335	Drops	Clotrimazole		100	Rs. _____	Rs. _____
1336	Drops	Gentamycin		200	Rs. _____	Rs. _____
1337	Drops	Gentamycin + Hydrocortisone		200	Rs. _____	Rs. _____
1338	Drops	Icthyammol Glycerine		200	Rs. _____	Rs. _____
1339	Drops	Lignocaine + Neomycin		200	Rs. _____	Rs. _____
1340	Drops	Neomuycin + Bacitracin + Dexamethasone		200	Rs. _____	Rs. _____
1341	Drops	Neomycin + Nystatin + Triamcinolone + Gramicidin		200	Rs. _____	Rs. _____
1342	Drops	Ofloxacin Ear 0.3%		50	Rs. _____	Rs. _____
1343	Drops	Ofloxacin Ear 0.6%		50	Rs. _____	Rs. _____
1344	Drops	Otofloxacin		200	Rs. _____	Rs. _____
1345	Drops	Polymixin +Lignocaine + Propylene glycol		200	Rs. _____	Rs. _____
1346	Drops	Polymixin +Neomuycin + Hydrocortisone		50	Rs. _____	Rs. _____
1347	Drops	Sodium Bicarbonate + Glycerin		1100	Rs. _____	Rs. _____
1348	Drop	Tobramycin		100	Rs. _____	Rs. _____
1349	Drop	Tobramycin 0.3% + Dexamethasone 0.1% Ear 5ml		200	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
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OTIC PREPARATIONS						
1350	Cream	Acyclovir 10gm		100	Rs. _____	Rs. _____
1351	Cream	Benzalkonium (Cl):0.1%w/w, Zinc Oxide:8.5%w/w		100	Rs. _____	Rs. _____
1352	Cream	Betamethason – N 15gr (Ointment)		100	Rs. _____	Rs. _____
1353	Cream	Betamethason 15gm (Cream)		100	Rs. _____	Rs. _____
1354	Cream	Clindamycin Vaginal 40gm		100	Rs. _____	Rs. _____
1355	Cream	Clobetasol + Neomycin		100	Rs. _____	Rs. _____
1356	Cream	Clobetasol Propionate ,Nystatin , Neomycin Sulphate		100	Rs. _____	Rs. _____
1357	Cream	Clotrimazole 1%		100	Rs. _____	Rs. _____
1358	Cream	Fluticasone Propionate 0.05% 5gm		50	Rs. _____	Rs. _____
1359		Fluticasone Propionate 0.05% 5gm ( Ointment )		50	Rs. _____	Rs. _____
1360	Cream	Fucidic Acid + betamethasone 15gm		100	Rs. _____	Rs. _____
1361	Cream	Fucidic Acid + Hydrocortisone 15gm		230	Rs. _____	Rs. _____
1362	Cream	Fucidic Acid 15gm (Ointment/Cream)		400	Rs. _____	Rs. _____
1363	Cream	Hydrocortisone 1% 10gm		200	Rs. _____	Rs. _____
1364	Cream	Ibuprofen 30gm		200	Rs. _____	Rs. _____
1365	Cream	Ketoconazole 2%		50	Rs. _____	Rs. _____
1366	Cream	Lignocaine, Ethanol, Cetylpyridinium Chloride 20gm		250	Rs. _____	Rs. _____
1367	Cream	Methyl prednisolone 0.1% 10gm		100	Rs. _____	Rs. _____
1368	Cream	Momentasone 0.1% 5gm		100	Rs. _____	Rs. _____
1369	Cream	Prednicarbate Emollient Cream)		100	Rs. _____	Rs. _____
1370	CREAM	SUN BLOCK SPF 60		100	Rs. _____	Rs. _____
1371	Cream	Terbinafine 1% 10gm		50	Rs. _____	Rs. _____
1372	Cream	Tretinoin 0.05% 10g		100	Rs. _____	Rs. _____
1373	Cream	triamcinolone acetonide, neomycin sulfate, gramicidin and nystatin,		100	Rs. _____	Rs. _____
1374	Cream	1% Silver Sulphadiazine 25gm		200	Rs. _____	Rs. _____
1375	gel	Clindamycin + Tretinoin		100	Rs. _____	Rs. _____
1376	Cream	Clobetasol propionate 0.05% 10gm		100	Rs. _____	Rs. _____
1377	Cream	Clotrimazole + Hydrocortisone		100	Rs. _____	Rs. _____
1378	Cream	Clotrimazole 1% 10gm		100	Rs. _____	Rs. _____
1379	Cream	Clotrimazole Vaginal cream		200	Rs. _____	Rs. _____
1380	Cream	Enflornithine		100	Rs. _____	Rs. _____
1381	Cream	fluocinolone acetonide		100	Rs. _____	Rs. _____
1382	Cream	Halcinonid		100	Rs. _____	Rs. _____
1383	Cream	Isoconazole + Diflurcortolone		100	Rs. _____	Rs. _____
1384	Cream	Itraconazole		100	Rs. _____	Rs. _____
1385	Cream	Mupirocin		100	Rs. _____	Rs. _____



Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1386	Cream	Mycitracin		200	Rs._____	Rs._____
1387	Cream	Nystatin		100	Rs._____	Rs._____
1388	Cream	Pimecrolimus		100	Rs._____	Rs._____
1389	Cream	Tacrolimus		100	Rs._____	Rs._____
1390	Cream	Tazarotene		100	Rs._____	Rs._____
1391	Cream / gel	Miconazole 2% 20gm		500	Rs._____	Rs._____
1392	ENEMA	sodium citrate, sodium lauryl sulphate glycerin		300	Rs._____	Rs._____
1393	ENEMA	Sodium biphosphate/Sodium Phosphate ( Adult )		3000	Rs._____	Rs._____
1394	Gel	Clindamycin Phosphate 1%		100	Rs._____	Rs._____
1395	Gel	Diclofenac Sodium 50gm		1500	Rs._____	Rs._____
1396	Gel	Isotretinoin 0.05%, Erythromycin 2%		100	Rs._____	Rs._____
1397	Gel	Miconazole gel		100	Rs._____	Rs._____
1398	Gel	Sodium biphosphate/Sodium Phosphate		100	Rs._____	Rs._____
1399	Gel	Triamcinolone		100	Rs._____	Rs._____
1400	Gel	Chlorhexidene gluconate		100	Rs._____	Rs._____
1401	Jelly	Lignocaine 2% 15gm		25000	Rs._____	Rs._____
1402	Jelly	Povidone-Iodine Gel 20 g.		200	Rs._____	Rs._____
1403	Liqd.	Benzydamine 0.15%, Chlorhexidine 0.2% mouth wash		200	Rs._____	Rs._____
1404	Liqd.	Chlorhexidene Mouth Wash		200	Rs._____	Rs._____
1405	Liqd.	Dequalinium chloride 0.015g, Benzalkonium Chloride 0.035g mouth wash		200	Rs._____	Rs._____
1406	Liqd.	Gentian Violet		25	Rs._____	Rs._____
1407	Liqd.	Tincture Benzoin		200	Rs._____	Rs._____
1408	Liqd.	Povidone Iodine 60ml (Mouth Wash)		200	Rs._____	Rs._____
1409	Liquid	Sodium Amindotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 100ml		200	Rs._____	Rs._____
1410	Lotion	Betamethasone + Salicylic Acid		200	Rs._____	Rs._____
1411	Lotion	Clotrimazole		100	Rs._____	Rs._____
1412	Lotion	Betamethasone-17 Velerate 0.1% 60 ml.		200	Rs._____	Rs._____
1413	Lotion	Clobetasol propionate		200	Rs._____	Rs._____
1414	Lotion	Ketoconazole		100	Rs._____	Rs._____
1415	Lotion	Lactic Acid + Hydrocortison e		200	Rs._____	Rs._____
1416	Lotion	Minoxidil 5% & 10%		200	Rs._____	Rs._____
1417	Lotion	Permethrine 5%		200	Rs._____	Rs._____
1418	Lotion	Permethrine 5% w/w Lotion 60 ml		200	Rs._____	Rs._____
1419	Lotion	Petroleum Jelly		200	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1420	OIL	Liquid Paraffin		200	Rs._____	Rs._____
1421	OIL	Olive Oil		100	Rs._____	Rs._____
1422	Oint	betamethasone dipropionate		200	Rs._____	Rs._____
1423	Oint	Calcipotriol		200	Rs._____	Rs._____
1424	Oint	Isotretinoin 0.05%		200	Rs._____	Rs._____
1425	Oint	Polymyxin - B Sulphate + Bacitracin + Lignocain Skin Oint. Tubes of 20gm		3000	Rs._____	Rs._____
1426	Oint	Polymyxin - B Sulphate + Bacitracin + Lignocain Neomycin Skin. Oint		1000	Rs._____	Rs._____
1427	Oint	Polymyxin - B Sulphate + Bacitracin Skin Oint. Tubes of 20gm		1000	Rs._____	Rs._____
1428	Onit.	Clobetasol propionate 0.05% 10gm		100	Rs._____	Rs._____
1429	PASTE	Glyceryl Nitrate 0.2%		500	Rs._____	Rs._____
1430	PESSRY	Clotrimazole Vaginal PESSARY 500 MG		500	Rs._____	Rs._____
1431	PESSRY	Clotrimazole Vaginal PESSARY 100 MG		500	Rs._____	Rs._____
1432	PESSRY	PROGESTERON 200 MG		100	Rs._____	Rs._____
1433	PESSRY	PROGESTERON 400 MG		100	Rs._____	Rs._____
1434	Scrub	Povidone Iodine		1000	Rs._____	Rs._____
1435	Scrub	Hexishield Scrub or equivalent		100	Rs._____	Rs._____
1436	Shampoo	Ciclopirox		100	Rs._____	Rs._____
1437	Shampoo	Coal Tar Shampoo		100	Rs._____	Rs._____
1438	Shampoo	Ketoconazole		100	Rs._____	Rs._____
1439	SOL	Calamine Lotion		200	Rs._____	Rs._____
1440	SOL	ENBUCRILATE		200	Rs._____	Rs._____
1441	SOL	Glycerine Pure		200	Rs._____	Rs._____
1442	SOL	HYDROGEN PEROXIDE		1000	Rs._____	Rs._____
1443	Sol.	Povidone Iodine 450ml		3500	Rs._____	Rs._____
1444	Sol.	Povidone Iodine 60ml		1000	Rs._____	Rs._____
1445	Spacer	Device Aerochamber		200	Rs._____	Rs._____
1446	Spray	Benzyl benzoate		200	Rs._____	Rs._____
1447	SUPP	Diclofenac Sodium 25mg		2000	Rs._____	Rs._____
1448	SUPP	Diclofenac Sodium 50 mg		2000	Rs._____	Rs._____
1449	SUPP	Diclofenac Sodium 100mg		6000	Rs._____	Rs._____
1450	SUPP	Glycerine Adult		12000	Rs._____	Rs._____
1451	SUPP	Glycerine Pediatrics		1000	Rs._____	Rs._____
1452	SUPP	Paracetamol 125 MG SUPPOSITORY		2000	Rs._____	Rs._____
1453	SUPP	Paracetamol 250 MG SUPPOSITORY		2000	Rs._____	Rs._____
1454	Sol.	Lignocaine 4% 50 ml.		500	Rs._____	Rs._____
1455	Cream	Sudocream		100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
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### SOLUTION FOR TRANSPLANTS

1456	Sol.	Belzer UW Solution 500ml or equivalent		100	Rs. _____	Rs. _____
1457	Sol.	Bretschneider's HTK Solution 500ml		100	Rs. _____	Rs. _____
1458	Sol.	Belzer UW Solution 1000ml or equivalent		10	Rs. _____	Rs. _____
1459	Sol.	Bretschneider's HTK Solution 1000ml		20	Rs. _____	Rs. _____
1460	Sol.	Continuous Renal Replacement Therapy Solution		50	Rs. _____	Rs. _____

### RADIOLOGY

1461	Inj.	Contrast for MRI system 15 ml must be approved / registered by FDA (USA) & MHRA (UK)		8000	Rs. _____	Rs. _____
1462	Inj.	Contrast for MRI system 7.5 ml must be approved / registered by FDA (USA) & MHRA (UK)		15000	Rs. _____	Rs. _____
1463	Inj.	Non-Ionic contrast for CT scanner 350/370 I-ml/100 ml, must be approved / registered by FDA (USA) & MHRA (UK)		26000	Rs. _____	Rs. _____
1464	Inj.	Non-Ionic contrast for CT scanner 350/370 I-ml/50 ml, must be approved / registered by FDA (USA) & MHRA (UK)		7000	Rs. _____	Rs. _____
1465	Liq.	Sodium Amidotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 100ml		50	Rs. _____	Rs. _____
1466	Inj.	Sodium Amidotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 20ml		1500	Rs. _____	Rs. _____
1467	Pow	Barium Sulfate for Suspension 98% w/w 340gm (E-Z-HD) or equivalent		1500	Rs. _____	Rs. _____
1468	Gel	Ultrasound Gel 250 gm		7000	Rs. _____	Rs. _____
1469	Roll	Ultrasound Roll		7000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
<b>MISC. ITEMS</b>						
1470	Sol.	Acetic Acid 1 %		10	Rs. _____	Rs. _____
1471	Sol.	Acetic Acid 5%		10	Rs. _____	Rs. _____
1472	Paste	BIPP		50	Rs. _____	Rs. _____
1473	Paste	BIPP Paste		200	Rs. _____	Rs. _____
1474	Oil	Castor Oil		10	Rs. _____	Rs. _____
1475	Dev	Copper containing IUD		10	Rs. _____	Rs. _____
1476	gel	Diltiazem		10	Rs. _____	Rs. _____
1477	Sol	Eugol		10	Rs. _____	Rs. _____
1478	Sol	Eusol Solution		10	Rs. _____	Rs. _____
1479	Liq.	Glycine 15gm/1000ml (irrigation solution)		200	Rs. _____	Rs. _____
1480	Liqd.	Isoflurane 100 ml Note: - Undertaking for supply of Isoflorane Vaporizer free of cost as per Hospital requirement with life time free services and replacement warranty.		1200	Rs. _____	Rs. _____
1481	Cryst	KMNO4		0	Rs. _____	Rs. _____
1482	Paste	Magnesium		10	Rs. _____	Rs. _____
1483	Oil	Magots oil		10	Rs. _____	Rs. _____
1484	Dev	Mineral Oil IUD		10	Rs. _____	Rs. _____
1485	Sol	Potassium Phosphate		1 Liter	Rs. _____	Rs. _____
1486	Sticks	Silver Nitrate Sticks		50	Rs. _____	Rs. _____
1487	Liquid	Soda Lime 5 Ltrs Packing		200	Rs. _____	Rs. _____
1488	Pow	Sodium Citrate		20	Rs. _____	Rs. _____
1489	Liqd.	Spirit Methylated (Required in Liter)		1000	Rs. _____	Rs. _____
1490	Liq.	Tetrachlordecaoxide		50	Rs. _____	Rs. _____
1491	Kit	Trop T Kit		600	Rs. _____	Rs. _____
1492	Liq.	Vaseline or equivalent		50	Rs. _____	Rs. _____
1493	Disp	Pessary Ring (All sizes)		50	Rs. _____	Rs. _____
1494	Disp	Multiload or equivalent		50	Rs. _____	Rs. _____
1495	Disp	Mirena IUD or equivalent		50	Rs. _____	Rs. _____
1496	Disp	CONDOMS		100	Rs. _____	Rs. _____
1497	Paste	Zinc oxide and Castor Oil paste		100	Rs. _____	Rs. _____
1498	Imp	Djadal Implant or equivalent		10	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
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### DISINFECTANT

1499	Sol.	8.0 g Glutaraldehyde 5.75g Formacetale (Instrument Disinfectant) (2 Liter can)		1000	Rs. _____	Rs. _____
1500	Liqd.	Chlorhexidine 1 Liter		1000	Rs. _____	Rs. _____
1501	Liqd.	Chloroxylenol 500ml		1000	Rs. _____	Rs. _____
1502	Sol.	DisinfecTinsg and sterilizing solution / ParaScope (Basic Instrument Disinfectant)		1000	Rs. _____	Rs. _____
1503	Tab.	Effervescent chlorine 1.7gm (Floor Disinfectant)		2000	Rs. _____	Rs. _____
1504	Sol.	Floor & Surface Disinfectant 2-Liter		1000	Rs. _____	Rs. _____
1505	Sol.	Hard Surface Sanitizer and floor disinfectant solution (5 liter)		1000	Rs. _____	Rs. _____
1506	Sol.	Sterillium / Monorapid / Purell / Softa-Man 1000ml or equivalent (Hand rub)		5000	Rs. _____	Rs. _____

### DENTAL ITEMS

1507	Cartrdg	Lidocaine/Epinephrine Bitartrate 36/0.0324mg injection		100	Rs. _____	Rs. _____
1508	MOUTH Wash	Chlorhexidine		100	Rs. _____	Rs. _____
1509	Gel	Metronidazole, Chlorhexidine		100	Rs. _____	Rs. _____
1510	Tooth Paste	Sensodyne Repair & Protect Toothpaste or Equivalent		100	Rs. _____	Rs. _____
1511	Tooth Paste	Sensodyne Complete Protection Toothpaste or equivalent		100	Rs. _____	Rs. _____
1512	MOUTH Wash	Benzydamine 0.15%		100	Rs. _____	Rs. _____
1513	MOUTH Wash	Eucalyptol , Menthol , Thymol , Benzocaine , Methyl Salicylate		100	Rs. _____	Rs. _____
1514	Floss	Dental Floss		10	Rs. _____	Rs. _____
1515	Tooth Paste	Permethol		10	Rs. _____	Rs. _____

### CHEMICALS FOR PHARMACEUTICAL COMPOUNDING

1516	Chemical	2% Carboxymethylcellulos		5 Kg	Rs. _____	Rs. _____
1517	Chemical	Bamboo Sticks		500	Rs. _____	Rs. _____
1518	Chemical	Bismuth Sub nitrate		1 Kg	Rs. _____	Rs. _____
1519	Chemical	Boric Acid		100 Kg	Rs. _____	Rs. _____
1520	Chemical	Calcium Chloride (CaCl <sub>2</sub> 2H <sub>2</sub> O)		1 KG	Rs. _____	Rs. _____
1521	Chemical	Castor oil		1 Liter	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	REG #	Tentative Quantity	Unit Rate	Total Amount
1522	Chemical	Chlorinated Lime		100 Kg	Rs._____	Rs._____
1523	Chemical	Chloroform Spirit		10 Liter	Rs._____	Rs._____
1524	Chemical	Citrate Acid		1 Kg	Rs._____	Rs._____
1525	Chemical	Diltiazem hydrochloride		1 Kg	Rs._____	Rs._____
1526	Chemical	Distilled Water		1000 Ltr	Rs._____	Rs._____
1527	Chemical	Dried Magnesium Sulphate		1 Kg	Rs._____	Rs._____
1528	Chemical	Glacial Acetic acid (pure)		1 Liter	Rs._____	Rs._____
1529	Chemical	Glycerin		1 Kg	Rs._____	Rs._____
1530	Chemical	Glyceryl trinitrate powder		1 Kg	Rs._____	Rs._____
1531	Chemical	Hydrochloric Acid		1 Kg	Rs._____	Rs._____
1532	Chemical	Iodine Resublimed		1 Kg	Rs._____	Rs._____
1533	Chemical	Iodoform		1 Kg	Rs._____	Rs._____
1534	Chemical	Isopropyl alcohol		1000 Ltr	Rs._____	Rs._____
1535	Chemical	KMnO4		50 Kg	Rs._____	Rs._____
1536	Chemical	Liquid Parafin		10 Liter	Rs._____	Rs._____
1537	chemical	MAGNESIUM SULPHATE CRYSTALS		1 Kg	Rs._____	Rs._____
1538	Chemical	Methylene Blue Crystals		10 Kg	Rs._____	Rs._____
1539	Chemical	Mineral Oil		1 Liter	Rs._____	Rs._____
1540	Chemical	Monobasic Potassium Phosphate		10 kg	Rs._____	Rs._____
1541	Chemical	Paracetamol Powder		100 kg	Rs._____	Rs._____
1542	Chemical	Phenol crystals		10 Kg	Rs._____	Rs._____
1543	Chemical	Pineapple Flavour		1 Liter	Rs._____	Rs._____
1544	Chemical	Polyethylene Glycol 1000		5KG	Rs._____	Rs._____
1545	Chemical	Polyethylene Glycol 4000		5KG	Rs._____	Rs._____
1546	Chemical	Potassium Chloride		25kg	Rs._____	Rs._____
1547	Chemical	Potassium citrate		25kg	Rs._____	Rs._____
1548	Chemical	Potassium Dihydrogen Phosphate crystals (KH <sub>2</sub> PO <sub>4</sub> )		5kg	Rs._____	Rs._____
1549	Chemical	Potassium Iodine		1kg	Rs._____	Rs._____
1550	Chemical	Potassium Nitrate		1 Kg	Rs._____	Rs._____
1551	Chemical	Propylene glycol		10 Liter	Rs._____	Rs._____
1552	Chemical	Silver Nitrate		1 KG	Rs._____	Rs._____
1553	Chemical	Sodium Benzoate		5kg	Rs._____	Rs._____
1554	Chemical	Sodium hydroxide		5kg	Rs._____	Rs._____
1555	Chemical	Stawberry Flavour		1 Liter	Rs._____	Rs._____
1556	Chemical	Sterile Water		60liter	Rs._____	Rs._____
1557	Chemical	Sterilized Liquid Paraffin		10 Liter	Rs._____	Rs._____
1558	Chemical	Sugar for compounding		1000 Kg	Rs._____	Rs._____
1559	Chemical	Tri-Sodium Citrate		5 kg	Rs._____	Rs._____
1560	Chemical	Turpentine Oil		1 Liter	Rs._____	Rs._____
1561	Chemical	White Soft Paraffin		50kg	Rs._____	Rs._____
1562	Chemical	Wool Fat		50kg	Rs._____	Rs._____
1563	Chemical	Zinc oxide		10kg	Rs._____	Rs._____