

## STANDARD BIDDING DOCUMENTS (SBDs)

# SUPPLY OF DRUGS / MEDICINES / NUTRITIONS / CONTRAST MEDIA AND ALLIED ITEMS ON RATE CONTRACT BASIS

<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 till date)</b>
<b>TENDER PURCHASING DATE:</b>	<b>From the date of publishing up to 29-01-2018</b>
<b>TENDER SUBMISSION DATE AND TIME:</b>	<b>30<sup>th</sup> January, 2018 at up to 11:30 am</b>
<b>TENDER OPENING DATE AND TIME :</b>	<b>30<sup>th</sup> January, 2018 at 12.00 Noon</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.
Name of Item	:	Purchase of Drugs / Medicines / Nutrition / Contrast Media & Allied items @ DUHS (As per Annexure – B)
Bid Validity	:	90 days (As per SPP Rules – 2010) (Amended till date)
Amount of Bid Security	:	1% of total bid value but not more than Rs.800,000
Date of Submission	:	30 <sup>th</sup> January, 2018 at up to 11:30 am
Date of Opening	:	30 <sup>th</sup> January, 2018 at 12.00 Noon
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)
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, failing which the offer will be ignored.

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 (extendable for further 6 months with mutual consent or till the finalization of next tender). 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 ignored. The Company Profile Performa should have the following documents:
- I. Photocopy of Drug Registration Certificate issued by Ministry of Health Islamabad.
  - II. Manufacturing license of the drug.
  - III. GMP (Good Manufacturing Practices) and CGMP Certificate issued by Ministry of Health Islamabad 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 @ 1% of total bid value but not more than **Rs. 800,000/-** 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 Ministry of Health. 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.
  - 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 by the concerned Inspector of Drugs 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 Ministry of Health Islamabad or their offer will be ignored.
- 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 consultant(s) 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 of CDL, Karachi or 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 will directly supply 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 as per SPPRA Rules, 2010 (Amended till date).

**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 till date).

**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 Government Treasury as per SPPRA Rules, 2010 (Amended till date).

**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 till date).

**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)		
Copy of Undertaking regarding supply of required items within stipulated time with quality certificate from the authorized Laboratory.		
Financial Turn-over for the last three years with bank certificate regarding financial soundness of the firm (100.00 (M) each year)		
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		
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 documents have not been found attached**  
 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 till date) 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 \_\_\_\_\_

3)

**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 \_\_\_\_\_ 201 \_\_\_\_ 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</b> (In millions)	year	Domestic sales	Export	Govt Sector
	• 1.				
	• 2.				
	• 3.				

2.d	<ul style="list-style-type: none"> <li>• Certificate from bank that manufacturer is capable of doing business up to and</li> <li>• financial worth of company</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>• Assay procedure of all product</li> <li>• Reference Standard</li> <li>• Bio-availability/ Bio-equivalence report of all product</li> </ul>				
8..	<b>Technical personnel involved in Manufacture of pharmaceutical products</b> (Attach section wise list with qualification & experience)				
8.a	<b>Production</b> <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Chemist</li> <li>• Other technical persons</li> </ul>				
8.b	<b>Quality Control</b> <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Chemists/ biochemist/ microbiologist</li> <li>• Other Technical Persons</li> </ul>				
8.c	<b>Product/ formulation Development Section</b> <ul style="list-style-type: none"> <li>• Pharmacist/chemist/other</li> </ul>				
9	<b>Total Employees (including Technical staff)</b>				
	Management				
	Production				
	Quality control				
	Research & Development Sales and Marketing Administration				
	Others				
	<b>Total Head Count</b>				

10	<b>Training of personnel</b> <ul style="list-style-type: none"> <li>On job training schedule</li> <li>Schedule/program for training of technical staff</li> <li>Schedule/program for training of worker (Including GMP and hygiene)</li> </ul>		
11	<b>Medical checkup of worker:-</b> <ul style="list-style-type: none"> <li>Prior to induction</li> <li>Annual</li> <li>Periodic (worker doing optical checking)</li> </ul>		
12	<b>Manufacturing information</b>		
12.a	<b>No of registered drugs</b>		
12.b	<b>No of drugs being manufactured (active)</b>		
12.c	<b>No of PV listed items (Attach list)</b>		
13.	<b>Raw materials (Active ingredients)</b> (Name of the source companies along with country of origin)		
14.	<b><u>Dosage form and production capacity</u></b>		
	<b><u>Dosage Forms</u></b>	<b><u>Production capacity (per 8 hours)</u></b>	
	1. Solid	1	
	2. Liquid	2	
	3. Inject able (liquid)	3	
	4. Inject able (Dry powder)	4	
	5. Ointments/ Creams/ Gels	5	
	6. Capsules	6	
	7. I V infusions	7	
	8. Dialysis solutions	8	
	9. Repacking / External preparations etc.	9	
15	<b>Cleanliness &amp; maintenance of :</b> <ul style="list-style-type: none"> <li>Equipment – List</li> </ul>		
16	<b>Emergency power supply arrangements</b> (For at least critical areas of the unit)		
17	<b>Drug recalls system (volunteer) &amp; SOPs for recall</b> (Annex details)		
18	<b>Inspection record of the company</b>		
	<b>Years</b>	<b>Inspecting Authority</b>	<b>Brief remarks of the inspecting authority</b>
	1		
	2		
	3		
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 \_\_\_\_\_

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

**STERILE AREA**  
**(DRY POWDERS VIALS)**

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

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

**GENERAL / ANTIBIOTIC**  
**(LIQUID INJECTABLE)**

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

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

	Rejection Record				
Xx iii	Ampoule Printing Facility (overprinting)				
Xx iv	<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>				
Xx v	Class of the Sterile Area (As per standard requirement of the areas)				
Xx vi	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

### TENDER FOR THE SUPPLY OF DRUGS / MEDICINES / NUTRITION / CONTRAST MEDIA AND ALLIED ITEMS.

#### SCHEDULE OF REQUIREMENT & BILL OF QUANTITIES (BOQ) PRICES ON RATE CONTRACT BASIS

#### INJECTIONS

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
1	Inj.	Acetylcysteine 3ml Syringe	Amp	200	Rs._____	Rs._____
2	Inj.	Acyclovir 250mg	Vial	100	Rs._____	Rs._____
3	Inj.	Acyclovir 500mg	Vial	6000	Rs._____	Rs._____
4	Inj.	Adenosine 3mg/ml	Amp	500	Rs._____	Rs._____
5	Inj.	Adrenaline 0.1%w/v 2ml	Amp	50000	Rs._____	Rs._____
6	Inj.	Albumin Human 20 % 100 ml	Vial	3000	Rs._____	Rs._____
7	Inj.	Albumin Human 20 % 50 ml	Vial	2000	Rs._____	Rs._____
8	Inj.	Albumin Human 25% Solution, 100ml	Vial	500	Rs._____	Rs._____
9	Inj.	Albumin Human 25% Solution, 50ml	Vial	500	Rs._____	Rs._____
10	Inj.	Amikacin 100mg	Amp	3000	Rs._____	Rs._____
11	Inj.	Amikacin 250mg	Amp	5000	Rs._____	Rs._____
12	Inj.	Amikacin 500mg	Amp	10000	Rs._____	Rs._____
13	Inj.	Amino Acid 5% Vitamin, 10% Sorbitol	Bottle	1500	Rs._____	Rs._____
14	Inj.	Amino Acid 10% with 20 Amino Acid 500 ml.	Bottle	1000	Rs._____	Rs._____
15	Inj.	Amino Acid 500ml	Bottle	1000	Rs._____	Rs._____
16	Inj.	Amino Acid 600 (500ml)	Bottle	5000	Rs._____	Rs._____
17	Inj.	Aminoacid 10% for Liver Encephelopathy	Bottle	200	Rs._____	Rs._____
18	Inj.	Amiodarone 150mg/3ml	Amp	500	Rs._____	Rs._____
19	Inj.	Amphotericin B	Amp	300	Rs._____	Rs._____
20	Inj.	Ampicillin 500mg	Vial	1000	Rs._____	Rs._____
21	Inj.	Ampicillin+Cloxacillin 500mg	Vial	5000	Rs._____	Rs._____
22	Inj.	Anti Rabies Vaccine (Inactivated Rabies Vaccine. 2.5 i.u with Diluent)	Amp	1000	Rs._____	Rs._____
23	Inj.	Anti Snake Venom 10ml	Amp	500	Rs._____	Rs._____
24	Inj.	Anti-D (Rho) Immunoglobulin 300mcg	Amp	200	Rs._____	Rs._____
25	Inj.	Antihemophilic Factor-VIII (Human) 250 IU	Vial	50	Rs._____	Rs._____
26	Inj.	Argatroban 1mg/ml	Vial	200	Rs._____	Rs._____
27	Inj.	Arsenic Trioxide 10ml	Vial	100	Rs._____	Rs._____
28	Inj.	Artesunate 60mg	Vial	3000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
29	Inj.	Artimether, Lumefantrine 80mg.	Amp	3000	Rs._____	Rs._____
30	Inj.	Asparaginase 10000KU vial	Vial	100	Rs._____	Rs._____
31	Inj.	ATG (Horse) 50mg	Vial	200	Rs._____	Rs._____
32	Inj.	ATG (Rabbit) 25mg	Vial	200	Rs._____	Rs._____
33	Inj.	Atracurium Besylate 50mg	Amp	10000	Rs._____	Rs._____
34	Inj.	Atropine Sulphate 1mg/ml	Amp	20000	Rs._____	Rs._____
35	Inj.	Azithromycin 500mg	Vial	2000	Rs._____	Rs._____
36	Inj.	Balance Solution ISO 1000ml	Bottle	500	Rs._____	Rs._____
37	Inj.	Balance Solution ISO 500ml	Bottle	500	Rs._____	Rs._____
38	Inj.	Basiliximab 20mg	Vial	25	Rs._____	Rs._____
39	Inj.	Benzathine Penicillin 1.2 Million Unit	Vial	200	Rs._____	Rs._____
40	Inj.	Benzyl Pencillin 1000000 unit	Vial	4000	Rs._____	Rs._____
41	Inj.	Benzyl Pencillin 500000 unit	Vial	2000	Rs._____	Rs._____
42	Inj.	Bortezomib 3.5mg	Vial	100	Rs._____	Rs._____
43	Inj.	Brain Chain Amino Acid I/V 500ml	Vial	500	Rs._____	Rs._____
44	Inj.	Bupivacain HCL 0.5% for Spinal	Amp	2000	Rs._____	Rs._____
45	Inj.	Bupivacain HCL 0.75% for Spinal	Amp	2000	Rs._____	Rs._____
46	Inj.	Bupivacain Plain 10ml	Amp	5000	Rs._____	Rs._____
47	Inj.	Calcium + Vitamin C 500mg/10ml	Amp	2000	Rs._____	Rs._____
48	Inj.	Calcium Gluconate	Amp	10000	Rs._____	Rs._____
49	Inj.	Caspofungin 50mg	Vial	200	Rs._____	Rs._____
50	Inj.	Cefepime 1gr	Vial	500	Rs._____	Rs._____
51	Inj.	Cefepime 500mg	Vial	500	Rs._____	Rs._____
52	Inj.	Cefoperazone + Sulbactam 1gm	Vial	15000	Rs._____	Rs._____
53	Inj.	Cefoperazone + Sulbactam 2gm	Vial	8000	Rs._____	Rs._____
54	Inj.	Cefotaxime Sodium 1gm.	Vial	5000	Rs._____	Rs._____
55	Inj.	Cefotaxime Sodium 250mg	Vial	1000	Rs._____	Rs._____
56	Inj.	Cefotaxime Sodium 500mg	Vial	2000	Rs._____	Rs._____
57	Inj.	Ceftazidime 1gm	Vial	10000	Rs._____	Rs._____
58	Inj.	Ceftazidime 250mg	Vial	2000	Rs._____	Rs._____
59	Inj.	Ceftazidime 500mg	Vial	5000	Rs._____	Rs._____
60	Inj.	Ceftizoxime 1gm	Vial	1000	Rs._____	Rs._____
61	Inj.	Ceftriaxone Sodium 1 gm.	Vial	50000	Rs._____	Rs._____
62	Inj.	Ceftriaxone Sodium 2 gm.	Vial	4000	Rs._____	Rs._____
63	Inj.	Ceftriaxone Sodium 250mg	Vial	3000	Rs._____	Rs._____
64	Inj.	Ceftriaxone Sodium 500mg	Vial	5000	Rs._____	Rs._____
65	Inj.	Cefuroxime 1.5gm	Vial	1000	Rs._____	Rs._____
66	Inj.	Cefuroxime 250mg	Vial	1000	Rs._____	Rs._____
67	Inj.	Cefuroxime 750mg	Vial	2000	Rs._____	Rs._____
68	Inj.	Cephadrine 500mg	Vial	1000	Rs._____	Rs._____
69	Inj.	Chlorpheniramine Maleate 25mg/ml	Amp	50000	Rs._____	Rs._____
70	Inj.	Chlorpromazine 25mg/ml	Vial	100	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
71	Inj.	Ciprofloxacin 200mg/100ml	Vial	30000	Rs. _____	Rs. _____
72	Inj.	Ciprofloxacin 400mg/100ml	Vial	3000	Rs. _____	Rs. _____
73	Inj.	Clarithromycin 500mg	Vial	2000	Rs. _____	Rs. _____
74	Inj.	Clavulanic Acid + Amoxicillin 0.6mg.	Vial	3000	Rs. _____	Rs. _____
75	Inj.	Clavulanic Acid + Amoxicillin 1.2mg.	Vial	70000	Rs. _____	Rs. _____
76	Inj.	Clindamycin 300mg/2ml	Amp	6000	Rs. _____	Rs. _____
77	Inj.	Clindamycin 600mg/4ml	Amp	6000	Rs. _____	Rs. _____
78	Inj.	Cloxacillin 250mg	Vial	10000	Rs. _____	Rs. _____
79	Inj.	Colistimethate Sodium 1 million i.u	Vial	2000	Rs. _____	Rs. _____
80	Inj.	Cyclosporin 50mg/ml	Vial	100	Rs. _____	Rs. _____
81	Inj.	Darbepoetin Alpha 100mcg/ml	Vial	100	Rs. _____	Rs. _____
82	Inj.	Deferoxamine 500mg	Vial	200	Rs. _____	Rs. _____
83	Inj.	Defibrotide 80mg/ml	Vial	100	Rs. _____	Rs. _____
84	Inj.	Dexamethasone 4mg/1ml	Amp	30000	Rs. _____	Rs. _____
85	Inj.	Dextrose 5% + Sodium Chloride 0.9% 1000 ml.	Bottle	10000	Rs. _____	Rs. _____
86	Inj.	Dextrose 5% + Sodium Chloride 0.9% 500 ml.	Bottle	6000	Rs. _____	Rs. _____
87	Inj.	Dextrose 5% and Electrolytes 500ml.	Bottle	500	Rs. _____	Rs. _____
88	Inj.	Dextrose 5% and Pot. Chloride 0.3% 500ml.	Bottle	500	Rs. _____	Rs. _____
89	Inj.	Dextrose Saline 1/2 Strength 500ml.	Bottle	5000	Rs. _____	Rs. _____
90	Inj.	Dextrose Saline 1/5 Strength 500ml.	Bottle	5000	Rs. _____	Rs. _____
91	Inj.	Dextrose Water 10 % 1000 ml.	Bottle	4000	Rs. _____	Rs. _____
92	Inj.	Dextrose Water 25 % 1000 ml.	Bottle	2000	Rs. _____	Rs. _____
93	Inj.	Dextrose Water 5% 1000 ml	Bottle	10000	Rs. _____	Rs. _____
94	Inj.	Dextrose Water 5% 500 ml	Bottle	5000	Rs. _____	Rs. _____
95	Inj.	Diazepam 10mg/2ml	Amp	5000	Rs. _____	Rs. _____
96	Inj.	Diclofenac Sodium 75mg	Amp	100000	Rs. _____	Rs. _____
97	Inj.	Digoxin 0.5mg/2ml	Amp	1000	Rs. _____	Rs. _____
98	Inj.	Dimenhydrinate 50mg/ml	Amp	25000	Rs. _____	Rs. _____
99	Inj.	Distilled Water for injection 5ml	Amp	200000	Rs. _____	Rs. _____
100	Inj.	Dobutamine 250mg/20ml	Amp	2000	Rs. _____	Rs. _____
101	Inj.	Dopamine 200mg / 5ml	Amp	5000	Rs. _____	Rs. _____
102	Inj.	Drotaverine 40mg/2ml	Amp	15000	Rs. _____	Rs. _____
103	Inj.	Enoxaparin 20mg	Syring	1000	Rs. _____	Rs. _____
104	Inj.	Enoxaparin 40mg	Syring	3000	Rs. _____	Rs. _____
105	Inj.	Enoxaparin 60 mg	Syring	2500	Rs. _____	Rs. _____
106	Inj.	Enoxaparin 80 mg	Syring	1000	Rs. _____	Rs. _____
107	Inj.	Epinephrine 1mg/ml	Amp	30000	Rs. _____	Rs. _____
108	Inj.	Eptifibatide 20mg	Vial	100	Rs. _____	Rs. _____
109	Inj.	Ertapenem 1gm	Vial	200	Rs. _____	Rs. _____
110	Inj.	Erythropoietin, 10000 IU	Amp	1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
111	Inj.	Erythropoietin, 2000 IU	Amp	1000	Rs. _____	Rs. _____
112	Inj.	Erythropoietin, 4000 IU	Amp	2000	Rs. _____	Rs. _____
113	Inj.	Erythropoietin, 5000 IU	Amp	2000	Rs. _____	Rs. _____
114	Inj.	Esomeprazole 40mg	Vial	5000	Rs. _____	Rs. _____
115	Inj.	Etomidate Lipuro 10 ml	Amp	500	Rs. _____	Rs. _____
116	Inj.	Ferriccarboxymaltose 50mg/10ml	Vial	500	Rs. _____	Rs. _____
117	Inj.	Flucloxacilin 250mg	Vial	10000	Rs. _____	Rs. _____
118	Inj.	Fluconazole 100mg/50ml	Vial	3000	Rs. _____	Rs. _____
119	Inj.	Flumazenil 0.1mg/ml	Amp	1000	Rs. _____	Rs. _____
120	Inj.	Fondaparinux Sodium Injection 2.5mg/0.5ml.	Vial	1000	Rs. _____	Rs. _____
121	Inj.	Fosacarrnat 24mg/ml	Vial	500	Rs. _____	Rs. _____
122	Inj.	Fosfomycin 500mg	Vial	1000	Rs. _____	Rs. _____
123	Inj.	Furosemide 20mg/2ml	Amp	40000	Rs. _____	Rs. _____
124	Inj.	Gancyclovir 250mg	Vial	1000	Rs. _____	Rs. _____
125	Inj.	Gancyclovir 500mg	Vial	1000	Rs. _____	Rs. _____
126	Inj.	Gentamycin 20mg	Amp	1000	Rs. _____	Rs. _____
127	Inj.	Gentamycin 40mg	Amp	2000	Rs. _____	Rs. _____
128	Inj.	Gentamycin 80mg	Amp	6000	Rs. _____	Rs. _____
129	Inj.	Glucantine	Amp	500	Rs. _____	Rs. _____
130	Inj.	Glucose 25% 20ml.	Amp	20000	Rs. _____	Rs. _____
131	Inj.	Glycopyrolate 0.2mg/ml.	Amp	3000	Rs. _____	Rs. _____
132	Inj.	Glycopyrolate+Neostigmine Methylsulphate 1ml.	Amp	6000	Rs. _____	Rs. _____
133	Inj.	Gonadotropine 5000 IU	Amp	200	Rs. _____	Rs. _____
134	Inj.	Haloperidol 5mg/ml	Amp	3000	Rs. _____	Rs. _____
135	Inj.	Heparin 5000 IU/5ml	Vial	2500	Rs. _____	Rs. _____
136	Inj.	Hepatitis-B Adult 0.1mg/ml	Amp	600	Rs. _____	Rs. _____
137	Inj.	Hepatitis-B Immunoglobulin	Amp	150	Rs. _____	Rs. _____
138	Inj.	Hepatitis-B Peads 0.05mg/ml	Amp	600	Rs. _____	Rs. _____
139	Inj.	Hydralazine HCl 20mg/ml	Amp	3000	Rs. _____	Rs. _____
140	Inj.	Hydrocortisone Sodium Succinate 100mg	Vial	25000	Rs. _____	Rs. _____
141	Inj.	Hydrocortisone Sodium Succinate 250mg	Vial	50000	Rs. _____	Rs. _____
142	Inj.	Hyoscine 20mg/ml	Amp	500	Rs. _____	Rs. _____
143	Inj.	Imipenem/Imipemide 500mg I.V	Vial	15000	Rs. _____	Rs. _____
144	Inj.	Immune Globulin (Human) 10% 25ml/2.5gr	Vial	250	Rs. _____	Rs. _____
145	Inj.	Immune Globulin (Human) 5% 100ml/2.5gr	Vial	100	Rs. _____	Rs. _____
146	Inj.	Immune Globulin (Human) 5% 50ml/2.5gr	Vial	250	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
147	Inj.	Influenza Vaccines 15mcg/0.5ml	Amp	400	Rs._____	Rs._____
148	Inj.	Iron Isomaltoside 100mg	Amp	3000	Rs._____	Rs._____
149	Inj.	Iron Sucrose 100mg/5ml	Amp	6000	Rs._____	Rs._____
150	Inj.	Isosorbide Dinitrate 10mg/10ml	Amp	1000	Rs._____	Rs._____
151	Inj.	Ketamine 250mg/5ml	Amp	3000	Rs._____	Rs._____
152	Inj.	Ketorolac 30mg	Amp	50000	Rs._____	Rs._____
153	Inj.	Labetolol	Vial	2500	Rs._____	Rs._____
154	Inj.	Leuprorelin Acetate 3.75mg	Vial	50	Rs._____	Rs._____
155	Inj.	Levetiracetam 500mg/5ml	Amp	3000	Rs._____	Rs._____
156	Inj.	Levofloxacin Infusion 500mg/100ml	Vial	6000	Rs._____	Rs._____
157	Inj.	Lignocaine 2% 10ml	Amp	25000	Rs._____	Rs._____
158	Inj.	Lignocaine with Adrenalin 10ml	Amp	10000	Rs._____	Rs._____
159	Inj.	Lincosamide 500mg	Vial	200	Rs._____	Rs._____
160	Inj.	Linezolid Infusion 200mg/100ml	Vial	2000	Rs._____	Rs._____
161	Inj.	Linezolid Infusion 600mg/300ml	Vial	5000	Rs._____	Rs._____
162	Inj.	Lipid Emulsion 20% 250 ml.	Vial	5000	Rs._____	Rs._____
163	Inj.	Lipoidal	Vial	500	Rs._____	Rs._____
164	Inj.	Live Attenuated Varicella Vaccine	Amp	100	Rs._____	Rs._____
165	Inj.	L-Ornithine L-Aspartate 10ml	Amp	2000	Rs._____	Rs._____
166	Inj.	Magnesium Sulphate 10ml.	Amp	10000	Rs._____	Rs._____
167	Inj.	Magnesium Sulphate 2ml.	Amp	20000	Rs._____	Rs._____
168	Inj.	Mannitol 20 % 500 ml.	Bottle	2000	Rs._____	Rs._____
169	Inj.	Mecobalamin 500mcg/ml	Amp	15000	Rs._____	Rs._____
170	Inj.	Meningococcal Vaccine	Amp	100	Rs._____	Rs._____
171	Inj.	Meropenem 1 gm.	Vial	15000	Rs._____	Rs._____
172	Inj.	Meropenem 500mg.	Vial	15000	Rs._____	Rs._____
173	Inj.	Mesterolone 25mg	Tab	500	Rs._____	Rs._____
174	Inj.	Methoxy Polyethylene Glycol Epoetin Beta 100mcg	Amp	50	Rs._____	Rs._____
175	Inj.	Methyl Prednisolone Sodium Succinate 1000mg	Vial	2000	Rs._____	Rs._____
176	Inj.	Methyl Prednisolone Sodium Succinate 500mg	Vial	2000	Rs._____	Rs._____
177	Inj.	Methylethergometrine 1ml.	Amp	3000	Rs._____	Rs._____
178	Inj.	Methylprednisolone Acetate 40mg/1ml	Vial	500	Rs._____	Rs._____
179	Inj.	Methylprednisolone Acetate 40mg/2ml	Vial	1000	Rs._____	Rs._____
180	Inj.	Metoclopramide	Amp	50000	Rs._____	Rs._____
181	Inj.	Metoprolol 5mg	Amp	1000	Rs._____	Rs._____
182	Inj.	Metronidazole 100ml.	Bottle	70000	Rs._____	Rs._____
183	Inj.	Midazolam 5mg/5ml	Amp	10000	Rs._____	Rs._____
184	Inj.	Modified Fluid Gelatin 4% 500ml	Bottle	5000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
185	Inj.	Moxifloxacin Infusion 400mg./250ml	Vial	5000	Rs._____	Rs._____
186	Inj.	Multivitamin 10ml	Amp	3000	Rs._____	Rs._____
187	Inj.	N-Cyanoacrylate N-Butyrelate	Vial	500	Rs._____	Rs._____
188	Inj.	Nalbuphine 10mg.	Amp	15000	Rs._____	Rs._____
189	Inj.	Nalbuphine 20mg.	Amp	3000	Rs._____	Rs._____
190	Inj.	Naloxon 0.4mg	Amp	2000	Rs._____	Rs._____
191	Inj.	Neostigmine Methol Sulphate 2.5mg	Amp	1000	Rs._____	Rs._____
192	Inj.	Nitroglycrine 10mg/10ml	Amp	500	Rs._____	Rs._____
193	Inj.	Noradrenaline/Norepinephrine 4mg/4ml	Amp	10000	Rs._____	Rs._____
194	Inj.	Octreotide 0.05 mg	Amp	6000	Rs._____	Rs._____
195	Inj.	Octreotide 0.1mg	Amp	4000	Rs._____	Rs._____
196	Inj.	Omeprazole 40mg	Vial	80000	Rs._____	Rs._____
197	Inj.	Oxytocin 5IU	Amp	50000	Rs._____	Rs._____
198	Inj.	Papaverine 30mg	Amp	600	Rs._____	Rs._____
199	Inj.	Paracetamol 1gm/100ml	Vial	25000	Rs._____	Rs._____
200	Inj.	PEG L-Asparaginase 3750IU	Vial	50	Rs._____	Rs._____
201	Inj.	Pegfilgrastim 6mg	Vial	100	Rs._____	Rs._____
202	Inj.	Pentazocine Lactate 30mg/1ml	Amp	2000	Rs._____	Rs._____
203	Inj.	PGF2 Alpha 1ml	Amp	200	Rs._____	Rs._____
204	Inj.	Phenobarbitone 200mg	Amp	3000	Rs._____	Rs._____
205	Inj.	Phenylepherine 10mg/ml	Amp	1000	Rs._____	Rs._____
206	Inj.	Phenytoin 250mg	Amp	2000	Rs._____	Rs._____
207	Inj.	Phloroglucinol/Trimethylephloroglucino 4ml	Amp	10000	Rs._____	Rs._____
208	Inj.	Piperacillin+Tazobactam 2.25gm	Vial	5000	Rs._____	Rs._____
209	Inj.	Piperacillin+Tazobactam 4.5gm	Vial	40000	Rs._____	Rs._____
210	Inj.	Pneumococal Adult 25mcg/0.5ml	Amp	100	Rs._____	Rs._____
211	Inj.	Pneumococal Peads 2mcg/0.5ml	Amp	100	Rs._____	Rs._____
212	Inj.	Polygeline 500ml	Bottle	2500	Rs._____	Rs._____
213	Inj.	Polymyxin 500000 Units	Vial	1000	Rs._____	Rs._____
214	Inj.	Potassium Chloride 7.4% I.V 20 ml.	Amp	20000	Rs._____	Rs._____
215	Inj.	Pralidoxime Chloride 20mg/ml 10ml	Amp	5000	Rs._____	Rs._____
216	Inj.	Procaine + Megnesium Chloride + Potasium 10ml	Vial	200	Rs._____	Rs._____
217	Inj.	Prochlorperazine 12.5mg	Amp	1000	Rs._____	Rs._____
218	Inj.	Progesterone 250mg/ml	Amp	1500	Rs._____	Rs._____
219	Inj.	Propofol 200mg/20ml	Amp	15000	Rs._____	Rs._____
220	Inj.	Protamine Sulphate 50mg	Amp	1000	Rs._____	Rs._____
221	Inj.	Quinine	Amp	500	Rs._____	Rs._____
222	Inj.	Rabies Anti Serum 5ml	Amp	1000	Rs._____	Rs._____
223	Inj.	Rabies Immunoglobulin 2ml	Vial	150	Rs._____	Rs._____
224	Inj.	Ranitidine 50mg	Amp	15000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
225	Inj.	Ringer Lactate 1000 ml	Bottle	30000	Rs._____	Rs._____
226	Inj.	Ringer Lactate 500 ml.	Bottle	10000	Rs._____	Rs._____
227	Inj.	Ringer Lactate-D 1000 ml	Bottle	1000	Rs._____	Rs._____
228	Inj.	Ringer Lactate-D 500 ml.	Bottle	1000	Rs._____	Rs._____
229	Inj.	Rocuronium Bromide 50mg	Amp	1000	Rs._____	Rs._____
230	Inj.	Romiplostim 250mcg	Vial	100	Rs._____	Rs._____
231	Inj.	Sodium Bicarbonate 0.7% I.V 50 ml.	Vial	8000	Rs._____	Rs._____
232	Inj.	Sodium Chloride 0.9% 1000ml	Bottle	50000	Rs._____	Rs._____
233	Inj.	Sodium Chloride 0.9% 100ml	Bottle	100000	Rs._____	Rs._____
234	Inj.	Sodium Chloride 0.9% 25ml	Amp	10000	Rs._____	Rs._____
235	Inj.	Sodium Chloride 0.9% 500ml	Bottle	10000	Rs._____	Rs._____
236	Inj.	Sodium Phosphate 15ml	Amp	100	Rs._____	Rs._____
237	Inj.	Streptokinase 1.5MIU	Vial	200	Rs._____	Rs._____
238	Inj.	Suxamethonium 100 mg	Amp	2000	Rs._____	Rs._____
239	Inj.	Teicoplanin 200mg	Vial	200	Rs._____	Rs._____
240	Inj.	Teicoplanin 400mg	Vial	200	Rs._____	Rs._____
241	Inj.	Terlipressin 1 mg	Vial	6000	Rs._____	Rs._____
242	Inj.	Testoviron 250mg/ml	Amp	200	Rs._____	Rs._____
243	Inj.	Tetanus Antitoxin 0.5 ml (WHO Pre Qualified)	Amp	30000	Rs._____	Rs._____
244	Inj.	Tetanus immunoglobulin	Amp	1000	Rs._____	Rs._____
245	Inj.	Thiopentone Sodium 500 mg	Amp	2000	Rs._____	Rs._____
246	Inj.	Total Par Enteral Nutrition 3 Chamber Bags 2500ml	Bag	1500	Rs._____	Rs._____
247	Inj.	Total Par Enteral Nutrition1500ml	Bag	500	Rs._____	Rs._____
248	Inj.	Tramadol 100mg/2ml	Amp	10000	Rs._____	Rs._____
249	Inj.	Tranexamic Acid 250 mg/5ml	Amp	3000	Rs._____	Rs._____
250	Inj.	Tranexamic Acid 500mg /5ml	Amp	30000	Rs._____	Rs._____
251	Inj.	Triamcinolone 40mg	Amp	2000	Rs._____	Rs._____
252	Inj.	Tygecycline 50mg	Vial	300	Rs._____	Rs._____
253	Inj.	Valproate/Divalproex 500mg/5ml	Amp	2000	Rs._____	Rs._____
254	Inj.	Vancomycin 1000mg	Vial	1000	Rs._____	Rs._____
255	Inj.	Vancomycin 500mg	Vial	20000	Rs._____	Rs._____
256	Inl.	Verapamil 5mg/2ml	Amp	3000	Rs._____	Rs._____
257	Inj.	Vesopression 10 Units/0.5ml	Amp	200	Rs._____	Rs._____
258	Inj.	Vitamin (B1, B6, B12) 3ml	Amp	10000	Rs._____	Rs._____
259	Inj.	Vitamin D3 600000IU	Amp	30000	Rs._____	Rs._____
260	Inj.	Vitamin K 10mg/ml	Amp	30000	Rs._____	Rs._____



## INTERFERON / ANTI VIRAL

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
261	Tab	Daclatasvir 60mg	Tab	25000	Rs. _____	Rs. _____
262	Inj.	PEG-Interferon Alpha-2A 180mcg	Amp	1000	Rs. _____	Rs. _____
263	Inj.	PEG-Interferon Alpha-2B 100mcg	Amp	500	Rs. _____	Rs. _____
264	Inj.	PEG-Interferon Alpha-2B 120mcg	Amp	500	Rs. _____	Rs. _____
265	Inj.	PEG-Interferon Alpha-2B 50mcg	Amp	300	Rs. _____	Rs. _____
266	Inj.	PEG-Interferon Alpha-2B 80mcg	Amp	300	Rs. _____	Rs. _____
267	Cap	Ribavirin 500mg	Cap	25000	Rs. _____	Rs. _____
268	Cap	Ribavirin 600mg	Cap	25000	Rs. _____	Rs. _____
269	Tab	Sofosbuvir 400mg	Tab	25000	Rs. _____	Rs. _____
270	Tab	Sofosbuvir 400mg + Velpatasvir 100mg	Tab	50000	Rs. _____	Rs. _____

## NARCOTIC DRUGS

271	Inj.	Buprenorphine 0.3mg/ml	Amp	100	Rs. _____	Rs. _____
272	Inj.	Fentanyl 50mcg/ml	Amp	100	Rs. _____	Rs. _____
273	Cap.	Morphine Sulphate 10mg	Cap	200	Rs. _____	Rs. _____
274	Inj.	Morphine Sulphate 15mg/ml	Amp	200	Rs. _____	Rs. _____
275	Cap.	Morphine Sulphate 30mg	Cap	200	Rs. _____	Rs. _____
276	Inj.	Pethidine 50mg	Amp	100	Rs. _____	Rs. _____

## ONCOLOGY MEDICINES/CYTOTOXIC ANTIMETABOLITES/MITOTIC INHIBITORS/ANTIBIOTIC/ALKYLATING AGENT/MICROTUBULE INHIBITORS

277	Inj.	Bleomycin 15mg	Vial	100	Rs. _____	Rs. _____
278	Tab.	Busulfan 2mg	Tab	100	Rs. _____	Rs. _____
279	Inj.	Busulfan 60mg/10ml	Vial	100	Rs. _____	Rs. _____
280	Tab.	Calcium Folate/Leucovorin 15mg	Tab	200	Rs. _____	Rs. _____
281	Inj.	Calcium Folate/Leucovorin 50mg	Vial	200	Rs. _____	Rs. _____
282	Inj.	Calcium Folate/Leucovorin 100mg	Vial	200	Rs. _____	Rs. _____
283	Tab.	Capecitabine 500mg	Tab	5000	Rs. _____	Rs. _____
284	Inj.	Carboplatin 150mg	Vial	100	Rs. _____	Rs. _____
285	Inj.	Carboplatin 50mg	Vial	100	Rs. _____	Rs. _____
286	Tab.	Chlorambucil 2mg	Tab	400	Rs. _____	Rs. _____
287	Inj.	Cisplatin 10mg	Amp	600	Rs. _____	Rs. _____
288	Inj.	Cisplatin 25mg	Amp	200	Rs. _____	Rs. _____
289	Inj.	Cisplatin 50mg	Amp	1000	Rs. _____	Rs. _____
290	Inj.	Cladribine 10mg	Vial	100	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
291	Inj.	Cyclophosphomide 1gm	Vial	600	Rs. _____	Rs. _____
292	Inj.	Cyclophosphomide 500mg	Vial	600	Rs. _____	Rs. _____
293	Tab.	Cyclophosphomide 50mg	Tab	500	Rs. _____	Rs. _____
294	Inj.	Cytarabien 20mg	Vial	100	Rs. _____	Rs. _____
295	Inj.	Cytarabien 500mg	Vial	100	Rs. _____	Rs. _____
296	Inj.	Dacarbazine 200mg	Vial	100	Rs. _____	Rs. _____
297	Inj.	Dacarbazine 500mg	Vial	100	Rs. _____	Rs. _____
298	Inj.	Docetaxel 20mg	Vial	100	Rs. _____	Rs. _____
299	Inj.	Doxorubicin 10mg	Amp	1000	Rs. _____	Rs. _____
300	Inj.	Doxorubicin 50mg	Amp	1000	Rs. _____	Rs. _____
301	Tab.	Eltrombopag Olamine 25mg	Tab	100	Rs. _____	Rs. _____
302	Tab.	Eltrombopag Olamine 50mg	Tab	100	Rs. _____	Rs. _____
303	Inj.	Epirubicin 10mg	Amp	300	Rs. _____	Rs. _____
304	Inj.	Epirubicin 50mg	Amp	300	Rs. _____	Rs. _____
305	Inj.	Etoposide 100mg	Vial	100	Rs. _____	Rs. _____
306	Inj.	Etoposide 20mg	Vial	100	Rs. _____	Rs. _____
307	Tab.	Everolimus 10mg	Tab	60	Rs. _____	Rs. _____
308	Inj.	Filgrastim 300mcg	Vial	1000	Rs. _____	Rs. _____
309	Inj.	Fludarabine Phosphate 50mg	Vial	100	Rs. _____	Rs. _____
310	Inj.	Gemcitabine 1gm	Vial	150	Rs. _____	Rs. _____
311	Inj.	Gemcitabine 200mg	Vial	300	Rs. _____	Rs. _____
312	Inj.	Granisetron 3mg	Vial	1000	Rs. _____	Rs. _____
313	Cap	Hydroxyurea 500mg	Cap	1000	Rs. _____	Rs. _____
314	Inj.	Idarubicin 10mg	Vial	100	Rs. _____	Rs. _____
315	Inj.	Idarubicin 20mg	Vial	100	Rs. _____	Rs. _____
316	Inj.	Idarubicin 5mg	Vial	100	Rs. _____	Rs. _____
317	Inj.	Ifosfomide 1gm	Vial	300	Rs. _____	Rs. _____
318	Inj.	Ifosfomide 2gm	Vial	300	Rs. _____	Rs. _____
319	Inj.	Interleukin 11 (12MIU/ 1.5mg)	Vial	200	Rs. _____	Rs. _____
320	Tab.	Lapatinib 250mg	Tab	140	Rs. _____	Rs. _____
321	Tab.	Letrozole 2.5 mg	Tab	1000	Rs. _____	Rs. _____
322	Tab.	Lorazepam 1mg	Tab	2000	Rs. _____	Rs. _____
323	Tab.	Lorazepam 2mg	Tab	2000	Rs. _____	Rs. _____
324	Tab.	Melphalan 2mg	Tab	100	Rs. _____	Rs. _____
325	Inj.	Melphalan 50mg	Vial	100	Rs. _____	Rs. _____
326	Tab.	Mercaptopurine 50mg	Tab	300	Rs. _____	Rs. _____
327	Inj.	Mesna 100mg	Amp	200	Rs. _____	Rs. _____
328	Tab.	Methotrexate 10mg	Tab	500	Rs. _____	Rs. _____
329	Inj.	Methotrexate 1gm	Vial	100	Rs. _____	Rs. _____
330	Tab.	Methotrexate 2.5mg	Tab	500	Rs. _____	Rs. _____
331	Inj.	Methotrexate 500mg	Vial	100	Rs. _____	Rs. _____
332	Inj.	Methotrexate 50mg	Vial	100	Rs. _____	Rs. _____
333	Inj.	Mitomycin 10mg	Vial	100	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
334	Inj.	Mitoxantrone 20mg	Vial	150	Rs. _____	Rs. _____
335	Inj.	Nilstron 5mg	Vial	100	Rs. _____	Rs. _____
336	Inj.	Octreotide LAR 20mg	Vial	10	Rs. _____	Rs. _____
337	Inj.	Octreotide LAR 30mg	Vial	10	Rs. _____	Rs. _____
338	Tab.	Ondansetron 8mg	Tab	1000	Rs. _____	Rs. _____
339	Inj.	Ondansetron 8mg	Amp	500	Rs. _____	Rs. _____
340	Inj.	Oxaliplatin 100mg	Vial	100	Rs. _____	Rs. _____
341	Inj.	Oxaliplatin 50mg	Vial	100	Rs. _____	Rs. _____
342	Inj.	Paclitaxel 150mg	Vial	100	Rs. _____	Rs. _____
343	Inj.	Paclitaxel 300mg	Vial	100	Rs. _____	Rs. _____
344	Inj.	Pamideronate 15mg	Vial	100	Rs. _____	Rs. _____
345	Inj.	Pamideronate 30mg	Vial	100	Rs. _____	Rs. _____
346	Inj.	Pamideronate 90mg	Vial	100	Rs. _____	Rs. _____
347	Tab	Pazopanib 400mg	Tab	60	Rs. _____	Rs. _____
348	Cap.	Procarbazine 50mg	Cap	100	Rs. _____	Rs. _____
349	Inj	Rituximab 100mg	Vial	100	Rs. _____	Rs. _____
350	Inj	Rituximab 500mg	Vial	100	Rs. _____	Rs. _____
351	Tab.	Ruxolitinib 15mg	Tab	112	Rs. _____	Rs. _____
352	Inj.	Secouracil 250mg	Vial	100	Rs. _____	Rs. _____
353	Tab.	Tamoxifen 10mg	Tab	500	Rs. _____	Rs. _____
354	Cap.	Tegafur 100mg + Uracil 224mg	Cap	5000	Rs. _____	Rs. _____
355	Inj.	Tirofiban 12.5mg/50ml	Vial	150	Rs. _____	Rs. _____
356	Inj.	Topisteran 5mg	Vial	100	Rs. _____	Rs. _____
357	Inj.	Topotecan 4mg	Vial	50	Rs. _____	Rs. _____
358	Inj.	Trastuzumab 440mg	Vial	10	Rs. _____	Rs. _____
359	Inj.	Venoraelebin 50mg	Vial	25	Rs. _____	Rs. _____
360	Inj.	Vinblastine Sulphate 10mg	Vial	100	Rs. _____	Rs. _____
361	Inj.	Vincristine 1mg	Amp	600	Rs. _____	Rs. _____
362	Inj.	Voriconazole 200mg	Vial	500	Rs. _____	Rs. _____
363	Inj.	Zoledronic Acid 4 mg.	Vial	100	Rs. _____	Rs. _____

## TABLET / CAPSULE

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
364	Tab	Acetazolamide 100mg	Tab	2000	Rs. _____	Rs. _____
365	Sach	Acetylcysteine 200mg/3gm	Sachet	5000	Rs. _____	Rs. _____
366	Tab	Acetylsalicylic Acid 75 mg	Tab	30000	Rs. _____	Rs. _____
367	Tab	Acorbose 100 mg	Tab	1000	Rs. _____	Rs. _____
368	Tab	Acorbose 50 mg	Tab	1000	Rs. _____	Rs. _____
369	Tab	Acydovir 200mg	Tab	1000	Rs. _____	Rs. _____
370	Tab	Acydovir 400mg	Tab	1000	Rs. _____	Rs. _____
371	Tab	Albendazole 200mg	Tab	1000	Rs. _____	Rs. _____
372	Tab	Alfacalcidol 0.5mg	Tab	3000	Rs. _____	Rs. _____
373	Tab	Allopurinol 100mg	Tab	3000	Rs. _____	Rs. _____
374	Tab	Allopurinol 300mg	Tab	2000	Rs. _____	Rs. _____
375	Tab	Alprazolam 0.25 mg	Tab	6000	Rs. _____	Rs. _____
376	Tab	Alprazolam 0.5 mg	Tab	6000	Rs. _____	Rs. _____
377	Tab	Amantadine 100mg	Tab	2000	Rs. _____	Rs. _____
378	Tab	Amitriptyline 25mg	Tab	3000	Rs. _____	Rs. _____
379	Tab	Amlodipine 10mg	Tab	15000	Rs. _____	Rs. _____
380	Tab	Amlodipine 5mg	Tab	15000	Rs. _____	Rs. _____
381	Tab	Amlodipine+Valsartan 10mg/160mg	Tab	2500	Rs. _____	Rs. _____
382	Tab	Amlodipine+Valsartan 5mg/80mg	Tab	5000	Rs. _____	Rs. _____
383	Tab.	Amoidrone	Tab	1000	Rs. _____	Rs. _____
384	Cap	Amoxicillin 500 mg	Cap.	75000	Rs. _____	Rs. _____
385	Cap	Ampicillin 500mg	Cap.	25000	Rs. _____	Rs. _____
386	Cap	Aprepitant 80mg	Cap.	300	Rs. _____	Rs. _____
387	Tab	Artimether 20mg + Lumefantrine120 mg.	Tab	10000	Rs. _____	Rs. _____
388	Tab	Artimether 40mg + Lumefantrine240 mg.	Tab	25000	Rs. _____	Rs. _____
389	Tab	Ascorbic 100mg	Tab	1000	Rs. _____	Rs. _____
390	Tab	Ascorbic 500mg	Tab	5000	Rs. _____	Rs. _____
391	Tab	Atenolol 100mg	Tab	3000	Rs. _____	Rs. _____
392	Tab	Atenolol 25mg	Tab	3000	Rs. _____	Rs. _____
393	Tab	Atenolol 50mg	Tab	6000	Rs. _____	Rs. _____
394	Tab	Atorvastatin 10 mg	Tab	6000	Rs. _____	Rs. _____
395	Tab	Atorvastatin 20 mg	Tab	2000	Rs. _____	Rs. _____
396	Cap	ATRA (All Trans Retinoic Acid) 10mg	Cap.	200	Rs. _____	Rs. _____
397	Tab	Azathioprine 50mg	Tab	5000	Rs. _____	Rs. _____
398	Tab	Azithromycin 250mg	Tab	4000	Rs. _____	Rs. _____
399	Tab	Azithromycin 500mg	Tab	5000	Rs. _____	Rs. _____
400	Tab	Beraprost Sodium 20mcg	Tab	2000	Rs. _____	Rs. _____
401	Tab	Betahistidine 16mg	Tab	6000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
402	Tab	Betahistidine 8mg	Tab	6000	Rs. _____	Rs. _____
403	Tab	Bisoprolol Fumarate 10mg	Tab	1000	Rs. _____	Rs. _____
404	Tab	Bisoprolol Fumarate 2.5mg	Tab	2000	Rs. _____	Rs. _____
405	Tab	Bisoprolol Fumarate 5mg	Tab	5000	Rs. _____	Rs. _____
406	Strip	Blood Sugar Test Individual Strips Pack with Lancet and Glucometer as per Hospital requirement	Strip	50000	Rs. _____	Rs. _____
407	Tab	Bosentan 125mg	Tab	1000	Rs. _____	Rs. _____
408	Tab	Bromazepam 3mg	Tab	5000	Rs. _____	Rs. _____
409	Tab	Calcium Carbonate, Vitamin D3 125mg/125 IU	Tab	50000	Rs. _____	Rs. _____
410	Tab	Calcium, Multivitamins 400mg	Tab	5000	Rs. _____	Rs. _____
411	Tab	Calcium, Vitamin D & C, Effervescent 1000mg	Tab	30000	Rs. _____	Rs. _____
412	Tab	Captopril 25 mg	Tab	10000	Rs. _____	Rs. _____
413	Tab	Carbamazepine 200mg	Tab	10000	Rs. _____	Rs. _____
414	Tab	Carbimazole 5mg	Tab	2000	Rs. _____	Rs. _____
415	Tab	Carvedilol 12.5mg	Tab	2000	Rs. _____	Rs. _____
416	Tab	Carvedilol 25mg	Tab	1000	Rs. _____	Rs. _____
417	Tab	Carvedilol 6.25 mg	Tab	5000	Rs. _____	Rs. _____
418	Cap	Cefixime 200 mg	Cap.	2000	Rs. _____	Rs. _____
419	Cap	Cefixime 400 mg	Cap.	6000	Rs. _____	Rs. _____
420	Tab	Cefuroxime 250mg.	Tab	2000	Rs. _____	Rs. _____
421	Cap	Cephadrine 250mg	Cap.	3000	Rs. _____	Rs. _____
422	Cap	Cephadrine 500mg	Cap.	6000	Rs. _____	Rs. _____
423	Tab	Cetirizine 10mg	Tab	20000	Rs. _____	Rs. _____
424	Tab	Chloroquine 250mg	Tab	2000	Rs. _____	Rs. _____
425	Tab	Chlorpheniramine 4mg	Tab	100000	Rs. _____	Rs. _____
426	Tab	Chlorpheniramine Maleate 25mg	Tab	5000	Rs. _____	Rs. _____
427	Tab	Chlorpromazine 100mg	Tab	1000	Rs. _____	Rs. _____
428	Sachet	Cholestyramine 4gm	Sachet	500	Rs. _____	Rs. _____
429	Tab	Cilostazol 500mg	Tab	500	Rs. _____	Rs. _____
430	Tab	Ciprofloxacin 250mg	Tab	20000	Rs. _____	Rs. _____
431	Tab	Ciprofloxacin 500mg	Tab	60000	Rs. _____	Rs. _____
432	Tab	Citalopram 20mg	Tab	6000	Rs. _____	Rs. _____
433	Tab	Clarithromycin 250mg	Tab	5000	Rs. _____	Rs. _____
434	Tab	Clarithromycin 500mg	Tab	40000	Rs. _____	Rs. _____
435	Tab	Clarithromycin XL	Tab	1000	Rs. _____	Rs. _____
436	Tab	Clavulanic Acid + Amoxicillin 1gm	Tab	40000	Rs. _____	Rs. _____
437	Tab	Clavulanic Acid + Amoxicillin 375mg	Tab	25000	Rs. _____	Rs. _____
438	Tab	Clavulanic Acid + Amoxicillin 625mg	Tab	100000	Rs. _____	Rs. _____
439	Tab	Clemestine 1mg	Tab	1000	Rs. _____	Rs. _____
440	Cap	Clindamycin 300mg	Cap.	3000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
441	Tab	Clonazepam 0.5mg	Tab	5000	Rs. _____	Rs. _____
442	Tab	Clopidogrel 75mg	Tab	10000	Rs. _____	Rs. _____
443	Tab	Clopidogrel 75mg + Asprin 75mg	Tab	5000	Rs. _____	Rs. _____
444	Tab	Clotrimazole Vaginal Pessary	Tab	3000	Rs. _____	Rs. _____
445	Cap	Cloxacillin 250mg	Cap.	2000	Rs. _____	Rs. _____
446	Tab	Co-Trimaxazole	Tab	1000	Rs. _____	Rs. _____
447	Tab	Co-Trimaxazole DS	Tab	1000	Rs. _____	Rs. _____
448	Cap	Cyclosporin 100mg	Cap.	1000	Rs. _____	Rs. _____
449	Cap	Cyclosporin 25mg	Cap.	1000	Rs. _____	Rs. _____
450	Cap	Cyclosporin 50mg	Cap.	1000	Rs. _____	Rs. _____
451	Cap	Dabigatran 150mg	Cap.	500	Rs. _____	Rs. _____
452	Tab	Deferasirox 100mg	Tab	2000	Rs. _____	Rs. _____
453	Tab	Deferasirox 400mg	Tab	5000	Rs. _____	Rs. _____
454	Tab	Deferiprone 500mg	Tab	1000	Rs. _____	Rs. _____
455	Tab	Dexamethasone 0.5mg	Tab	100000	Rs. _____	Rs. _____
456	Tab	Diamicron 30mg	Tab	2000	Rs. _____	Rs. _____
457	Tab	Diamicron 60mg	Tab	2000	Rs. _____	Rs. _____
458	Tab	Diamicron 80mg	Tab	2000	Rs. _____	Rs. _____
459	Tab	Diazepam 10mg	Tab	2000	Rs. _____	Rs. _____
460	Tab	Diazepam 5mg	Tab	5000	Rs. _____	Rs. _____
461	Tab	Diclofenac 50mg + Misoprostol 200mg	Tab	5000	Rs. _____	Rs. _____
462	Tab	Diclofenac Potassium 50mg	Tab	25000	Rs. _____	Rs. _____
463	Tab	Diclofenac Sodium 50mg	Tab	50000	Rs. _____	Rs. _____
464	Supp	Diclofenac Suppositories 100mg	Nos	6000	Rs. _____	Rs. _____
465	Supp	Diclofenac Suppositories 25mg	Nos	1000	Rs. _____	Rs. _____
466	Tab	Digoxin 250mcg	Tab	2000	Rs. _____	Rs. _____
467	Tab	Diltiazem 30mg	Tab	2000	Rs. _____	Rs. _____
468	Tab	Diltiazem 60mg	Tab	1000	Rs. _____	Rs. _____
469	Tab	Dimenhydrinate 50mg	Tab	50000	Rs. _____	Rs. _____
470	Tab	Dinoprostone 3mg Vaginal	Tab	400	Rs. _____	Rs. _____
471	Tab	Disprin 300mg	Tab	2000	Rs. _____	Rs. _____
472	Tab	Domperidone 10mg	Tab	100000	Rs. _____	Rs. _____
473	Tab	Domperidone 12.72mg	Tab	3000	Rs. _____	Rs. _____
474	Cap	Doxycycline 100 mg	Cap.	10000	Rs. _____	Rs. _____
475	Tab	Drotaverine 40mg	Tab	15000	Rs. _____	Rs. _____
476	Tab	Drotaverine 80mg	Tab	30000	Rs. _____	Rs. _____
477	Tab	Dydrogesterone 10mg	Tab	5000	Rs. _____	Rs. _____
478	Tab	Enalapril Maleate 5 mg	Tab	5000	Rs. _____	Rs. _____
479	Tab	Enalapril Maleate 10 mg	Tab	2000	Rs. _____	Rs. _____
480	Tab	Entecavir 0.5mg	Tab	5000	Rs. _____	Rs. _____
481	Tab	Entecavir 1mg	Tab	2000	Rs. _____	Rs. _____
482	Tab	Erythromycin 500mg	Tab	1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
483	Tab	Escitalopram 5mg	Tab	1000	Rs. _____	Rs. _____
484	Tab	Escitalopram 10mg	Tab	6000	Rs. _____	Rs. _____
485	Tab	Escitalopram 20mg	Tab	1000	Rs. _____	Rs. _____
486	Cap	Esomeprazole 20mg	Cap.	80000	Rs. _____	Rs. _____
487	Cap	Esomeprazole 40mg	Cap.	60000	Rs. _____	Rs. _____
488	Tab	Famciclovir 250mg	Tab	500	Rs. _____	Rs. _____
489	Tab	Famotidine 20mg	Tab	2000	Rs. _____	Rs. _____
490	Tab	Febuxostat 40mg	Tab	2000	Rs. _____	Rs. _____
491	Tab	Febuxostat 80mg	Tab	2000	Rs. _____	Rs. _____
492	Cap	Fenofibrate 200mg	Cap.	3000	Rs. _____	Rs. _____
493	Tab	Ferrous Sulphate (Blister Pack)	Tab	20000	Rs. _____	Rs. _____
494	Cap	Ferrous Sulphate + Folic Acid + Vitamin C + B- Complex	Cap.	30000	Rs. _____	Rs. _____
495	Tab	Fexofenadine 120 mg	Tab	10000	Rs. _____	Rs. _____
496	Tab	Fexofenadine 180 mg	Tab	5000	Rs. _____	Rs. _____
497	Tab	Fexofenadine 60 mg	Tab	10000	Rs. _____	Rs. _____
498	Tab	Fexofenadine 60mg + Pseudoephedrine 120mg	Tab	10000	Rs. _____	Rs. _____
499	Tab	Flavoxate (HCL) 200mg	Tab	6000	Rs. _____	Rs. _____
500	Cap	Fluconazole 150mg	Cap.	1500	Rs. _____	Rs. _____
501	Cap	Fluconazole 50mg	Cap.	3000	Rs. _____	Rs. _____
502	Cap	Fluoxetine 20mg	Cap.	5000	Rs. _____	Rs. _____
503	Tab	Fluphenazine, Nortriptyline 0.5mg/10mg	Tab	3000	Rs. _____	Rs. _____
504	Tab	Flurbiprofen 100mg	Tab	10000	Rs. _____	Rs. _____
505	Tab	Folic Acid 5mg	Tab	100000	Rs. _____	Rs. _____
506	Cap	Fosfomycin Calcium 500mg	Cap.	2000	Rs. _____	Rs. _____
507	Tab	Furosemide 20mg	Tab	5000	Rs. _____	Rs. _____
508	Tab	Furosemide 40mg	Tab	10000	Rs. _____	Rs. _____
509	Cap	Gabapentin 100 mg	Cap.	10000	Rs. _____	Rs. _____
510	Cap	Gabapentin 300 mg	Cap.	5000	Rs. _____	Rs. _____
511	Tab	Gemfibrozil 600mg	Tab	1000	Rs. _____	Rs. _____
512	Tab	Gemifloxacin 320mg	Tab	2000	Rs. _____	Rs. _____
513	Tab	Glantamine 16mg	Tab	1000	Rs. _____	Rs. _____
514	Tab	Glantamine 8mg	Tab	1000	Rs. _____	Rs. _____
515	Tab	Glibenclamide 5mg	Tab	20000	Rs. _____	Rs. _____
516	Tab	Glibenclamide+Metformin 5mg/500mg	Tab	1000	Rs. _____	Rs. _____
517	Tab	Gliclazide 30mg	Tab	1000	Rs. _____	Rs. _____
518	Tab	Gliclazide 60mg	Tab	1000	Rs. _____	Rs. _____
519	Tab	Gliclazide 80mg	Tab	1000	Rs. _____	Rs. _____
520	Tab	Glimepiride 1 mg + Metformine 500mg	Tab	2000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
521	Tab	Glimepiride 1mg	Tab	10000	Rs. _____	Rs. _____
522	Tab	Glimepiride 2 mg + Metformine 500mg	Tab	2000	Rs. _____	Rs. _____
523	Tab	Glimepiride 2mg	Tab	10000	Rs. _____	Rs. _____
524	Tab	Glimepiride 3mg	Tab	5000	Rs. _____	Rs. _____
525	Tab	Glimepiride 4mg	Tab	10000	Rs. _____	Rs. _____
526	Patch	Glyceryl Tinitrate 10mg (Patch)	Patch	1000	Rs. _____	Rs. _____
527	Patch	Glyceryl Tinitrate 5mg (Patch)	Patch	1000	Rs. _____	Rs. _____
528	Spray	Glyceryl Trinitrate 0.4mg	Spray	500	Rs. _____	Rs. _____
529	Tab	Glyceryl Trinitrate 0.5mg	Tab	5000	Rs. _____	Rs. _____
530	Tab	Glyceryl Trinitrate 2.6mg	Tab	2000	Rs. _____	Rs. _____
531	Tab	Glyceryl Trinitrate 6.4mg	Tab	2000	Rs. _____	Rs. _____
532	Tab	Granisetron 1mg	Tab	1000	Rs. _____	Rs. _____
533	Tab	Haloperidol 10mg	Tab	2000	Rs. _____	Rs. _____
534	Tab	Haloperidol 5mg	Tab	2000	Rs. _____	Rs. _____
535	Tab	Hydralazine 25mg	Tab	3000	Rs. _____	Rs. _____
536	Tab	Hydrochlorthiazide 25mg	Tab	2000	Rs. _____	Rs. _____
537	Tab	Hysocine, Paracetamol 10mg/500mg	Tab	3000	Rs. _____	Rs. _____
538	Tab	Ibuprofen 200 mg	Tab	10000	Rs. _____	Rs. _____
539	Tab	Ibuprofen 400 mg	Tab	100000	Rs. _____	Rs. _____
540	Tab	Indapamide 1.25mg	Tab	500	Rs. _____	Rs. _____
541	Cap	Indomethacin 25mg	Cap.	50000	Rs. _____	Rs. _____
542	Tab	Irbesartan 75mg	Tab	5000	Rs. _____	Rs. _____
543	Tab	Iron + Folic Acid 150mg/0.5mg	Tab	10000	Rs. _____	Rs. _____
544	Tab	Iron, Multivitamin, Folic Acid 150mg/50mg/0.5mg	Tab	10000	Rs. _____	Rs. _____
545	Tab	Isoconazole intravaginal	Tab	150	Rs. _____	Rs. _____
546	Tab	Isosorbide (Dinitrate) 10mg	Tab	1000	Rs. _____	Rs. _____
547	Tab	Isosorbide (Dinitrate) 20mg	Tab	5000	Rs. _____	Rs. _____
548	Tab	Isosorbide (Mononitrate) 20mg	Tab	2000	Rs. _____	Rs. _____
549	Tab	Isosorbide (Mononitrate) 40mg	Tab	1000	Rs. _____	Rs. _____
550	Cap	Isosorbide (Mononitrate) 50mg	Cap.	2000	Rs. _____	Rs. _____
551	Tab	Itopride 150mg	Tab	4000	Rs. _____	Rs. _____
552	Tab	Itopride 50mg	Tab	10000	Rs. _____	Rs. _____
553	Tab	Itraconazole 100mg	Tab	5000	Rs. _____	Rs. _____
554	Tab	Ketoconazole 200mg	Tab	1000	Rs. _____	Rs. _____
555	Tab	Labetolol 100mg	Tab	2000	Rs. _____	Rs. _____
556	Tab	Lanoxin 0.25mg	Tab	1000	Rs. _____	Rs. _____
557	Tab	Lansoprazole 30mg	Tab	5000	Rs. _____	Rs. _____
558	Tab	Leflunomide 20mg	Tab	200	Rs. _____	Rs. _____
559	Cap	Lenalidomide 10mg	Cap.	200	Rs. _____	Rs. _____
560	Tab	Levetiracetam 250mg	Tab	3000	Rs. _____	Rs. _____
561	Tab	Levetiracetam 500mg	Tab	3000	Rs. _____	Rs. _____



Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
562	Tab	Levodopa 100mg	Tab	3000	Rs. _____	Rs. _____
563	Tab	Levodopa 25mg	Tab	3000	Rs. _____	Rs. _____
564	Tab	Levofloxacin 250mg	Tab	10000	Rs. _____	Rs. _____
565	Tab	Levofloxacin 500mg	Tab	40000	Rs. _____	Rs. _____
566	Tab	Levofloxacin 750mg	Tab	10000	Rs. _____	Rs. _____
567	Tab	Levosulpiride 25mg	Tab	10000	Rs. _____	Rs. _____
568	Tab	Levothyroxin 50mcg	Tab	5000	Rs. _____	Rs. _____
569	Tab	Linezolid 600mg	Tab	20000	Rs. _____	Rs. _____
570	Tab	Lisinopril 10mg	Tab	3000	Rs. _____	Rs. _____
571	Tab	Lisinopril 5mg	Tab	3000	Rs. _____	Rs. _____
572	Tab	Loperamide 2mg	Tab	2000	Rs. _____	Rs. _____
573	Tab	Loratidine 10mg	Tab	20000	Rs. _____	Rs. _____
574	Tab	Losartan 50mg.	Tab	5000	Rs. _____	Rs. _____
575	Tab	Losartan/Hydrochloride 50mg/12.5mg.	Tab	3000	Rs. _____	Rs. _____
576	Tab	Magnesium Tricilate (Antacid)	Tab	50000	Rs. _____	Rs. _____
577	Tab	Mebendazole 100mg	Tab	1000	Rs. _____	Rs. _____
578	Tab	Mebendazole 500mg	Tab	1000	Rs. _____	Rs. _____
579	Tab	Mebeverine 200mg	Tab	5000	Rs. _____	Rs. _____
580	Tab	Meclozine,Pyridoxine 25mg/50mg	Tab	3000	Rs. _____	Rs. _____
581	Tab	Mecobalamin 500mcg	Tab	15000	Rs. _____	Rs. _____
582	Tab	Mefenamic Acid 250mg	Tab	200000	Rs. _____	Rs. _____
583	Tab	Mefenamic Acid 500mg	Tab	100000	Rs. _____	Rs. _____
584	Tab.	Meloxicam 15mg	Tab	5000	Rs. _____	Rs. _____
585	Tab.	Meloxicam 7.5mg	Tab	10000	Rs. _____	Rs. _____
586	Tab	Memantine 10mg	Tab	1000	Rs. _____	Rs. _____
587	Tab	Mesalamine 400mg	Tab	1500	Rs. _____	Rs. _____
588	Tab	Mesalamine 800mg	Tab	2000	Rs. _____	Rs. _____
589	Tab	Mesalazine 400mg	Tab	2000	Rs. _____	Rs. _____
590	Tab	Metoprolol 25mg	Tab	4000	Rs. _____	Rs. _____
591	Tab	Metformin 1000mg	Tab	10000	Rs. _____	Rs. _____
592	Tab	Metformin 250mg	Tab	6000	Rs. _____	Rs. _____
593	Tab	Metformin 500mg	Tab	30000	Rs. _____	Rs. _____
594	Tab	Metformin 850mg	Tab	6000	Rs. _____	Rs. _____
595	Tab	Methyldopa 250 mg	Tab	2000	Rs. _____	Rs. _____
596	Tab	Methylprednisolone 4mg	Tab	3000	Rs. _____	Rs. _____
597	Tab	Metoclopramide 10mg	Tab	10000	Rs. _____	Rs. _____
598	Tab	Metolazone 10mg	Tab	1000	Rs. _____	Rs. _____
599	Tab	Metolazone 2.5mg	Tab	1000	Rs. _____	Rs. _____
600	Tab	Metolazone 5mg	Tab	1000	Rs. _____	Rs. _____
601	Tab	Metoprolol 100mg	Tab	2000	Rs. _____	Rs. _____
602	Tab	Metoprolol 50mg	Tab	1000	Rs. _____	Rs. _____
603	Tab	Metronidazole 200mg	Tab	2000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
604	Tab	Metronidazole 200mg + Diloxamide Furoate 250mg	Tab	5000	Rs. _____	Rs. _____
605	Tab	Metronidazole 400mg	Tab	100000	Rs. _____	Rs. _____
606	Tab	Metronidazole 400mg + Diloxamide Furoate 500mg	Tab	10000	Rs. _____	Rs. _____
607	Tab.	Midazolam 7.5mg	Tab	2000	Rs. _____	Rs. _____
608	Tab	Misoprostol 200 Mcg	Tab	5000	Rs. _____	Rs. _____
609	Tab	Montelukast Sodium 10 mg	Tab	15000	Rs. _____	Rs. _____
610	Tab	Montelukast Sodium 4 mg	Tab	2000	Rs. _____	Rs. _____
611	Sachet	Montelukast Sodium 4mg (Sachet)	Sacht	3000	Rs. _____	Rs. _____
612	Tab	Montelukast Sodium 5 mg	Tab	5000	Rs. _____	Rs. _____
613	Tab	Moxifloxacin 400mg	Tab	25000	Rs. _____	Rs. _____
614	Tab	Mycophenolate Mofetil 500mg	Tab	1500	Rs. _____	Rs. _____
615	Tab	Mycophenolate Sodium Salt 180mg	Tab	500	Rs. _____	Rs. _____
616	Tab	Mycophenolate Sodium Salt 360mg	Tab	1000	Rs. _____	Rs. _____
617	Tab	Naproxen Sodium 250mg	Tab	10000	Rs. _____	Rs. _____
618	Tab	Naproxen Sodium 500mg	Tab	10000	Rs. _____	Rs. _____
619	Tab	Nicorandil 10mg	Tab	1000	Rs. _____	Rs. _____
620	Tab	Nifedipine 20mg	Tab	1000	Rs. _____	Rs. _____
621	Tab	Nifedipine 30mg	Tab	3000	Rs. _____	Rs. _____
622	Tab	Nimodipine 30mg	Tab	2500	Rs. _____	Rs. _____
623	Tab	Nimsulide 100mg	Tab	10000	Rs. _____	Rs. _____
624	Tab	Nitroglycerin 0.5mg	Tab	5000	Rs. _____	Rs. _____
625	Tab	Norethisterone 5mg	Tab	5000	Rs. _____	Rs. _____
626	Tab	Ofloxacin 200mg	Tab	2000	Rs. _____	Rs. _____
627	Cap	Oil of Evening Primrose 500mg	Cap.	2000	Rs. _____	Rs. _____
628	Tab	Olanzapine 10mg	Tab	1000	Rs. _____	Rs. _____
629	Tab	Olanzapine 5mg	Tab	1000	Rs. _____	Rs. _____
630	Cap	Omeprazole 20mg	Cap.	100000	Rs. _____	Rs. _____
631	Cap	Omeprazole 40mg	Cap.	50000	Rs. _____	Rs. _____
632	Tab	Orphenadrine 35mg + Paracetamol 450mg	Tab	20000	Rs. _____	Rs. _____
633	Tab	Orphenadrine 50mg + Paracetamol 650mg	Tab	60000	Rs. _____	Rs. _____
634	Cap	Oxytetracycline 250mg	Cap.	10000	Rs. _____	Rs. _____
635	Cap	Pantoprazole 40mg	Cap.	10000	Rs. _____	Rs. _____
636	Tab	Paracetamol 500mg	Tab	800000	Rs. _____	Rs. _____
637	Tab	Paracetamol Caffiene 500mg	Tab	4000	Rs. _____	Rs. _____
638	Supp	Paracetamol Suppositories 125mg	Nos	1000	Rs. _____	Rs. _____
639	Supp	Paracetamol Suppositories 250mg	Nos	2000	Rs. _____	Rs. _____
640	Tab	Perindopril 4mg	Tab	5000	Rs. _____	Rs. _____
641	Tab	Phenobarbitone 30mg	Tab	2000	Rs. _____	Rs. _____
642	Tab	Phenytoin Sodium	Tab	3000	Rs. _____	Rs. _____

Sr. #	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
643	Tab	Phloroglucinol/Primethylphloroglucinol 80mg/80mg	Tab	10000	Rs. _____	Rs. _____
644	Tab	Phloroglucinol/Trimethylephloroglucino 80mg	Tab	5000	Rs. _____	Rs. _____
645	Cap	Piroxicam 20mg	Cap	5000	Rs. _____	Rs. _____
646	Tab.	Posaconazole 100mg	Tab	1000	Rs. _____	Rs. _____
647	Tab	Potassium Chloride 500mg	Tab	5000	Rs. _____	Rs. _____
648	Tab	Prednisolone 5mg	Tab	100000	Rs. _____	Rs. _____
649	Tab	Prednisolone 5mg (Enteric coated)	Tab	50000	Rs. _____	Rs. _____
650	Cap	Pregabalin 150mg	Cap	5000	Rs. _____	Rs. _____
651	Cap	Pregabalin 50mg	Cap	10000	Rs. _____	Rs. _____
652	Cap	Pregabalin 75mg	Cap	10000	Rs. _____	Rs. _____
653	Tab	Primaquine 15mg	Tab	2000	Rs. _____	Rs. _____
654	Tab	Prochlorperazine 5mg	Tab	5000	Rs. _____	Rs. _____
655	Tab	Procyclidine 5mg	Tab	5000	Rs. _____	Rs. _____
656	Tab	Progyluton	Tab	1000	Rs. _____	Rs. _____
657	Tab	Progynova 2mg	Tab	1000	Rs. _____	Rs. _____
658	Tab	Propranolol 10 mg	Tab	15000	Rs. _____	Rs. _____
659	Tab	Propranolol 40 mg	Tab	8000	Rs. _____	Rs. _____
660	Tab.	Propyphenazone Caffeine 25mg+75mg	Tab	3000	Rs. _____	Rs. _____
661	Tab	Prosugrel 5 mg.	Tab	1000	Rs. _____	Rs. _____
662	Tab	Prothiadine 25 mg	Tab	5000	Rs. _____	Rs. _____
663	Tab	Prothiadine 75 mg	Tab	5000	Rs. _____	Rs. _____
664	Tab	PTU 5mg	Tab	1000	Rs. _____	Rs. _____
665	Tab	Pyridostigmine 30mg	Tab	2000	Rs. _____	Rs. _____
666	Tab	Quetiapine 100mg	Tab	2000	Rs. _____	Rs. _____
667	Tab	Quetiapine 25mg	Tab	2000	Rs. _____	Rs. _____
668	Tab	Quinine 50mg	Tab	2000	Rs. _____	Rs. _____
669	Tab	Rabaprazole 20mg	Tab	2000	Rs. _____	Rs. _____
670	Tab	Ramipril 10mg	Tab	1000	Rs. _____	Rs. _____
671	Tab	Ramipril 2.5mg	Tab	5000	Rs. _____	Rs. _____
672	Tab	Ramipril 5mg	Tab	5000	Rs. _____	Rs. _____
673	Tab	Ranitidine 150 mg	Tab	15000	Rs. _____	Rs. _____
674	Tab	Rifaximin 550 mg.	Tab	10000	Rs. _____	Rs. _____
675	Tab	Risperidone 1mg	Tab	2000	Rs. _____	Rs. _____
676	Tab	Risperidone 2mg	Tab	3000	Rs. _____	Rs. _____
677	Tab	Risperidone 3mg	Tab	1500	Rs. _____	Rs. _____
678	Tab	Risperidone 4mg	Tab	3000	Rs. _____	Rs. _____
679	Tab	Rivaroxaban 10mg	Tab	1000	Rs. _____	Rs. _____
680	Tab	Rivaroxaban 10mg	Tab	1000	Rs. _____	Rs. _____
681	Tab	Rivaroxaban 20mg	Tab	1000	Rs. _____	Rs. _____
682	Tab	Rivaroxaban 20mg	Tab	1000	Rs. _____	Rs. _____

Sr. #	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
683	Tab	Rivastigmine 3mg	Tab	1000	Rs. _____	Rs. _____
684	Tab	Rivastigmine 6mg	Tab	1000	Rs. _____	Rs. _____
685	Tab	Ropinrole 0.25mg	Tab	3000	Rs. _____	Rs. _____
686	Tab	Ropinrole 0.5mg	Tab	3000	Rs. _____	Rs. _____
687	Tab	Ropinrole 1mg	Tab	3000	Rs. _____	Rs. _____
688	Tab	Ropinrole 2mg	Tab	3000	Rs. _____	Rs. _____
689	Tab	Rosuvastatin 10mg	Tab	10000	Rs. _____	Rs. _____
690	Tab	Rosuvastatin 20mg	Tab	2000	Rs. _____	Rs. _____
691	Tab	Rosuvastatin 5mg	Tab	3000	Rs. _____	Rs. _____
692	Tab	Serratiopeptidase 10mg	Tab	10000	Rs. _____	Rs. _____
693	Tab	Serratiopeptidase 5mg	Tab	5000	Rs. _____	Rs. _____
694	Tab	Sertraline 50mg	Tab	1000	Rs. _____	Rs. _____
695	Cap	Sirolimus 0.5mg	Cap	100	Rs. _____	Rs. _____
696	Tab	Sitagliptin + Metfor+C1066min 50mg/1000mg	Tab	3000	Rs. _____	Rs. _____
697	Tab	Sitagliptin + Metformin 50mg/500mg	Tab	3000	Rs. _____	Rs. _____
698	Tab	Sitagliptin 50mg	Tab	6000	Rs. _____	Rs. _____
699	Tab	Sodium Bicarbonate 300mg	Tab	5000	Rs. _____	Rs. _____
700	Tab	Sodium Picosulphate 5mg	Tab	5000	Rs. _____	Rs. _____
701	Tab	Solifenacin 5mg	Tab	2000	Rs. _____	Rs. _____
702	Tab	Spironolactone 100mg	Tab	3000	Rs. _____	Rs. _____
703	Tab	Spironolactone 25mg	Tab	2000	Rs. _____	Rs. _____
704	Tab	Sulfasalazine 250mg	Tab	1000	Rs. _____	Rs. _____
705	Tab	Sulfasalazine 500mg	Tab	3000	Rs. _____	Rs. _____
706	Tab	Sumatriptan 100mg	Tab	2000	Rs. _____	Rs. _____
707	Tab	Sumatriptan 25mg	Tab	2000	Rs. _____	Rs. _____
708	Tab	Sumatriptan 50mg	Tab	2000	Rs. _____	Rs. _____
709	Cap	Tacrolimus 0.5mg	Cap	500	Rs. _____	Rs. _____
710	Cap	Tacrolimus 1mg	Cap	500	Rs. _____	Rs. _____
711	Cap	Tamsulosin 0.4mg	Cap	5000	Rs. _____	Rs. _____
712	Tab	Tenofovir 300mg	Tab	20000	Rs. _____	Rs. _____
713	Tab	Tenofovir Alafenamide 25mg	Tab	2000	Rs. _____	Rs. _____
714	Tab	Terbinafine 250mg	Tab	1000	Rs. _____	Rs. _____
715	Tab	Terbinafine 125mg	Tab	2000	Rs. _____	Rs. _____
716	Cap	Thalidomide 100mg	Cap	200	Rs. _____	Rs. _____
717	Cap	Thalidomide 50mg	Cap	200	Rs. _____	Rs. _____
718	Tab	Tinidazole 500mg	Tab	1000	Rs. _____	Rs. _____
719	Tab	Tizanidine 2mg	Tab	5000	Rs. _____	Rs. _____
720	Tab	Tolteridone 2mg	Tab	2000	Rs. _____	Rs. _____
721	Tab	Topiramate 100mg	Tab	5000	Rs. _____	Rs. _____
722	Tab	Topiramate 25mg	Tab	5000	Rs. _____	Rs. _____
723	Tab	Topiramate 50mg	Tab	5000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
724	Cap	Tramadol 50mg	Cap	15000	Rs. _____	Rs. _____
725	Cap	Tramadol SR 100mg	Cap	6000	Rs. _____	Rs. _____
726	Cap	Tranexamic Acid 250mg	Cap	5000	Rs. _____	Rs. _____
727	Cap	Tranexamic Acid 500mg	Cap	50000	Rs. _____	Rs. _____
728	Tab	Trimetadazine MR 35mg	Tab	5000	Rs. _____	Rs. _____
729	Cap	Urso Deoxycholic Acid 300mg	Cap	500	Rs. _____	Rs. _____
730	Tab	Valacyclovir 500mg	Tab	1000	Rs. _____	Rs. _____
731	Tab	Valgancyclovir 450mg	Tab	500	Rs. _____	Rs. _____
732	Tab	Valproate/Divalproex 250mg	Tab	5000	Rs. _____	Rs. _____
733	Tab	Valproate/Divalproex 500mg	Tab	3000	Rs. _____	Rs. _____
734	Tab	Valproate/Divalproex CR 500mg	Tab	2000	Rs. _____	Rs. _____
735	Tab	Valsartan 80mg	Tab	5000	Rs. _____	Rs. _____
736	Tab	Valsartan/Hydrochlorothiazide 80mg/12.5mg	Tab	5000	Rs. _____	Rs. _____
737	Tab	Verapamil 240mg	Tab	500	Rs. _____	Rs. _____
738	Tab	Verapamil 40mg	Tab	1000	Rs. _____	Rs. _____
739	Tab	Verapamil 80mg	Tab	1000	Rs. _____	Rs. _____
740	Tab	Vildagliptin + Metformin 50mg/1000mg	Tab	3000	Rs. _____	Rs. _____
741	Tab	Vildagliptin + Metformin 50mg/850mg	Tab	3000	Rs. _____	Rs. _____
742	Tab	Vildagliptin 50mg	Tab	10000	Rs. _____	Rs. _____
743	Tab	Vitamin (B1, B6, B12)	Tab	20000	Rs. _____	Rs. _____
744	Tab	Vitamin B,C (B. Complex)	Tab	100000	Rs. _____	Rs. _____
745	Tab	Vitamin C (Calciferol / Calcim) 5mcg/80mcg	Tab	6000	Rs. _____	Rs. _____
746	Tab	Vitamin E 200mg	Tab	5000	Rs. _____	Rs. _____
747	Tab	Vitamin E 400mg	Tab	10000	Rs. _____	Rs. _____
748	Tab	Vitamin E,C (Zinc)	Tab	25000	Rs. _____	Rs. _____
749	Tab	Vitamin Multi (Ascorbic Acid / Biotin) 60mg/0.15mg	Tab	40000	Rs. _____	Rs. _____
750	Tab	Voriconazole 200mg	Tab	1000	Rs. _____	Rs. _____
751	Tab	Voriconazole 50mg	Tab	1000	Rs. _____	Rs. _____
752	Tab	Warfarin 1mg	Tab	5000	Rs. _____	Rs. _____
753	Tab	Warfarin 5mg	Tab	5000	Rs. _____	Rs. _____
754	Tab	Zolpitrriptan 2.5mg	Tab	2000	Rs. _____	Rs. _____
755	Tab	Zolpitrriptan 5mg	Tab	2000	Rs. _____	Rs. _____

## ANTI TUBERCLOSIS

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
756	Tab.	Ethambutol 400mg	Tab	75000	Rs._____	Rs._____
757	Tab.	Isoniazid 100mg	Tab	10000	Rs._____	Rs._____
758	Syp.	Isoniazid 50mg	Bottle	1000	Rs._____	Rs._____
759	Syp.	Pyrazinamide	Bottle	500	Rs._____	Rs._____
760	Tab.	Pyrazinamide 500mg	Tab	75000	Rs._____	Rs._____
761	Tab.	Pyridoxine 50mg	Tab	30000	Rs._____	Rs._____
762	Syp.	Rifampacin, 100mg/5ml	Bottle	1000	Rs._____	Rs._____
763	Tab.	Rifampacin, Isoniazid, 300mg/150mg	Tab	50000	Rs._____	Rs._____
764	Tab.	Rifampacin, Isoniazid, 450mg/300mg	Tab	50000	Rs._____	Rs._____
765	Tab.	Rifampicin 300mg	Tab	50000	Rs._____	Rs._____
766	Tab.	Rifampicin 450mg	Tab	50000	Rs._____	Rs._____
767	Tab.	Rifampicin, Isoniazid, Ethambutol, 120mg/ 60mg/ 225mg	Tab	2500	Rs._____	Rs._____
768	Tab.	Rifampicin, Isoniazid, Ethambutol, Pyrazinamid, 150mg /75mg /275mg /400mg	Tab	10000	Rs._____	Rs._____
769	Inj.	Streptomycin, 1gm	Vial	3000	Rs._____	Rs._____

## LIQUID SECTION

770	Syp	Acefylone Piperazine 45mg/5ml, Diphenhydramine 8mg	Bottle	10000	Rs._____	Rs._____
771	Syp	Albendazole 100mg/10ml	Bottle	1500	Rs._____	Rs._____
772	Susp	Aluminium hydroxide 120ml	Bottle	1000	Rs._____	Rs._____
773	Susp	Aluminium hydroxide, magnesium hydroxide, simethicone 120ml	Bottle	6000	Rs._____	Rs._____
774	Syp	Amoxicillin 125mg / 5ml	Bottle	1000	Rs._____	Rs._____
775	Syp	Amoxicillin 250mg / 5ml	Bottle	1000	Rs._____	Rs._____
776	Syp	Ampicillin 125mg / 60ml	Bottle	1000	Rs._____	Rs._____
777	Syp	Artimether + Lumefantrine 15/90mg/60ml	Bottle	1500	Rs._____	Rs._____
778	Syp	Artimether + Lumefantrine 30/180mg/60ml	Bottle	1500	Rs._____	Rs._____
779	Syp	Azithromycin 200mg/5ml	Bottle	2000	Rs._____	Rs._____
780	Sol.	Beclometasone+Salbutamol Nebulizer 0.8mg/1.6mg	Bottle	6000	Rs._____	Rs._____
781	Syp.	Calcium Bicarbonate (Antacid)	Bottle	1000	Rs._____	Rs._____
782	Syp.	Carbamazepine 100mg/5ml	Bottle	1000	Rs._____	Rs._____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
783	Syp.	Cefaclor Monohydrate 125mg/5ml	Bottle	200	Rs. _____	Rs. _____
784	Drop	Cefaclor Monohydrate 50mg/ml	Drop	200	Rs. _____	Rs. _____
785	Syp.	Cefixime 100mg/5ml 60ml	Bottle	2000	Rs. _____	Rs. _____
786	Syp.	Cefixime 200mg/5ml 60ml	Bottle	2000	Rs. _____	Rs. _____
787	Susp	Cephadrine 125mg. 60ml	Bottle	3000	Rs. _____	Rs. _____
788	Susp	Cephadrine 250mg 60 ml.	Bottle	2000	Rs. _____	Rs. _____
789	Syp	Cetirizine 5mg/5ml	Bottle	2000	Rs. _____	Rs. _____
790	Syp	Chloroquine 60ml	Bottle	500	Rs. _____	Rs. _____
791	Syp	Chlorpheniramine Maleate 60ml Bottle	Bottle	5000	Rs. _____	Rs. _____
792	Syp	Ciprofloxacin 125mg/5ml 60ml Bottle	Bottle	2000	Rs. _____	Rs. _____
793	Syp	Ciprofloxacin 250mg/5ml 60ml Bottle	Bottle	2000	Rs. _____	Rs. _____
794	Syp	Clarithromycin 125mg/5ml	Bottle	1000	Rs. _____	Rs. _____
795	Syp	Clavulanic Acid + Amoxicillin 60ml (156.25mg/5ml)	Bottle	2000	Rs. _____	Rs. _____
796	Syp	Clavulanic Acid + Amoxicillin 60ml (312.5mg/5ml)	Bottle	3000	Rs. _____	Rs. _____
797	Syp	Clavulanic Acid + Amoxicillin 457mg/5ml 35ml	Bottle	2000	Rs. _____	Rs. _____
798	Syp	Clavulanic Acid + Amoxicillin 457mg/5ml 70ml	Bottle	1500	Rs. _____	Rs. _____
799	Syp	Clemestine 0.25mg/5ml	Bottle	2000	Rs. _____	Rs. _____
800	Drop	Clonazepam 2.5mg/ml	Bottle	300	Rs. _____	Rs. _____
801	Syp	Cloxacillin 125mg / 4ml	Bottle	1000	Rs. _____	Rs. _____
802	Syp	Co-Trimaxazole	Bottle	1000	Rs. _____	Rs. _____
803	Syp	Co-Trimaxazole DS	Bottle	1000	Rs. _____	Rs. _____
804	Susp	Cream of Magnesia with Liquid Paraffin Emulsion 120ml (Laxative)	Bottle	2000	Rs. _____	Rs. _____
805	Syp	Cyclosporin 100mg/ml	Bottle	100	Rs. _____	Rs. _____
806	Syp	Dimenhydrinate 12.5mg/4ml	Bottle	3000	Rs. _____	Rs. _____
807	Syp	Diphenhydramin 5mg, Dextromethorphan-Hydrobromide 6.25mg, Ephedrine HCl, Guaiphenesin	Bottle	15000	Rs. _____	Rs. _____
808	Syp	Diphenhydramin 8mg + Aminophylline 32gm + Amm. Chloride 30mg + Menthol 0.98mg/120ml	Bottle	15000	Rs. _____	Rs. _____
809	Syp	Domperidone 1mg/ml	Bottle	3000	Rs. _____	Rs. _____
810	Syp	Ibuprofen 100mg/5ml / 90ml	Bottle	5000	Rs. _____	Rs. _____
811	Syp	Ibuprofen+Pseudoephidrine 60ml	Bottle	2000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
812	Syp	Iron (Ferrous sulphate, Vit C, B1, B2, B6, B12)	Bottle	5000	Rs. _____	Rs. _____
813	Liqd.	Isoflurane 100 ml Note: - Undertaking for supply of Isoflurane Vaporizer free of cost as per Hospital requirement with life time free services and replacement warranty.	Bottle	3000	Rs. _____	Rs. _____
814	Syp	Lactulose 3.35g/5ml / 120ml Bottle	Bottle	6000	Rs. _____	Rs. _____
815	Syp	Levofloxacin 100mg/ml	Bottle	500	Rs. _____	Rs. _____
816	Sol.	Lignocaine 10%	Bottle	500	Rs. _____	Rs. _____
817	Sol.	Lignocaine 4% 50 ml.	Bottle	5000	Rs. _____	Rs. _____
818	Syp.	L-Ornithine L-Aspartate 120ml	Bottle	100	Rs. _____	Rs. _____
819	Syp	Mefenamic Acid	Bottle	5000	Rs. _____	Rs. _____
820	Syp	Metronidazole + Diloxamide Furoate 90ml	Bottle	5000	Rs. _____	Rs. _____
821	Syp	Metronidazole 200mg/5ml	Bottle	5000	Rs. _____	Rs. _____
822	Gel	Miconazole Nitrate Oral Gel 20gm	Tube	2000	Rs. _____	Rs. _____
823	Susp	Nalidixic Acid 250mg/60ml	Bottle	1000	Rs. _____	Rs. _____
824	Drop	Nystatin 100000 IU/ml, 30ml	Bottle	3000	Rs. _____	Rs. _____
825	Drop	Paracetamol 20ml	Bottle	1000	Rs. _____	Rs. _____
826	Syp	Paracetamol 250mg/5ml	Bottle	20000	Rs. _____	Rs. _____
827	Drop	Pediococcus Pentosaceus & Bifidobacterium Longum	Bottle	500	Rs. _____	Rs. _____
828	Syp	Pholcodine + Promethazine 120ml	Bottle	5000	Rs. _____	Rs. _____
829	Syp	Pholcodine 5mg, Pseudoephedrine HCl 20mg, Chlorpheniramine Maleate 2mg, Menthol, Glycerine	Bottle	10000	Rs. _____	Rs. _____
830	Syp.	Potassium Chloride	Bottle	500	Rs. _____	Rs. _____
831	Syp	Promethazine 6.25mg/5ml	Bottle	2000	Rs. _____	Rs. _____
832	Sol.	Risperidone 1mg/ml 30ml bottle	Bottle	200	Rs. _____	Rs. _____
833	Syp	Salbutamol Expectorant	Bottle	2000	Rs. _____	Rs. _____
834	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.	Bottle	300	Rs. _____	Rs. _____
835	Syp	Sodium Acid Citrate 60 ml	Bottle	3000	Rs. _____	Rs. _____
836	Susp	Sodium Alginate 1000mg, Potassium Bicarbonate 200mg 120ml	Bottle	5000	Rs. _____	Rs. _____
837	Susp	Sodium Alginate 500mg, Calcium Carbonate 160mg, Sodium Bicarbonate 267mg, 120ml	Bottle	3000	Rs. _____	Rs. _____



Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
838	Syp	Sodium Picosulphate 60ml	Bottle	3000	Rs. _____	Rs. _____
839	Syp	Sucralfate 60ml	Bottle	2000	Rs. _____	Rs. _____
840	Sol.	Tetrachloro Decaoxide, 50ml Bottle	Bottle	500	Rs. _____	Rs. _____
841	Syp	Valproate/Divalproex 250mg/5ml	Bottle	1000	Rs. _____	Rs. _____
842	Syp	Vitamin (Multivitamin Lysine) 120ml	Bottle	5000	Rs. _____	Rs. _____
843	Syp	Vitamin (Multivitamin Minerals) 120ml	Bottle	6000	Rs. _____	Rs. _____
844	Syp	Vitamin (Multivitamin) 120ml	Bottle	2000	Rs. _____	Rs. _____
845	Syp	Vitamin B-Complex Lysine 120ml	Bottle	5000	Rs. _____	Rs. _____
846	Drop	Vitamin-A Oral Drops	Bottle	500	Rs. _____	Rs. _____
847	Drop	Vitamin-D3 Oral Drops	Bottle	500	Rs. _____	Rs. _____
848	Syp	Zinc Sulphate 60ml	Bottle	3000	Rs. _____	Rs. _____

### RESPIRATORY AGENTS

849	Sol.	Atrovent 500mcg/2ml (Nebuliser solution)	Vial	6000	Rs. _____	Rs. _____
850	Cap	Indaceterol 150mcg	Cap.	500	Rs. _____	Rs. _____
851	Cap	Indaceterol 300mcg	Cap.	500	Rs. _____	Rs. _____
852	Inh	Inhaler Beclomethasone Forte CFC Free 250mcg	Nos.	2500	Rs. _____	Rs. _____
853	Inh	Inhaler Beclomethasone+dipropionate + salbutamol 100mcg	Nos.	500	Rs. _____	Rs. _____
854	Inh	Inhaler Beclomethasone+formoterol 100/6 mcg	Nos.	1000	Rs. _____	Rs. _____
855	Inh	Inhaler budesonid+formoterol 200 mcg	Nos.	300	Rs. _____	Rs. _____
856	Inh	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/125mcg	Nos.	3000	Rs. _____	Rs. _____
857	Inh	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/250mcg	Nos.	3000	Rs. _____	Rs. _____
858	Inh	Inhaler Fluticasone Propionate + Salmeterol CFC Free 25/50mcg	Nos.	200	Rs. _____	Rs. _____
859	Inh	Inhaler Fluticasone Propionate CFC Free 125mcg	Nos.	1000	Rs. _____	Rs. _____
860	Inh	Inhaler Fluticasone Propionate CFC Free 250mcg	Nos.	1000	Rs. _____	Rs. _____
861	Inh	Inhaler Ipratropium Bromide 40mcg per puff	Nos.	2000	Rs. _____	Rs. _____
862	Inh	Inhaler Mometasone	Nos.	200	Rs. _____	Rs. _____
863	Inh	Inhaler Salbutamol CFC Free 100mcg	Nos.	3000	Rs. _____	Rs. _____
864	Sol.	Ipratropium Bromide Nebulizer solution 500mcg/2ml	Bottle	20000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
865	Syp	Ketotifen 60ml	Bottle	2000	Rs. _____	Rs. _____
866	Syp	Salbutamol 100ml	Bottle	2000	Rs. _____	Rs. _____
867	Tab	Salbutamol 2mg	Tab	5000	Rs. _____	Rs. _____
868	Tab	Salbutamol 4mg	Tab	10000	Rs. _____	Rs. _____
869	Sol.	Salbutamol Respiratory Sol. 20 ml	Bottle	15000	Rs. _____	Rs. _____
870	Syp	Terbutaline 0.3mg/ml	Bottle	2000	Rs. _____	Rs. _____
871	Tab	Terbutaline 2.5mg	Tab	2000	Rs. _____	Rs. _____
872	Tab	Theophylline SR	Tab	30000	Rs. _____	Rs. _____

### OPHTHALMIC DROPS/OINTMENTS

873	Onit.	Acyclovir Eye 4.5gm	Tube	100	Rs. _____	Rs. _____
874	Drops	Cyclopentolate 0.10%	Bottle	200	Rs. _____	Rs. _____
875	Drops	Dexamethasone 0.1%	Bottle	200	Rs. _____	Rs. _____
876	Drops	Dorzolamide 2% + Timolol 0.5% 5ml	Bottle	200	Rs. _____	Rs. _____
877	Drops	Fluoromethalone 0.10%	Bottle	1000	Rs. _____	Rs. _____
878	Drops	Hypertonic Saline 5% Eye	Bottle	400	Rs. _____	Rs. _____
879	Drops	Latanoprost 0.01% 2.5ml	Bottle	200	Rs. _____	Rs. _____
880	Oint	Lubricant Eye Ointment 0.3gm	Tube	600	Rs. _____	Rs. _____
881	Drops	Moxifloxacin 0.50%	Bottle	1100	Rs. _____	Rs. _____
882	Drops	Natamycin 5% 5ml	Bottle	100	Rs. _____	Rs. _____
883	Drops	Natural Tears	Bottle	1000	Rs. _____	Rs. _____
884	Drops	Nepafenec 0.1%	Bottle	1200	Rs. _____	Rs. _____
885	Drops	Ofloxacin Eye	Bottle	400	Rs. _____	Rs. _____
886	Drops	Olopatadine 0.2%	Bottle	2000	Rs. _____	Rs. _____
887	Drops	Phenylephrine 10%	Bottle	400	Rs. _____	Rs. _____
888	Oint	Polymyxin - B Sulphate + Bacitracin Eye Oint. Tube of 6gm	Tube	100	Rs. _____	Rs. _____
889	Drops	Polyvinyl Alcohol 0.5%	Bottle	400	Rs. _____	Rs. _____
890	Drop	Polyvinyl Alcohol 1.4% Povidone 0.6% Eye 10ml	Bottle	400	Rs. _____	Rs. _____
891	Drops	Prednisolone Acetate	Bottle	1200	Rs. _____	Rs. _____
892	Drops	Proparacaine HCl 0.5% Eye 15ml	Bottle	800	Rs. _____	Rs. _____
893	Inj.	Sodium Chloride 3.00% 500ml	Bottle	1200	Rs. _____	Rs. _____
894	Drops	Tobramycin 0.3%	Bottle	1000	Rs. _____	Rs. _____
895	Drops	Tobramycin 0.3%, Dexamethasone 0.1%	Bottle	800	Rs. _____	Rs. _____
896	Onit.	Tobramycin Dexamethasone Eye	Tube	600	Rs. _____	Rs. _____
897	Onit.	Tobramycin Eye	Tube	400	Rs. _____	Rs. _____
898	Drops	Tropicamide 1% Eye	Bottle	400	Rs. _____	Rs. _____

## ENT DROPS

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
899	Spray	Beclomethasone Nasal Spray 100mcg	Bottle	500	Rs. _____	Rs. _____
900	Drops	Betamethason-N	Bottle	500	Rs. _____	Rs. _____
901	Drops	Chloramphenicol Ear 1%	Bottle	500	Rs. _____	Rs. _____
902	Drops	Ciprofloxacin + Dexamethasone Ear 5ml	Bottle	500	Rs. _____	Rs. _____
903	Drops	Ciprofloxacin + Lignocaine 5ml Ear 5ml	Bottle	500	Rs. _____	Rs. _____
904	Drops	Ciprofloxacin Ear 5ml	Bottle	500	Rs. _____	Rs. _____
905	Drop	Flunisolide 0.025% Nasal Spray	Bottle	300	Rs. _____	Rs. _____
906	Spray	Fluticasone Furoate Nasal Spray 0.05% W/W	Bottle	500	Rs. _____	Rs. _____
907	Drop	Dexamethasone + Framycetin 0.5%	Bottle	500	Rs. _____	Rs. _____
908	Drops	Ofloxacin Ear 0.3%	Bottle	500	Rs. _____	Rs. _____
909	Drops	Ofloxacin Ear 0.6%	Bottle	500	Rs. _____	Rs. _____
910	Drop	Polymixine + Neomycine 3.5mg + Hydrocortisone 10mg 0.1%	Bottle	200	Rs. _____	Rs. _____
911	Drops	Soda Glycerin Ear	Bottle	500	Rs. _____	Rs. _____
912	Drop	Sodium Chloride Nasal Drops 0.65%	Bottle	1500	Rs. _____	Rs. _____
913	Spray	Sodium Cromoglycate, Xylometazoline Nasal Spray	Bottle	1500	Rs. _____	Rs. _____
914	Drop	Tobramycin 0.3% + Dexamethasone 0.1% Ear 5ml	Bottle	500	Rs. _____	Rs. _____
915	Drop	Xylometazoline HCl 0.05% Nasal Drops	Bottle	500	Rs. _____	Rs. _____
916	Spray	Xylometazoline HCl 0.05% Nasal Spray	Bottle	200	Rs. _____	Rs. _____
917	Spray	Xylometazoline HCl 0.1% Nasal Spray	Bottle	1000	Rs. _____	Rs. _____

## SOLID SECTION

918	Cream	1% Silver Sulphadiazine 25gm	Tube	2000	Rs. _____	Rs. _____
919	Cream	Acyclovir 10gm	Tube	2000	Rs. _____	Rs. _____
920	Oral	Base Triamcinolone Oral 5gm	Tube	1000	Rs. _____	Rs. _____
921	Cream	Benzyl Peroxide 4 % 40gm	Tube	2000	Rs. _____	Rs. _____
922	Cream	Betamethason – N 15gr (Ointment/Cream)	Tube	5000	Rs. _____	Rs. _____
923	Cream	Betamethason 15gm (Ointment/Cream)	Tube	5000	Rs. _____	Rs. _____
924	Lotion	Betamethasone-17 Velerate 0.1% 60 ml.	Bottle	1500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
925	Lotion	Betamethasone + Salicylic Acid	Bottle	300	Rs. _____	Rs. _____
926	Cream	Betamethasone + Salicylic Acid	Tube	300	Rs. _____	Rs. _____
927	Lotion	Calamina 120ml	Bottle	1000	Rs. _____	Rs. _____
928	Gel	Clindamycin Phosphate 1%	Tube	1000	Rs. _____	Rs. _____
929	Cream	Clindamycin Vaginal 40gm	Tube	1000	Rs. _____	Rs. _____
930	Cream	Clobetasol propionate 0.05% 10gm	Tube	5000	Rs. _____	Rs. _____
931	Onit.	Clobetasol propionate 0.05% 10gm	Tube	5000	Rs. _____	Rs. _____
932	Lotion	Clotrimazole 1%	Bottle	2000	Rs. _____	Rs. _____
933	Cream	Clotrimazole 1% 10gm	Tube	3000	Rs. _____	Rs. _____
934	Gel	Diclofenac Sodium 50gm	Tube	2000	Rs. _____	Rs. _____
935	Cream	Fluocinolone + Neomycin 30gm	Tube	1000	Rs. _____	Rs. _____
936	Cream	Fluocinolone 0.25% 30gm	Tube	1000	Rs. _____	Rs. _____
937	Cream	Fluticasone Propionate 0.05%	Tube	1000	Rs. _____	Rs. _____
938	Cream	Fucidic Acid + Bethamethasone 15gm	Tube	1000	Rs. _____	Rs. _____
939	Cream	Fucidic Acid + Hydrocortisone 15gm	Tube	1000	Rs. _____	Rs. _____
940	Cream	Fucidic Acid 15gm (Ointment/Cream)	Tube	1000	Rs. _____	Rs. _____
941	Cream	Gentamycin Skin 10gm	Tube	2000	Rs. _____	Rs. _____
942	Cream	Hydrocortisone 1 % 10gm	Tube	3000	Rs. _____	Rs. _____
943	Cream	Hydrocortisone 1% + Clotrimazole 10gm	Tube	3000	Rs. _____	Rs. _____
944	Lotion	Hydrocortisone 1% + Lactic Acid 60ml	Bottle	1000	Rs. _____	Rs. _____
945	Cream	Ibuprofen 30gm	Tube	1000	Rs. _____	Rs. _____
946	Oint.	Isoconazole + Difluocortolone 10 gm	Tube	1000	Rs. _____	Rs. _____
947	Cream	Isoconazole Vaginal 40gm	Tube	1000	Rs. _____	Rs. _____
948	Cream	Ketoconazole 2%	Tube	500	Rs. _____	Rs. _____
949	Lotion	Lactic Acid HC 2.5% 60ml	Bottle	200	Rs. _____	Rs. _____
950	Oint	Lignocaine / Ternaline Hemorrhoidal or Equivalent	Tube	1000	Rs. _____	Rs. _____
951	Jelly	Lignocaine 2% 15gm	Tube	25000	Rs. _____	Rs. _____
952	Cream	Lignocaine, Ethanol, Cetylpyridinium Chloride 20gm	Tube	1000	Rs. _____	Rs. _____
953	Cream	Methylpredisolone Aceponate 10gm	Tube	1000	Rs. _____	Rs. _____
954	Cream	Methylpredisolone Aceponate 5gm	Tube	1000	Rs. _____	Rs. _____
955	Cream	Miconazole 10gm	Tube	1000	Rs. _____	Rs. _____
956	Spray	Minoxidil Spray 5% 60ml	Bottle	150	Rs. _____	Rs. _____
957	Cream	Mupirocim USP 2% 15gm	Tube	1000	Rs. _____	Rs. _____
958	Pow	Neomycin, Bacitracin and Aminoacids 20gm	Bottle	2000	Rs. _____	Rs. _____
959	Cream	Permethrin 5% 10gm	Tube	1000	Rs. _____	Rs. _____
960	Lotion	Permethrine 5% + Sulphur 10% 30gm	Bottle	500	Rs. _____	Rs. _____
961	Lotion	Permethrine 5% w/w Lotion 60 ml	Bottle	1000	Rs. _____	Rs. _____
962	Jelly	Petroleum Jelly	Kg	1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
963	Gel	Piroxicam 0.5% 25gm	Tube	1000	Rs. _____	Rs. _____
964	Oint	Polymyxin - B Sulphate + Bacitracin + Lignocain 20gm	Tube	5000	Rs. _____	Rs. _____
965	Oint	Polymyxin - B Sulphate + Bacitracin Skin Oint. Tube of 20gm	Tube	10000	Rs. _____	Rs. _____
966	Gel	Povidone-Iodine Gel 20 g.	Tube	2000	Rs. _____	Rs. _____
967	Cream	Pramoxine HCL 20gm	Tube	200	Rs. _____	Rs. _____
968	Cream	Prednicorbate 0.25%	Tube	1000	Rs. _____	Rs. _____
969	Jelly	Solcoseryl 20gm	Tube	1000	Rs. _____	Rs. _____
970	Cream	Tacrolimus 0.1%	Tube	300	Rs. _____	Rs. _____
971	Cream	Terbinafine 1% 10gm	Tube	1000	Rs. _____	Rs. _____
972	Onit.	Triamcinolone 10gm	Tube	1000	Rs. _____	Rs. _____
973	Cream	Triamcinolone 10gm	Tube	1000	Rs. _____	Rs. _____

### **NUTRITION SUPPLIMENTS**

974	Pow	Beneprotein 227gm or Equivalent	Tin	2000	Rs. _____	Rs. _____
975	Pow	Ensure Supplement 400gm or Equivalent	Tin	3000	Rs. _____	Rs. _____
976	Pow	Glucerna Supplement 400gm or Equivalent	Tin	2000	Rs. _____	Rs. _____
977	Pow	Isocal Supplement 425gm or Equivalent	Tin	2000	Rs. _____	Rs. _____
978	Pow	PediaSure Triplesure 400gm or Equivalent	Tin	600	Rs. _____	Rs. _____
979	Pow	Peptamine 400gm or Equivalent	Tin	200	Rs. _____	Rs. _____
980	Pow	Protein Vanilla Powder Sachet 52g or Equivalent	Sachet	6000	Rs. _____	Rs. _____

## CONTRAST MEDIA/AGENT

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
981	Inj.	Contrast for MRI system 20ml must be approved / registered by FDA (USA) & MHRA (UK)	Vial	7700	Rs. _____	Rs. _____
982	Pow	E-Z-HD Barium Contrast (Powder)	Bottle	500	Rs. _____	Rs. _____
983	Inj.	Non-Ionic contrast for CT scanner 350 l-ml/100 ml, must be approved / registered by FDA (USA) & MHRA (UK)	Vial	22000	Rs. _____	Rs. _____
984	Inj.	Non-Ionic contrast for CT scanner 350 l-ml/50 ml, must be approved / registered by FDA (USA) & MHRA (UK)	Vial	5500	Rs. _____	Rs. _____
985	Liquid	Sodium Amidotrizoate + Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 100ml	Bottle	880	Rs. _____	Rs. _____
986	Inj.	Sodium Amidotrizoate+Meglumine Amidotrizate (Ionic) 76% 0.1g + 0.66g, 370mg/ml 20ml	Amp	880	Rs. _____	Rs. _____
987	Gel	Ultrasound Gel 250 gm	Can	2000	Rs. _____	Rs. _____
988	Roll	Ultrasound Roll	Roll	1000	Rs. _____	Rs. _____

## MISC. ITEMS

989	Sol.	8.0 g Glutaraldehyde 5.75g Formacetale (Instrument Disinfectant) (2 Liter can)	Bottle	5000	Rs. _____	Rs. _____
990	Liq	Antiseptic Solution for Cuts & Burns 1000ml	Bottle	1000	Rs. _____	Rs. _____
991	Tr.	Benzion Co 30ml	Bottle	1500	Rs. _____	Rs. _____
992	Tr.	Benzion Co 450ml	Bottle	500	Rs. _____	Rs. _____
993	Sol.	Benzydamine + Chlorhexidene 0.15 % + 0.2%, 150ml	Bottle	100	Rs. _____	Rs. _____
994	Lotion	Benzyl Benzoate 25% Lotion 60ml	Bottle	1000	Rs. _____	Rs. _____
995	Bott.	Carbolic Acid 350ml	Bottle	1000	Rs. _____	Rs. _____
996	Liqd.	Chlorhexidine 1 Liter	Bottle	2000	Rs. _____	Rs. _____
997	Liqd.	Chloroxyleneol 500ml	Bottle	2000	Rs. _____	Rs. _____
998	Spacer	Device Aerochamber	Device	2000	Rs. _____	Rs. _____
999	Spacer	Device Optihaler	Device	2000	Rs. _____	Rs. _____
1000	Gel	Diltiazem Paste	Tube	1000	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
1001	Sol.	Disinfecting and sterilizing solution / ParaScope (Basic Instrument Disinfectant)	Bottle	100	Rs. _____	Rs. _____
1002	Tab.	Effervescent chlorine 1.7gm (Floor Disinfectant)	Tab	10000	Rs. _____	Rs. _____
1003	Sol.	Floor & Surface Disinfectant 2-Liter	Bottle	100	Rs. _____	Rs. _____
1004	Strip	Fluorescein Sodium	Strip	2000	Rs. _____	Rs. _____
1005	Liqd.	Formaline 1 Ltr. Packing	Bottle	1000	Rs. _____	Rs. _____
1006	Sachet	Fosfomycin Sachet 3gm	Nos.	1000	Rs. _____	Rs. _____
1007	Liqd.	Glycerin 25ml	Bottle	1000	Rs. _____	Rs. _____
1008	Supp	Glycerin B.P 70%, Sodium Carbonate Suppository (Adult)	Nos.	5000	Rs. _____	Rs. _____
1009	Supp	Glycerin B.P 70%, Sodium Carbonate Suppository (Peads)	Nos.	2000	Rs. _____	Rs. _____
1010	Paste	GTN Paste 30gm	Paste	200	Rs. _____	Rs. _____
1011	Sol.	Hand Sanitizer with moisturize (Non Alcohol) 600ml.	Bottle	1500	Rs. _____	Rs. _____
1012	Sol.	Hard Surface Sanitizer and floor disinfectant solution (5 liter)	Bottle	100	Rs. _____	Rs. _____
1013	Liqd.	Hydrogen Peroxide 120ml	Bottle	1000	Rs. _____	Rs. _____
1014	Device	IUD Device (Pregnancy control device)	Nos	200	Rs. _____	Rs. _____
1015	Sachet	Lactobacillus Acidophilus, Bifidobacterium Lactis 1gm	Nos	3000	Rs. _____	Rs. _____
1016	Sachet	Lactobacillus Acidophilus, Bifidobacterium Lactis 3gm	Nos	2000	Rs. _____	Rs. _____
1017	Sachet	L-Ornithine L-Aspartate 5gm	Nos	1500	Rs. _____	Rs. _____
1018	Sol.	Lysol Antiseptic Solution 200ml. (Descocid-N or equivalent)	Bottle	100	Rs. _____	Rs. _____
1019	Sachet	N-Acetylcysteine 3gm	Nos	5000	Rs. _____	Rs. _____
1020	Spray	Nitroglycrine Spray	Spray	100	Rs. _____	Rs. _____
1021	Sachet	Oral Rehydration Salt	Nos	15000	Rs. _____	Rs. _____
1022	Liqd.	Oral Rehydration Salt (Liquid)	Bottle	5000	Rs. _____	Rs. _____
1023	Liqd.	Paraffin 450ml	Bottle	3000	Rs. _____	Rs. _____
1024	Pow	Polystyreene Sodium Powder 450gm	Pack	100	Rs. _____	Rs. _____
1025	Scrub	Povidone Iodine 450ml	Bottle	3000	Rs. _____	Rs. _____
1026	Sol.	Povidone Iodine 450ml	Bottle	6000	Rs. _____	Rs. _____
1027	Sol.	Povidone Iodine 60ml	Bottle	1000	Rs. _____	Rs. _____
1028	Liqd.	Povidone Iodine 60ml (Mouth Wash)	Bottle	1000	Rs. _____	Rs. _____
1029	Strip	Pregnancy Test Strips	Strip	5000	Rs. _____	Rs. _____
1030	Sachet	Psyllium Husk, Wheat Bran	Nos	3000	Rs. _____	Rs. _____
1031	Stip	Rapid Urease test strips	Strip	500	Rs. _____	Rs. _____

Sr.#	Drug Type	Name of Item	Acc. Unit	Tentative Quantity	Unit Rate	Total Amount
1032	Stick	Silver Nitrate	Stick	1000	Rs. _____	Rs. _____
1033	Liquid	Soda Lime 5 Ltrs Packing	Bottle	60	Rs. _____	Rs. _____
1034	Sachet	Sodiumbicarbonate, Citric Acid 5gm	Sachet	10000	Rs. _____	Rs. _____
1035	Enema	Sodiumbiphosphate Enema	Bottle	2000	Rs. _____	Rs. _____
1036	Liqd.	Spirit Methylated (Required in Liter)	Bottle	5000	Rs. _____	Rs. _____
1037	Sol.	Sterillium / Monorapid / Purell / Softa-Man 1000ml or equivalent (Hand rub)	Bottle	5000	Rs. _____	Rs. _____
1038	Sol.	Triacid - N 200 ml. or equivalent	Bottle	200	Rs. _____	Rs. _____
1039	Kit	Trop I Kit	Kit	1000	Rs. _____	Rs. _____
1040	Kit	Trop T Kit	Kit	1000	Rs. _____	Rs. _____

**NOTE:**

- The required items quality will be approved on sample best evaluated basis provided by the Contractor(s) / Supplier(s), to DUHS Procurement Committee.

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

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

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

**Ph. Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mobil:** \_\_\_\_\_