

**CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER, MALKANGIRI,
(HEALTH AND FAMILY WELFARE DEPARTMENT, GOVERNMENT OF ODISHA)**

e-Mail-cdm.pho.malkangiri@gmail.com

BID REFERENCE NO. 4060/XIV-P(D&C)-01/2023 (PART)

DT. 05.05.2023

**TENDER DOCUMENT FOR SUPPLY OF DRUGS AND MEDICAL
CONSUMABLES ITEMS FOR THE YEAR 2023-2024.**

**VALID FOR A PERIOD ONE YEAR FROM THE DTE OF
APPROVAL OF TENDER**

AT/POST/DIST-MALKANGIRI,

ODISHA, PIN-764048,

Tel. (06861-230277, 06861-295156)

SECTION-I

NOTICE INVITING BID

CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER, MALKANGIRI
(CDM&PHO)

AT/POST/DIST-MALKANGIRI, ODISHA, PIN-764048, TEL-06861230277 &
06861295156, e-Mail-cdm.pho.malkangiri@gmail.com

BID REFERENCE NO.4060/XIV-P(D&C)-01/2023(PART) DT. 05.05.2023.

SEALED TENDERS ARE INVITIED FROM THE REGISTERED SUPPLIERS/
DISTRIBUTORS/FIRMS FOR SUPPLY OF DRUGS AND MEDICAL CONSUMABLES
ITEMS AS PER THE PARTICULARS MENTIONED BELOW: -

Sl.No.	Particulars	Date and Time
1.	Date and Time of Commencement of Bid Documents	06.05.2023 10.00 am to onwards
2.	Date, Time and Place of Pre-bid meetings	18.05.2023 at 11.00 am Office Chamber of CDM&PHO, Malkangiri
3.	Last Date and Time of Receipt of Bids	05.06.2023 up to 01.00 PM
4.	Date and Time of Opening of Cover-A (Technical Bid)	06.06.2023 at 11.00 AM
5.	Date and Time of Opening of Cover-B (Price Bid)	<i>To be informed to the qualified bidders</i>
6.	Place with detail address of Opening of Bid Documents	Office Chamber of CDM&PHO, Malkangiri, At/PO/Dist- Malkangiri, Odisha, 764048

The bid document with all information relating to the bidding process including cost of bid document, EMDs, Prequalification criteria and terms & conditions are available in the websites: www.malkangiri.nic.in

The Authority reserves the right to accept / reject any part thereof or all the bids without assigning any reason thereof.

Sd/-P.K.Nanda
Chief District Medical and Public Health Officer, Malkangiri

SECTION-II

IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE BIDDERS

1	Mode of Procurement	Through Open Advertisement
2	Purchaser	Chief District Medical and Public Health Officer, Malkangiri
3	Consignee	Central Ware House, Malkangiri
4	Delivery Period	As per instructions in Purchase Order
5	Mode of Delivery	By Road
6	Tender Paper Cost	Rs.5000/- (Rupees Five Thousand) Only in shape of Demand Draft
7	Earnest Money Deposit (EMD)	Rs.50000/- Rupees Fifty Thousand) Only in shape of Demand Draft
8	Pre-qualification (eligibility criteria)	Detail eligibility criteria is mentioned at Clause 2.1,2.2 & 2.3 in Section-III

SECTION -III

TERMS AND CONDITIONS

- 1.1 Sealed tenders will be received till **05.06.2023 up to 01.00 PM** by the office of the **CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, MALKANGIRI**. Any tender received after the due date & time will be rejected / returned to the sender unopened. **The tenders will be received through Regd. Post / Speed Post only.**
- 1.2 Pre-bid conference shall be held in the **OFFICE CHAMBER OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, MALKANGIRI** on **Dt.18.05.2023 at 11.00 AM**. The prospective bidders may attend and clarify any doubts on the terms and conditions of the bid document.
- 1.3 The bidder(s) are to submit their tenders in **separate** sealed covered envelopes for **technical bid** and **financial bid** by super scribing **Cover "A" (Technical Bid) & Cover "B" (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be super scribed as **"Tender for supply of Drugs and Medical Consumables & Tender Reference No. 4060/XIV-P(D&C)-01/2023 Dt.05.05.2023**.
- 1.4 The Sealed tenders "Cover A" (Technical Bid) submitted by the tenderers will be opened at the office of the **CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, MALKANGIRI** at **11.00 AM** on **06.06.2023**. The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.

ELIGIBILITY CRITERIA

- 2.1 **MANUFACTURING UNITS** are eligible to participate in the tender provided, they fulfil the Following conditions:
 - (i) Valid manufacturing license of the manufacturer or duly acknowledge renewal application with old license issued by the State Licensing authority/ Central Licensing Approving authority.
 - (ii) Valid **GMP & ISO** certificate of the Manufacturer.
 - (iii) Bidder must be registered under **Odisha GST Act**.
 - (iv) Bidder should have proof of supply (executed directly by manufacturer or through distributor) of the **Drugs and Medical Consumables** mentioned in the schedule of requirement to any **Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies** and purchase order copies in support of that in last 3 years. (As per format Annexure VII - (Item wise)

- (v) Proof of annual average turnover of the bidders of Rs.1 Crore or more in the last three (3) financial years certified by the Chartered Accountant as per the format at **Annexure VI**.
- (vi) Manufacturing unit /Registered Suppliers/ Distributors/ Firms who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting. Copies of stay order(s) if any against the blacklisting should be furnished along with the bid.

2.2 Authorized **REGISTERED SUPPLIERS/ DISTRIBUTORS/ FIRMS** are eligible to participate in the tender provided:

- (i) They submit manufacturer's authorization from original drugs and Medical Consumables manufacturer as per the format at **Annexure - V**.
- (ii) They should have Proof of Average annual turnover of **Rs.50 lakh or more** in last three (3) financial years as per Annexure VI. In addition to this, the distributor shall also submit the average annual turnover of the **manufacturer/importer** of the item(s) as mentioned in 2.1 (v) above.
- (iii) Proof of supply of Drugs and Consumables to any Govt. organization /Corporate Hospitals / PSU Hospitals / UN Agencies and purchase order copies in support of that in last 3 years. (Annexure VII-Item wise)
- (iv) The authorized **REGISTERED SUPPLIERS/ DISTRIBUTORS/ FIRMS** will submit the following documents in support of the manufacturer along with the tender:
 - a) Valid ISO/GMP certificate of the Manufacturer.
 - b) Valid Drug Licenses or duly acknowledged renewal application with old license issued by the Sate Licensing authority/central licensing approving authority of them.
 - c) CE or US FDA or IEC certificates of the manufacturer as per technical specification.

2.3 The bidder has to submit the Paper Cost and EMD(s) as mentioned in **Clause 6 & 7 respectively of Section-II** with the Cover-A (Technical Bids).

DOCUMENTS TO BE SUBMITTED

The following documents should be enclosed in by the tenderer with the sealed tender.

All the photocopies are to be attested by Self.

- 3.1 Checklist with detail of the documents enclosed in the tender (as per **Annexure-I**) with page number. The documents should be *serially arranged* as per this **Annexure-I** and should be securely tied and bound.
- 3.2 List of Item (s) Quoted with name of the Make & Model of the item (s) (**Annexure - II**)
- 3.3 Tender document fee of Rs.5000/- in shape of **Demand Draft**.
- 3.4 Earnest Money Deposit(s) as mentioned in the **Clause 7 of Section -II** in shape of Demand Draft).
- 3.5 Details name, address, telephone no., Fax, e-mail of the manufacturer /authorized distributor / service centre / contract person / office in Odisha (**Annexure - III**).
- 3.6 The declaration form in **Annexure - IV** duly signed by the tenderer before Notary Public / Executive Magistrate.
- 3.7 Manufacturer's Authorization Format in **Annexure -V** (In case the bidder is not the manufacturer).
- 3.8 Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -VI**) that the annual average turnover of the firm is Rs.1 Crore or more in last 3 financial years - for bidders who are manufacturer/importer) **OR** annual average turnover of Rs.50 lakhs or more in the last 3 (three) financial years for bidders who are authorized distributors of the manufacturer). The authorized distributor shall **also** submit the annual average turnover of the Manufacturer along with his own turnover.
- 3.9 Performance Statement (**Annexure - VII**) during the last three years towards proof of supply to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies. The copy of Purchase orders and certificate from the user should be furnished in support of the information provided in the performance statement

- 3.10 Deviation/No Deviation Statement from Technical Specification & details of technical specification of the product (**Annexure-VIII**).
- 3.11 Copy of Valid ISO/ GMP certificate.
- 3.12 Copy of GST certificate.
- 3.13 The Original Tender Booklet with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed.
- 3.14 Certificate in support of Local Office in Odisha or undertaking to set up Local Office in Odisha within one month from the date of approval of any items if approved (for those who have no Local Office in Odisha).
- 3.15 Non conviction certificate issued by the licensing authority of the state that the manufacturers/ importer has not been convicted under the provision of D&C Act 1940 by any court of law in contravention to the above Act & rules (applicable for both for manufacturer and importer in case the item is coming under drugs).
4. The price to be quoted for Drugs and Medical Consumables should be sent in the prescribed price format separately for each manufacturer. Rate of multiple manufacturers should not be quoted in one column against the item.
 - 4.1 The tender format (Price Schedule) in duplicate in the prescribed form (as per **Annexure - IX**), must be submitted with the sealed cover. The price of the item should be quoted inclusive of Other Taxes excise duty, insurance, packing, forwarding, freight (door delivery). GST and entry tax charges (if any) should be quoted in a separate column. The rate should be quoted for **each item** separately for each manufacturer in figures clearly.
 - 4.2 The Cover-B of successful Bidders who qualified in their technical bid will be opened at the Office Chamber of CDM&PHO, Malkangiri by the CDM&PHO, Malkangiri in the presence of the bidders or their authorised representative which will be notified later.

N.B: Valid means the certificate should be valid on or beyond the date of opening of tender

REJECTION OF TENDER

5. The tender submitted by the bidder will be rejected, if any of the following documents are wanting / not submitted with the tender:
- (i) Manufacturer's authorization in case of **REGISTERED SUPPLIERS/ DISTRIBUTORS/ FIRMS**.
 - (ii) Earnest Money Deposit (EMD) in favour of **CDM&PHO, Malkangiri** payable at **SBI, Malkangiri** only.
 - (iii) Annual average turnover of the firm is Rs.1 Crore or more in last 3 financial years (for bidders who are manufacturer) **OR** annual average turnover of Rs.50 Lakh or more in the last 3 (three) financial years (for bidders who are authorized distributors of the manufacturer). In case of authorized distributor, they will also have to furnish along with their own turnover, the Annual Average turnover statement as per Annexure-VI from the Manufacture of the item(s) as mentioned above.
 - (iv) Valid ISO/GMP certificate of Manufacturer
 - (v) Proof of supply of the quoted item (executed directly by manufacturer or through distributor) mentioned in the schedule of requirement to any Govt. Organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user during the last three years.
 - (vi) Major deviations from the technical specification of the item(s) as per tender.
 - (vii) Price bid / quoted rate with signature and seal (Hard Copy).
 - (viii) Tender received after due date of submission i.e., 01.00 PM of 05.06.2023.

EARNEST MONEY DEPOSIT

- 6.1 The amount of Earnest Money Deposit required is mentioned in the Section-II. The Earnest Money Deposit will be submitted in the shape of **demand Draft only** in favour of **CHIEF DISTRICT MEDICAL OFFICER, MALKANAGIRI** from any Nationalized / Scheduled Bank payable at **MALKANAGIRI**
- 6.2 The EMD of the unsuccessful tenderers will be returned back without interest after placement of purchase order to the successful tenderer and EMD of successful tenderer will be returned after EXPIRY OF VALIDITY OF TENDER.
- 6.3 The EMD will be forfeited if the BIDDER withdraws its tender / furnish forged documents which is found during bid evaluation OR doesn't supply the items (in case of successful bidder) within the stipulated time period.

TENDER CONDITIONS:

- 7.1 The details of the Drugs and Medical Consumables with specifications/ strength/units are mentioned in **Section IV**. **The firm must clearly mention their specification/strength and units (if any), detail in their tender.**
- 7.2 Tenders should be typewritten or computerized and every correction in the tender should invariably be attested with signature by the tenderer with date before submission, failing which the tender will be ineligible for further consideration.
- 7.3 Rates inclusive of packing, forwarding, insurance, transportation charges and exclusive of GST should **be quoted for the Drugs and Medical Consumables (Item wise & Manufacturer wise separately) on door delivery basis. The GST & Entry Tax if any should be mentioned in separate columns.** The rates quoted should be in **Indian Rupees only**. Rates quoted in any other currency will not be accepted.
- 7.4 The purchaser shall be responsible only after delivery and due verification of the drugs and Medical Consumables.
- 7.5 The rate per unit shall not vary with the quantum of order placed for destination point and period of expiry of the Drugs will be its maximum period.
- 7.6 In the event of the date being declared as a holiday by Govt. of Odisha, the due date of sale, submission of bids and opening of bids will be the following working day at the scheduled place & time.
- 7.7 The price quoted by the tenderers shall not in any case, exceed the controlled price, if any, fixed by the Central / State Government / DGS&D and the Maximum Retail Price (MRP). The purchaser, at his discretion, will in such case, exercise the right of revising the price at any stage so as to confirm to the controlled price or MRP as the case may be Deleted.
- 7.8 No tenderer shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error /typographical error, etc. committed by the tenderers in the tender forms shall not be considered after opening of tenders. Conditions such as **"SUBJECT TO AVAILABILITY" / "SUPPLIES WILL BE MADE AS AND WHEN SUPPLIES ARE RECEIVED"** etc., will not be considered under any

circumstance and the tenders of those who have given such conditions shall be treated as incomplete and for that reason, shall be rejected.

- 7.9 If at any time during the period of rate contract, the price of tendered item is reduced or brought down by any law or act of the Central or State Government or the tenderer, the tenderer shall be morally and statutorily bound to inform the purchaser immediately about such reduction in the contracted price. The purchaser is empowered to unilaterally effect such reduction in rate, in case the tenderer fails to notify or fails to agree for such reduction of rate.
- 7.10 If the relevant documents / certificates which are required to be furnished along with the tender are written in language other than English, the tendering firm shall furnish English version of such documents / certificates duly attested by a Gazetted Officer / Notary with his seal and signature.
- 7.11 If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm for three (3) years.
- 7.12 Rate should be quoted in Indian Currency, against each item manufacturer wise separately as the payments will be made in Indian currencies only (Annexure- IX). The tenderer shall not quote the rate for any item other than the item specified in the list. (**Section IV- Schedule of Requirement**).
- 7.13 Both Cover-A and Cover-B should have an **index and page number** of all the documents submitted inside that cover.
- 7.14 The Tax will be charged as per the guidelines given by the Finance Dept., Govt. of Odisha from time to time. Either C.S.T or V.A.T or G.S.T (as applicable) will be paid to the supplier. In case of Entry Tax, the supplier has to deposit the original receipt to claim it, if finished goods are brought from outside the State. The Sales Tax & entry tax components should be shown **separately** in the Price Schedule.
- 7.15 The requirement of items will be intimated at the time of Placement of Order as and when requirement basis and time period for supply will also be mentioned therein.

- 7.16 Tenderer shall be either a manufacturer of loan licensee or a direct importer.
- a) In case of manufacturer or loan licensee (for items coming under drugs), it shall have a valid manufacturing drug license or valid renewal drug license issued by the State Licensing Authority/ Central License Approving Authority (where applicable). If the validity of drug license expires on the date of bid opening, validity certificate/ renewal certificate from licensing authority will have to submit.
 - b) In case of importer, it should have a valid import license and product Registration certificate issued by the Drugs Controller General of India (for items coming under drugs) and manufacture should authorize the importer to deal business in India.
 - c) Manufacturing/ Import license from the relevant issuing authority in India (for items not coming under drugs)
- 7.17. For Category B items only, authorized distributors are eligible to participate in the tender.
- a) In case of manufacturer (for items coming under drugs), it shall have valid GMP certificate as per Revised Schedule M of Drugs and Cosmetics Rule 1945 (by & large GMP certificate will not be accepted/ COPP (Certificate of Pharmaceutical Products) certificate issued by the concerned licensing authority.
 - b) In case of importer (for items coming under drugs), WHO GMP (of Manufacture) shall be submitted.

PACKAGING:

- 8.1 All the packaging should be New. The supplier shall provide such packaging of the goods as is required to prevent their damage or deterioration during transit to their final destination. The packaging shall be sufficient to withstand without any limitation including rough handling during transit, exposure to extreme temperature, salt and precipitation during transit and upon storage.
- 8.2 Each Strip/ Box/ Bottle/ Amp. / Vial shall bear the seal of the manufacturer and month of Manufacturing, month of expiry and Batch No.

and labelling of "ODISHA GOVT. SUPPLY NOT FOR SALE" (Both in Odiya and English).

ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:

- 9.1 The Purchaser reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- 9.2 The Purchaser will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
- 9.3 **The supply should be completed within stipulated time period which will be given in the purchase order.** If no supply is received even after the stipulated time period with liquidated damage from the date of issue of the purchase orders such orders will stand cancelled automatically without further notice. Penalties shall also thereafter be applied to the tenderer as specified in clause no. 1 to 14. The approved firm shall also suffer forfeiture of the EMD.
- 9.4 The tender inviting authority or his authorised representative (s) has the right to verify the sample who have quoted for the tender, before accepting the rate quoted by them or before releasing any purchase order (s) or at any point of time during the validity period of tender and has also the right to reject the tender or terminate / cancel the orders issued or not to reorder based on the facts brought out during such inspections.
- 9.5 The approved supplier shall furnish a copy of in-house/NABL certificate of analysis/test report for each batch of items supplied by them on demand by the purchasing authority.

EVALUATION:

- 10.1 The tender inviting authority may ask for sample verification of the drugs and medical consumables by the bidders at the premises of the tender inviting authority or a place as decided by the tender inviting authority as a part of the technical evaluation before selecting the bidder in order to verify the compliance to technical specification.
- 10.2 *The rates of the item quoted by the tenderer who qualify technically will be evaluated after taking the following points into consideration: -*

- a) Rate of the Drugs and Consumables will be taken after inclusion of the transportation, insurance, packing & forwarding up to FOR destination but excluding GST & ET.
- b) The circulars issued by the Finance Department, Govt. of Odisha from time to time regarding tax matters shall be taken into account for evaluation and shall be binding on the bidders.

10.3 The purchaser is not bound to accept the lowest tender rate considering the Technical and quality aspect.

LIQUIDATED DAMAGE:

11.1 The C.D.M & P.H.O may allow extension of supply period after the stipulated date of supply with a penalty of 0.5% which will be deducted from the purchase order value as "Liquidated Damage", for each week (7 days) of delay up to a maximum 2% on the value of the goods.

11.2 If the supplier fails to complete the supply within the extended period, after being allowed by the purchaser, no further purchase order will be placed to the firm for the said item including forfeiture of the EMD and the concerned firm will be blacklisted for two (2) years from the date of issue of letter for the said item.

TERMS OF PAYMENT:

12.1 No advance payments towards cost of Drugs and Medical Consumables will be made to the tenderer.

12.2 100% Payment including GST will be made after receipt of stock in full with due stock entry certificate from Central Ware House, O/o CDM&PHO, Malkangiri.

12.3 The approved supplier (tenderer) shall have the direct responsibility for supply of stock and who shall only be entitled to raise the bill against such supply. Payments will be made only in favour of the approved supplier (tenderer)

PENALTIES:

13.1 If the successful tenderer fails to supply the required items within in stipulated time period including extension period his contract will be cancelled and the earnest money deposit shall stand forfeited by the purchaser.

- 13.2 Violating the tender terms and conditions & non supply / supply which is not as per specification will disqualify the firm to participate in the tender for a period of 2 (two) years from the date of issue of letter and his E.M.D will be forfeited and no further purchase order will be placed to that firm for that item.
- 13.3 In the event of any dispute arising out of the tender, such disputes would be subject to the jurisdiction of the High Court of Odisha.

INSPECTION/TESTING:

- 14.1 If, required drugs may be sent to testing laboratory at Odisha State Headquarter for checking of its Standards. While checking, if its found NSQ then the bidder will be blacklisted and legal action as per Rules will be initiated against the bidder.

CONDITIONS APPLICABLE TO LOCAL MSEs / SSI OF ODISHA:

The MSE / SSI Units of the State of Odisha will be given the following preferences in the tenders provided they produce the following documents as per MSME Development Policy-2009 and IRP - 2007:

- 15.1 Attested copy of valid manufacturing licence.
- 15.2 P.M.T Certificate from the Director of Industries, Odisha or General Manager District Industries Centre that it is a MSE / SSI Units of the State of Odisha, provided that MSE / SSI units has not been derecognised by the Govt. for that specified period.
- 15.3 Local Micro & Small-Scale Enterprises (MSE) and Khadi & Village industrial units including handloom and handicrafts will enjoy a price preference of 10% vis-à-vis over local medium and large industries as well as industries outside the State. Local Micro & Small-Scale Enterprises having ISO, ISI Certification for their product shall get an additional price preference of 3% as per provision of IPR-2007.
- 15.5 Local MSEs registered with respective DICs, Khadi, Village, Cottage and Handicraft Industries, OSIC, NSIC shall be exempted from payment of earnest money.
- 15.6 Clause number 1 to 14 is also applicable to the Small-Scale Industry Units of the State of Odisha.

SECTION -IV

SCHEDULE OF REQUIREMENT

SL.NO.	Drug Code	NAME OF THE DRUGS	Strength/ Specification	Unit	Approx. qty. Required in absolute i.e. No.Tab/ Inj. Bot)	Name of the Manufacturer	Rate	GST	Total
1	2	3	4	5	6	7	8	9	10
1	D24006	Inj. Neostigmine	0.5mg/ml	1ml Amp.	200				
2	D29011	Inj. Potassium Chloride	150mg/ml	10ml Amp.	320				
3	D30031	Inj. MVI		10ml Amp.	2000				
4	D16047	Inj. Erythropoietin 4000	4000 IU	1ml pre-filled syringe	1500				
5	D16036	Inj. Enoxaparin	60mg/0.6ml	0.6ml pre-filled syringe	50				
6	D09172	Inj. Clindamycin	300mg/ 2ml	2ml Amp.	300				
7	D07006	Inj. Diazepam	5mg/ml	2ml Amp.	2000				
8	D22012	Inj. Human Premixed Insulin (30/70) Biphasic	40units/ml	10ml Vial	150				
9	D22002	Inj. Human Soluble Insulin	40IU/ml	10ml Vial	500				
10	D23002	Inj. Snake Venom Antiserum (Lyophilised Powder form)		10ml Vial	2000				
11	D23013	Inj. Tetanus Human Immunoglobulin	500IU/ Vial	1ml Vial	50				
12	D20002	Inj. Frusemide	20mg/ 2ml	2ml Amp.	5000				

1	2	3	4	5	6	7	8	9	10
13	D05002	Inj. Hydrocortisone	100mg/ Vial	2ml Vial	2000				
14		Inj. Orciprenaline	0.5mg/ ml	1ml Amp.	200				
15		Inj. Thiamine	100mg/ Amp.	2 ml Amp.	100				
16		Inj. Doxycycline	100mg/ Vial	Each Vial	500				
17	D39008	Inj. Isoprenaline	2mg/ml	1ml Amp.	100				
18	D22009	Inj. Human Premixed Insulin (50/50) 40IU	40 IU/ml	10ml Vial	200				
19	D21039	Inj. Ondansetron	2mg/ml	2ml Amp.	47000				
20	D04021	Inj. Tramadol	50mg/ml	2ml Amp.	18000				
21	D21001	Inj. Ranitidine	25mg/ml	2ml Amp.	72000				
22	D09094	Inj. Ceftriaxone	1gm/ Vial	10ml Vial	73000				
23	D05005	Inj. Adrenaline	1mg/ml	1ml Amp.	4000				
24	D05025	Inj. Noradrenaline	1mg/ml	1ml Amp.	1200				
25	D03001	Inj. Atropine Sulphate	0.6mg/ml	1ml Amp.	35000				
26	D04008	Inj. Pentazocine Lactate	30mg/ml	1ml Amp.	15000				
27	D21005	Inj. Promethazine	25mg/ml	2ml Amp.	10000				
28	D21004	Inj. Metoclopramide	5mg/ml	2ml Amp.	3300				
29	D04011	Inj. Diclofenac	25mg/ml	3ml Amp.	100000				
30	D04003	Inj. Paracetamol	75mg/ml	2ml Amp.	12000				

1	2	3	4	5	6	7	8	9	10
31	D09136	Inj. Meropenem 1gm	1gm/ Vial	10ml Vial	9000				
32	D17013	Inj. Dopamine	40mg/ml	5ml Amp.	2000				
33	D07007	Inj. Phenytoin Sodium	50mg/ml	2ml Amp.	6000				
34	D01007	Inj. Midazolam	1mg/ml	10ml Vial	2000				
35	D30021	Inj. Phyto menadione (Vitamin K1)	1mg/ 0.5ml	1ml Amp.	36000				
36	D16004	Inj. Heparin Sodium	5000IU/ml	5ml Amp.	1000				
37	D17040	Inj. Dobutamine Hydrochloride	50mg/ml	5ml Amp.	260				
38	D27125	Inj. Lorazepam	2mg/ml	1ml Vial	6500				
39	D17043	Inj. Labetalol Hydrochloride	5mg/ml	4ml Amp.	4000				
40	D16007	Inj. Ethamsylate	125mg/ml	2ml Amp.	1800				
41	D26011	Inj. Isoxsuprine hydrochloride	5mg/ml	2ml Amp.	4500				
42	D23005	Inj. Tetanus Toxoid (Adsorbed)		0.5ml Amp.	18000				
43	D09087	Inj. Piperacillin 4gm+ Tazobactam 500mg	4.5gm/Vial	10ml/ Vial	40000				
44	D09116	Inj. Ceftriaxone 1gm+ Sulbactam 500mg	1.5gm/ Vial	10ml Vial	45000				

1	2	3	4	5	6	7	8	9	10
45	D16012	Inj. Tranexamic Acid	500mg/ 5ml	5ml Amp.	10000				
46	D16018	Inj. Iron Sucrose	20mg/ml	5ml Amp.	6500				
47	D05007	Inj. Pheniramine Maleate	22.75mg/ml	2ml Amp.	6000				
48	D26006	Inj. Magnesium Sulphate	500mg/ml	2ml Amp.	7000				
49	D29014	Inj. Dextrose 25%		100ml Bot.	6500				
50	D21030	Inj. Pantoprazole I.V.	40mg/ Vial	10ml Vial	5000				
51	D26002	Inj. Oxytocin	5 IU/ml	1ml Amp.	20000				
52	D30025	Inj. Methylcobalamine	1500mcg/ Amp.	Each Amp.	14000				
53		Inj. Lincomycin	300mg/ml	Each Amp.	15000				
54	D30028	Inj. Vitamin B1+ B2+ B6+ B12+ Nicotinamide+ Panthenol (Vitamin B Complex)		Each Amp.	7000				
55	D05001	Inj. Dexamethasone	4mg/ml	2ml Vial	10000				
56	D14018	Inj. Artesunate (With Sodium Bi-carbonate 1ml+ NaCl 5ml)	60mg/Vial	Each Vial	6000				
57	D21036	Inj. Drotaverine	20mg/ml	2ml Amp.	8000				
58	D09010	Inj. Gentamicin	10mg/ ml	2ml Vial	5000				
59	D17030	Inj. Hydralazine	20mg/ml	1ml Amp.	50				

1	2	3	4	5	6	7	8	9	10
60	D13003	Inj. Metronidazole I.V. 100 ml	500mg/ 100ml	100ml Bot.	4000				
61	D23009	Inj. Anti-Rabies Vaccine with Diluent	1ml/ Vial	Each Vial	500				
62	D17047	Inj. Ephedrine	30mg/ ml	1ml Amp.	1000				
63	D16039	Inj. Vasopressin	20 Units /ml	1ml Amp.	100				
64	D17039	Inj. Amiodarone	50mg/ml	3ml Vial	30				
65	D18034	Inj. Acyclovir	50mg/ ml	5ml Vial	140				
66	D07021	Inj. Sodium Valproate	100mg/ml	5ml Vial	50				
67	D09142	Inj. Vancomycin 1gm	1gm/Vial	10ml Vial	50				
68	D17054	Inj. Adenosine Phosphate	3mg/ml	2ml Amp.	10				
69	D04046	Inj. Fentanyl Citrate	50mcg/ml	2ml Amp.	200				
70	D03002	Inj. Glycopyrrolate	0.2mg/ml	1ml Amp.	30				
71	D01007	Inj. Midazolam	1mg/ml	5ml Vial	300				
72		Inj. Nitroglycerine	5mg/ml	10ml Vial	50				
73	D40004	Inj. Octreotide Acetate	100mcg/ml	1ml Amp.	50				
74	D01022	Inj. Propofol	10mg/ ml	20ml Vial	2				
75	D24011	Inj. Succinylcholine chloride	20mg/ml	10ml Vial	2				
76	D24010	Inj. Rocuronium Bromide	10mg/ml	10ml Vial	2				

1	2	3	4	5	6	7	8	9	10
77	D07019	Inj. Leviteracetam	100mg/ml	5ml Vial	40				
78		Inj. Ibutilide Fumarate	0.1mg/ml	10ml Vial	50				
79	D17050	Inj. Esmolol Hydrochloride	10mg/ml	10ml Vial	50				
80	D09158	Inj. Polymixin B	500000 IU	Each Vial	50				
81		Inj. Procanamide Hydrochloride	100mg/ml	10ml Vial	50				
82	D27012	Inj. Haloperidol	5mg/ml	1ml Amp.	50				
83	D17025	Inj. Streptokinase	150000 IU	10ml Vial	60				
84	D01001	Inj. Ketamine hydrochloride	50mg/ml	10ml Vial	50				
85	D26005	Inj. Carboprost 125mcg	125mcg/ml	1ml Amp.	100				
86	D24008	Inj. Glycopyrolate 0.5mg+ Neostigmine 2.5mg		5ml Amp.	300				
87	D02008	Inj. Bupivacaine HCl in Dextrose (Heavy)	20mg/ 4ml	4ml Amp.	2500				
88	D02001	Inj. Lignocaine 2%	21.3mg/ml	30ml Vial	200				
89	D02003	Inj. Lignocaine+ Adrenaline		30ml Vial	100				
90	D01008	Inj. Atracurium Besylate	10mg/ml	2.5ml Amp.	50				
91	D24005	Inj. Vecuronium Bromide	1mg/ml	10mg vial	300				
92	D01002	Inj. Thiopentone Sodium	500mg	Each Vial	50				

1	2	3	4	5	6	7	8	9	10
93	D03005	Inj. Dexmedetomidine	100mcg/ml	2ml Amp.	50				
94	D04039	Inj. Butorphanol Tartrate	1mg/ml	10ml Vial	50				
95	D04041	Inj. Nalbuphine	10mg/ml	2ml Amp.	300				
96	D01019	Inj. Etomidate	2mg/ml	10ml Vial	50				
97	D28001	Inj. Theophylline 25.3mg+ Etophylline 84.7mg	25.3mg+84.7 mg/ml	2ml Amp.	50				
98	D28002	Inj. Aminophylline hydrate	25mg/ml	2ml Amp.	20				
99	D07002	Inj. Phenobarbitone Sodium	200mg/ml	1ml Amp.	900				
100	D49001	Inj. Caffeine	20mg/ml	1ml Amp.	500				
101	D09010	Inj. Gentamycin	10mg/ml	2ml Vial	400				
102	D29013	Inj. Calcium Gluconate 10%	100mg/ml	10ml Vial	200				
103	D23015	Inj. Hepatitis B Immunoglobulin	100IU/ml	1 ml Vial	10				
104	D03003	Inj. Naloxone	0.4mg/ml	1ml Amp.	10				
105	D09123	Inj. Levofloxacin	500mg/100ml	100ml Bot.	25				
106	D20004	Inj. Mannitol I.V. 20%		100ml Bot.	2200				
107	D09106	Inj. Vancomycin	500mg/ Vial	Each Vial	2500				
108	D09162	Inj. Ampicillin 250mg+ Cloxacillin 250mg	500mg/Vial	Each Vial	2000				

1	2	3	4	5	6	7	8	9	10
109	D04033	Inj. Pracetamol I.V.	10m/ml	100ml Bot.	100				
110		Inj. Glycine + L-Arginine		200ml Bot.	100				
111	D07023	Inj. Citicoline	250mg/ ml	2ml Amp.	3000				
112	D23011	Inj. Human Anti-D Immunoglobulin	300mcg/2ml	Each Amp.	100				
113	D26009	Inj. Hydroxyprogesterone	250mg/ml	2ml Amp.	200				
114	D29008	Inj. Sodium Bicarbonate 7.5% w/v		Each Amp.	100				
115	D09004	Inj. Ampicillin 500mg	500mg/Vial	Each Vial	100				
116	D21013	Inj. Dicyclomine 10mg/ml	10mg/ml	2ml Amp.	100				
117	D02006	Inj. Bupivacaine 0.5%	5mg/ml	Each Vial	120				
118	D25058	Inj. Hyaluronidase 1500 IU	1500 IU/ 2ml	2ml Vial	500				
119		Inj. Moxifloxacin for Ophthalmic uses	0.5% w/v	0.5ml pre-filled syringe	500				
120	D23010	Inj. Equine Rabies Immunoglobulin	1500 IU/ 5ml	Each Vial	200				
121		Cap. Clindamycin	300mg/ Cap.	10 Caps./ Strip	500				
122		Cap. Omega 3 Fatty Acid+ Methylcobalamine+ Alpha Lipoic Acid+ Folic Acid		10 Caps./ Strip	1000				

1	2	3	4	5	6	7	8	9	10
123		Cap. Prebiotic & Probiotic		10 Caps./ Strip	2000				
124		Cap.Cholecalciferol (Vitamin D3)	60000 IU/ Cap.	10 Caps./ Strip	30000				
125	D16015	Cap. Hydroxyurea	500mg/ Cap.	10 Caps./ Strip	10000				
126		Cap. Vitamin E		10 Caps./ Strip	500				
127	D26017	Cap. Natural Micronised Progesterone	200mg/ Cap.	10 Caps./ Strip	5000				
128	D21009	Cap. Omeprazole	20mg/ Cap.	15 Caps./ Strip					
129	D09055	Cap. Ampicillin 500mg	500mg/Cap.	10 Tabs./ Strip	500				
130	D09100	Tab. Nitrofurantoin	100mg/ Tab.	10 Tabs./ Strip	300				
131	D16017	Tab. Doxylamine 20mg+ Pyridoxine 20mg		10 Tabs./ Strip	100				
132	D17007	Tab. Metoprolol	50mg/ Tab.	10 Tabs./ Strip	200				
133	D27001	Tab. Diazepam	10mg/ Tab.	10 Tabs./ Strip	1000				

1	2	3	4	5	6	7	8	9	10
134	D17080	Tab. Atorvastatin	40mg/ Tab.	10 Tabs./ Strip	1500				
135	D17081	Tab. Atorvastatin	10mg/ Tab.	10 Tabs./ Strip	1000				
136	D20005	Tab. Spironolactone	25mg/ Tab.	10 Tabs./ Strip	500				
137		Tab. Spironolactone 50mg+ Frusemide 20mg		10 Tabs./ Strip	500				
138		Tab. Pregabalin 750mcg+ Mecobalamin 75mg		10 Tabs./ Strip	500				
139	D17048	Tab. Clopidogrel	75mg/ Tab.	10 Tabs./ Strip	300				
140	D27004	Tab. Amitriptyline	25mg/ Tab.	10 Tabs./ Strip	300				
141	D20001	Tab. Frusemide	40mg/ Tab.	10 Tabs./ Strip	1000				
142		Tab. Trypsin+ Chymotrypsin+Rutoside		10 Tabs./ Strip	500				
143	D27095	Tab. Betahistine	16mg/ Tab.	10 Tabs./ Strip	500				
144	D17024	Tab. Aspirin	75mg/ Tab.	10 Tabs./ Strip	200				

1	2	3	4	5	6	7	8	9	10
145	D27014	Tab. Clonazepam	2mg/ Tab.	10 Tabs./ Strip	500				
146	D30042	Tab. Methylcobalamine	1500mcg/ Tab.	10 Tabs./ Strip	1000				
147	D17027	Tab. Digoxin 0.25mg	0.25mg/Tab.	10 Tabs./ Strip	200				
148	D22014	Tab. Glimepride	2mg/ Tab.	10 Tabs./ Strip	50000				
149	D22003	Tab. Metformin	500mg/ Tab.	10 Tabs./ Strip	100000				
150	D17032	Tab. Telmisartan	40mg/ Tab.	10 Tabs./ Strip	125000				
151	D17004	Tab. Nifedipine	10mg/ Tab.	10 Tabs./ Strip	100000				
152	D09113	Tab. Amoxicillin 500mg+ Clavulanic Acid 125mg	625mg/ Tab.	10 Tabs./ Strip	350000				
153	D09091	Tab. Cefixime	200mg/ Tab.	10 Tabs./ Strip	500000				
154	D26004	Tab. Isoxsuprine hydrochloride	10mg/ Tab.	10 Tabs./ Strip	70000				
155		Tab. Cabergoline	0.5mg/ Tab.	4 Tabs./ Strip	1500				
156	D26007	Tab. Misoprostol	25mcg/ Tab.	4 Tabs./ Strip	4500				

1	2	3	4	5	6	7	8	9	10
157	D17042	Tab. Labetolol	100mg/ Tab.	10 Tabs./ Strip	24000				
158	D16013	Tab. Tranexamic Acid	500mg/ Tab.	10 Tabs./ Strip	15000				
159	D26008	Tab. Norethistrone	5mg/ Tab.	10 Tabs./ Strip	35000				
160	D04056	Tab. Serratiopeptidase	10mg/ Tab.	10 Tabs./ Strip	8000				
161	D38013	Tab. Anti-Malarial Combi pack (Adults 15 year and above) (No. of tablets First Row (Day 1) One tablet of Artesunate of 200mg and Two tablets of Sulphadoxine and Pyrimethamine (750mg + 37.5mg) each, Second Row (Day 2) one tablet of Artesunate 200mg, Third Row (Day 3) one tablet of Artesunate 200mg)		Each Kit	10000				
162	D14026	Tab. Anti-Malarial Combi pack (Children 9 - 14 years) (No. of tablets First Row (Day 1) One tablet of Artesunate of 150mg and Two tablets of Sulphadoxine and Pyrimethamine (500mg + 25mg)each, Second Row (Day 2) One Tablet of Artesunate 150mg , Third Row (Day 3) One tablet of Artesunate 150mg.)		Each Kit	8000				

1	2	3	4	5	6	7	8	9	10
163	D14025	Tab. Anti-Malarial Combi pack (Children 5-8 years) (No. of tablets First Row(Day 1) One tablet of Artesunate of 100mg and One tablet of Sulphadoxine and Pyrimethamine (750mg + 37.5mg)each, Second Row (Day 2) One Tablet of Artesunate 100mg , Third Row (Day 3) One tablet of Artesunate 100mg.)		Each Kit	6000				
164	D14024	Tab. Anti-Malarial Combi pack (Children 1-4 years) (No. of tablets First Row(Day 1) One tablet of Artesunate of 50mg and One tablet of Sulphadoxine and Pyrimethamine (500mg + 25mg)each, Second Row (Day 2) One Tablet of Artesunate 50mg , Third Row (Day 3) One tablet of Artesunate 50mg.)		Each Kit	6000				
165	D04023	Tab. Etoricoxib	90mg/ Tab.	10 Tabs./ Strip	65000				
166		Tab. Etoricoxib 60mg+ Thiocolchicoside 4mg		10 Tabs./ Strip	25000				
167	D04023	Tab. Tramadol	100mg/ Tab.	10 Tabs./ Strip	36000				
168	D16002	Tab. Folic Acid	5mg/ Tab.	10 Tabs./ Strip	50000				
169		Tab. Methycobalamine+Pregabalin +Nortryptiline		10 Tabs./ Strip	20000				

1	2	3	4	5	6	7	8	9	10
170	D05015	Tab. Prednisolone 10mg	10mg/Tab.	10 Tabs./ Strip	20000				
171	D05010	Tab. Cetrizine 10mg	10mg/ Tab.	10 Tabs./ Strip	100000				
172	D21011	Tab. Dicyclomine	20mg/ Tab.	10 Tabs./ Strip	50000				
173	D22006	Tab. Thyroxine	50mcg/ Tab.	100 Tabs./ Bot.	5000				
174	D22010	Tab. Levo Thyroxine	50mcg/ Tab.	100 Tabs./ Bot.	5000				
175	D17015	Tab. Amlodipine	5mg/Tab.	10 Tabs./ Strip	100000				
176	D21010	Tab. Domperidone	10mg/ Tab.	10 Tabs./ Strip	50000				
177	D21032	Tab. Drotaverine	40mg/Tab.	10 Tabs./ Strip	50000				
178	D17053	Tab. Ramipril	2.5mg/ Tab.	10 Tabs./ Strip	300				
179		Tab. Sodium Bicarbonate		100 Tabs./ Bot.	500				
180	D07016	Tab. Clobazam	5mg/ Tab.	10 Tabs./ Strip	1000				

1	2	3	4	5	6	7	8	9	10
181		Tab. Tamsulosin 0.4mg+ Dutasteride 0.5mg		15 Tabs./ Strip	500				
182		Tab. Allylestrenol	5mg/ Tab.	10 Tabs./ Strip	500				
183	D17020	Tab. Methyldopa	250mg/ Tab.	10 Tabs./ Strip	500				
184		Tab. Tramadol 37.5mg+ Paracetamol 500mg		10 Tabs./ Strip	3000				
185	D21018	Tab. Pantoprazole 40mg	40mg/ Tab.	10 Tabs./ Strip	3000				
186		Tab. Lincomycin	500mg/Tab.	10 Tabs./ Strip	3000				
187	D20003	Tab. Acetazolamide 250mg	250mg/ Tab.	10 Tabs./ Strip	500				
188		Tab. Trypsin+ Chymotrypsin		10 Tabs./ Strip	500				
189	D07015	Tab. Carbamazepine 300mg	300mg/Tab.	10 Tabs./ Strip	2000				
190	D27108	Tab. Chlordiazepoxide 25mg	25mg/Tab	10 Tabs./ Strip	2000				
191	D27068	Tab. Donepezil 5mg	5mg/ Tab.	10 Tabs./ Strip	1000				

1	2	3	4	5	6	7	8	9	10
192	D27054	Tab. Quetiapine 100mg	100mg/ Tab.	10 Tabs./ Strip	1000				
193	D27006	Tab. Haloperidol 5mg	5mg/ Tab.	10 Tabs./ Strip	2000				
194	D27110	Tab. Clonazepam 0.5mg	1mg/Tab.	10 Tabs./ Strip	7000				
195	D27036	Tab. Escitalopram 5mg	5mg/ Tab.	10 Tabs./ Strip	7000				
196	D07004	Tab. Phenytoin Sodium 100mg	100mg/Tab.	100 Tabs./ Bot.	2000				
197		Tab. Sodium Valproate 300mg	300mg/Tab.	10 Tabs./ Strip	3500				
198	D07022	Tab. Sodium Valproate 500mg	500mg/Tab.	10 Tabs./ Strip	3500				
199	D27046	Tab. Olanzapine 5mg	5mg/Tab.	10 Tabs./ Strip	7000				
200	D27094	Tab. Trihexyphennidyl 2mg	2mg/Tab.	10 Tabs./ Strip	700				
201	D21037	Tab. Promethazine 25mg	25mg/Tab.	10 Tabs./ Strip	1000				
202	D27074	Tab. Alprazolam 0.5mg	0.5mg/Tab.	10 Tabs./ Strip	1000				

1	2	3	4	5	6	7	8	9	10
203	D27017	Tab. Fluoxetine 20mg	20mg/Tab.	10 Tabs./ Strip	2500				
204		Tab. Fluoxetine 10mg	10mg/Tab.	10 Tabs./ Strip	2500				
205		Tab. Sertraline 25mg	25mg/Tab.	10 Tabs./ Strip	2000				
206	D27015	Tab. Risperidone 2mg	2mg/Tab.	10 Tabs./ Strip	2000				
207	D27004	Tab. Amitriptyline 25mg	25mg/ Tab.	10 Tabs./ Strip	2000				
208	D27045	Tab. Nitrazepam 10mg	10mg/ Tab.	10 Tabs./ Strip	2000				
209	D27043	Tab. Lithium Carbonate 300mg	300mg/ Tab.	10 Tabs./ Strip	2000				
210	D27101	Tab. Lorazepam 1mg	1mg/ Tab.	10 Tabs./ Strip	2000				
211	D17074	Tab. Propranolol Hydrochloride 10mg	10mg/ Tab.	10 Tabs./ Strip	2000				
212	D27100	Tab. Amisulpride 100mg	100mg/ Tab.	10 Tabs./ Strip	2000				
213	D07012	Syp. Sodium Valproate	200mg/ 5ml	100ml Bot.	500				
214	D29006	Syp. Potassium Chloride	1.5mg/15ml	200ml Bot.	300				

1	2	3	4	5	6	7	8	9	10
215	D49002	Syp. Lactulose	10gm/15ml	100ml Bot.	300				
216		Syp. Dextromethorphan 15mg+ Chlorpheniramine Maleate 2mg+Phenylephrine 5mg/ 5ml		100ml Bot.	3000				
217	D30020	Syp. Vitamin B Complex		200ml/ Bot.	1000				
218		Syp. Ambroxol+ Guaiphenesin+Terbutaline		100ml Bot.	1000				
219	D09170	Syp. Cefixime	50mg/ 5ml	Each Bot.	8000				
220	D30029	Syp. Zinc Acetate	20mg/ 5ml	Each Bot.	6000				
221	D07011	Syp. Phenobarbitone	20mg/5ml	60ml Bot.	50				
222	D09135	Syp. Linezolid	100mg/ 5ml	Each Bot.	100				
223		Syp. Ambroxol+ Guaiphenesin+ Salbutamol+ Menthol		60ml Bot.	4000				
224	D16011	Syp. Iron + Folic Acid	100mg+ 0.5mg/5ml	Each Bot.	3000				
25	D05011	Syp. Cetrizine	5mg/5ml	30ml Bot.	3000				
226		Syp. Multivitamin		100ml Bot.	7000				
227	D09164	Susp. Amoxicillin 200mg+ Clavulanic Acid 28.5mg	200mg+ 2.5mg/ 5ml	Each Bot.	10000				

1	2	3	4	5	6	7	8	9	10
228	D21021	Susp. Sucralfate	500mg/ 5ml	100ml Bot.	22000				
229	D29018	IVF 3% Sodium Chloride		100ml Bot.	500				
230	D29012	IVF Normal Saline 0.9% (NS) 100ml	100ml/ Bot.	Each Bot.	1000				
231	D29001	IVF Normal Saline 0.9% (NS)	500ml/ Bot.	Each Bot.	5000				
232	D29002	IVF Dextrose 5% + Normal Saline 0.9% (DNS)	500ml/ Bot.	Each Bot.	5000				
233	D29003	IVF Compound Sodium Lactate (RL)	500ml/ Bot.	Each Bot.	5000				
234	D29004	IVF Dextrose 5% (D5)	500ml/ Bot.	Each Bot.	5000				
235	D29005	IVF Dextrose 10% (D10)	500ml/ Bot.	Each Bot.	5000				
236	D29023	IVF 0.45% Sodium Chloride (0.45% NS)	500ml/ Bot.	Each Bot.	200				
237		IVF Dextrose 5% and Normal Saline 0.45% DNS)	500ml/ Bot.	Each Bot.	200				
238	D29009	IVF Multielectrolyte-P	500ml/ Bot.	Each Bot.	500				
239		IVF Isolyte - M	500ml/ Bot.	Each Bot.	50				
240		IVF Physiomax	500ml/ Bot.	Each Bot.	500				
241	D28023	Ipratropium Bromide 500mcg+ Levosalbutamol 1.25mg/ml Respsules		2.5ml Amp.	2000				

1	2	3	4	5	6	7	8	9	10
242		Levosalbutamol Respsules	0.63mg/2.5ml	2.5ml Amp.	1000				
243		Salmeterol 50mcg+ Fluticasone 250mcg Rotacap	30 caps/Pkt.	1 Pkt.	200				
244		Ipratropium Bromide 40mcg+ Levosalbutamol 100mcg Rotacap	30 Caps./Pkt.	1 Pkt.	200				
245		Levosalbutamol 100mcg Rotacap	30 Caps./ Pkt.	1 Pkt.	50				
246		Budesonide 200mcg 400 MDI		Each	100				
247		Machaler		Each	200				
248		Macspacer		Each	50				
249		Calcium Polystyrene Sulfonate Sachet		15gm. Sachet	200				
250		Prebiotic and Probiotic Sachet		1gm Sachet	1000				
251	D04026	Paracetamol Oral Drop	100mg/ 1ml	15ml Bot.	3500				
252	D30041	Vitamin D3 Oral Drop	400IU/ ml	15ml Bot.	3600				
253	D30024	Multivitamin Oral Drop		15ml Bot.	1000				
254		Simethicone+ Dill Oil+ Fennel Oil Oral Drop		15ml Bot.	150				
255		Caffeine Citrate Oral Drop	20mg/ml	3ml Bot.	100				

1	2	3	4	5	6	7	8	9	10
256		Iron & Folic Acid Oral Drop		15ml Bot.	100				
257	D20006	Syp. Frusemide	10mg/ml	30ml Bot.	50				
258		Levosalbutamol+ Ambroxol+ Guaiphenesin Oral Drop		15ml Bot.	4000				
259	D21028	Dicyclomine 10mg+ Activated Dimethicone 40mg/ml Oral Drop	10mg+ 40mg/ml	15ml Bot.	3000				
260		Chloropheniramine Maleate 1mg+ Phenylephrine 2.5mg Oral Drop		15ml Bot.	3000				
261		Sodium Fusidate Skin Ointment	2% w/v	10gm Tube	300				
262	D18028	Clindamycin Gel or Cream	1% w/w	20gm Tube	1000				
263	D18024	Povidone Iodine Ointment	5% w/v	15 gm Tube	1500				
264	D18003	Silver Sulphadiazine Skin Ointment	1% w/v	30gm Tube	1000				
265		Diclofenac diethylamine 1.16%w/w+ menthol 5%w/w+methylsalicylate 10%w/w+linseed oil 3%w/w Gel		15gm Tube	35000				
266	D31042	ECG Gel		250ml Bot.	2000				

1	2	3	4	5	6	7	8	9	10
267	D02002	Lignocaine Hydrochloride 2% Gel	2% w/v	30gm. Tube	500				
268	D18007	Povidone Iodine Solution	5% w/v	500ml Bot.	2200				
269		Hydrogen Peroxide Topical Solution	100ml/ Bot.	Each Bot.	300				
270	D19008	Chloroxylenol Solution	5% w/v	500ml Bot.	200				
271		Sodium Hypochloride Solution	6% w/v	5 ltrs. Jar	10				
272	D29021	Hydroxyethyl Strach Solution	500ml Bot.	Each Bot.	0				
273	D02004	Lignocaine 4% Topical Solution	30ml Vial	Each Vial	100				
274	D18054	Povidone Iodine Solution	10% w/v	500ml Bot.	300				
275		Povidone Iodine Hand Scrub	7% w/v	500ml Bot.	200				
276	D25074	Homatropine Eye Drop	2% w/v	Each Vial	12				
277		Bepotastin Eye Drop	1.5% w/v	Each Vial	1000				
278		Tobramycin Eye Drop	0.3% w/v	Each Vial	2500				
279	D25078	Pilocarpine 2% Eye Drop	2% w/v	Each Vial	1000				
280	D25034	Moxifloxacin Eye Drop	0.5% w/v	Each Vial	1000				
281		Natamycin Eye Drop	5% w/v	Each Vial	1000				
282		Nepafenac Eye Drop	0.1% w/v	Each Vial	500				
283	D25062	Prednisolone Eye Drop	1% w/v	Each Vial	1000				

1	2	3	4	5	6	7	8	9	10
284	D25028	Timolol Eye Drop	0.5% w/v	Each Vial	500				
285	D25056	Carboxymethyl Cellulose Eye Drop	0.5% w/v	Each Vial	500				
286	D25047	Cyclopentolate Eye Drop	1% w/v	Each Vial	1000				
287		Gemifloxacin + Prednisolone Eye Drop		Each Vial	500				
288	D25042	Pro-Paracaine Eye Drop	0.5% w/v	Each Vial	500				
289		Hydroxypropyl Methylcellulose Eye Drop		Each Vial	500				
290	D25048	Loteprednol Eye Drop	0.5% w/v	Each Vial	500				
291	D25012	Ciprofloxacin Eye Drop	0.3% w/v	Each Vial	3000				
292	D25001	Gentamicin Sulphate Eye Drop	0.3% w/v	Each Vial	3000				
293	D25023	Ofloxacin Eye Drop	0.3% w/v	Each Vial	3000				
294		Chloramphenicol+ Dexamethasone Eye Ointment		Each Vial	2000				
295	D25060	Moxifloxacin Eye Ointment	0.5% w/v	Each Vial	500				
296	D25017	Acyclovir Eye Ointment	3% w/v	Each Tube	1000				
297	D29015	Saline Nasal Drop	0.65% w/v	10ml Vial	600				
298	D18030	Cream Clotrimazole	1% w/v	10gm Tube	2000				
299		Glycerine Suppositories	1gm	Each	50				

1	2	3	4	5	6	7	8	9	10
300		Glycerine 15% w/v+ Sodium Chloride 15% w/v Enema		30ml Bot.	350				
301	D01020	Isoflurane		100ml Bot.	300				
302	D31041	Sodalime		5Kg Jar	10				
303	D19006	Surgical Spirit	450ml Bot.	Each Bot.	500				
304		Turpentine Oil	100ml Bot.	Each Bot.	200				
305		Acetone 500ml	500ml Bot.	Each Bot.	40				
306		Hand Rub Lotion as per USFDA/EN approved with Stand	500ml	Each Bot.	1000				
307		Hand Wash Lotion having pH 5.5	500ml	Each Bot.	1000				
308		Surface Disinfectant as per CDC/KAYAKALPA Guideline	5 ltr. Jar	Each Jar	100				
309		Instrument Sterilisation Solution	500ml	Each Bot.	50				
310		Instrument Cleaner	500ml	Each Bot.	50				
311		Gluteraldehyde 2.45% with pH indicator	5 ltr. Jar	Each Jar	100				
312		Bacillol - 25 Solution	500ml	Each Bot.	500				
313		Bacillocid Extra	500ml	Each Bot.	1000				

1	2	3	4	5	6	7	8	9	10
314		Phenyl White Scented		5 ltrs. Jar	100				
315		Plaster of Paris Powder	1Kg/ Pkt.	Each Pkt.	1200				
316	D34007	Microporous Adhesive Tape (Micropore)	2.5cm x 9.1 mtr.	Each Roll	28000				
317		Dynaplast		Each Roll	35				
318		Durapore (Silk-like Adhesive Tape)	1 inch width	Each Roll	400				
319		Tissue Paper		Each Roll	20				
320		Leucoband		Each	600				
321	S02133	Cannula Fixator		Each	600				
322		Jelonet	10Pcs./ Pkt.	Each Pkt.	100				
323		Wet Tissue	72 Pcs./ Pkt.	1 Ppkt.	50				
324		Cautery Pads		Each	2000				
325		Crescent Knife		Each	1000				
326		Keratome 3.2		Each	1000				
327		Keratome 5.5		Each	1000				
328	S02011	Intra-venous Set (Adult)		Each	30000				
329		Micro Drip Set		Each	50				
330		Paediachamber		Each	6000				

1	2	3	4	5	6	7	8	9	10
331	S02001	Disposable Syringe 2cc		Each	240000				
332	S02002	Disposable Syringe 5cc		Each	300000				
333	S02043	Disposable Syringe 10cc		Each	300000				
334	S02094	Disposable Syringe 20cc		Each	2000				
335	S02044	Disposable Syringe 50cc		Each	1500				
336	S02007	Disposable Needle 26G		Each	500				
337	S02005	Insulin Syringe 40 IU		Each	2000				
338	S02153	Operation Gloves (Sterilised) Size: 7.5		Each Pair	15000				
339	S02151	Operation Gloves (Sterilised) Size: 6.5		Each Pair	100000				
340	S02152	Operation Gloves (Sterilised) Size: 7		Each Pair	120000				
341		Elbow Gloves		Each Pair	200				
342	S02051	Umbilical Cord Clamp		Each	10000				
343	S02063	Infant Mucous Extractor		Each	10000				
344	S02026	Urinary Drainage Bag	2000ml capacity	Each	16000				
345		Urine Collection Bag with bottom outlet		Each	500				

1	2	3	4	5	6	7	8	9	10
346	S02419	Foleys Urinary Catheter Size: 12, Two way		Each	5000				
347	S02420	Foleys Urinary Catheter Size: 14, Two way		Each	5000				
348	S02145	Foleys Urinary Catheter Size: 16, Two way		Each	16000				
349	S01018	Polyglactin Size: 1 (1/2 circle round bodied 40mm heavy needle) length: 90cm	12 Foils/ Box	1 Doz.	240				
350	S01013	Catgut Chromic Atraumatic Size: 1, Length: 76cm, 1/2 Circle round body 40mm heavy needle)	12 Foils/ Box	1 Doz.	180				
351	S01007	Sterilised Surgical Suture Monofilament Polyamide Black Size: 1-0 length 2 x 76cm	12 Foils/ Box	1 Doz.	10				
352	S01016	Polypropylene Size: 1, length: 90 cm, 1/2 Circle Round Bodied 40 mm Heavy needle	12 Foils/ Box	1 Doz.	18				
353		Mersilk (Size: 2-0, Length: 90cm, 1/2 Circle round body 30mm needle)	12 Foils/ Box	1 Doz.	40				

1	2	3	4	5	6	7	8	9	10
354	S01017	Polypropylene Size: 1-0, length: 90 cm, 1/2 Circle Round Bodied 30 mm needle U.S.P, with CE certification)	12 Foils/ Box	1 Doz.	10				
355	S01014	Catgut Chromic Atraumatic Size: 1-0, Length: 76cm, 1/2 Circle round body 40mm needle)	12 Foils/ Box	1 Doz.	80				
356	S01019	Polyglactin Size: 1-0 (1/2 circle round bodied 40mm heavy needle) length: 90cm	12 Foils/ Box	1 Doz.	80				
357		Mersilk Size: 1-0, Length: 90cm, with reverse cutting Needle	12Foils/ Box	1 Doz.	100				
358		Mersilk Size: 2-0, Length: 90cm, with reverse cutting Needle	12Foils/ Box	1 Doz.	100				
359	S01072	Catgut Chromic Atraumatic- Size:- 2-0, length: 76 cm, 1/ 2 Circle Round Bodied 45 mm needle	12Foils/ Box	1 Doz	105				
360		Mersilk with Reverse Cutting Needle Size: 1	12Foils/ Box	1 Doz.	160				
361	S02249	Polypropylene Mesh	11cm x 6cm	Each	100				

1	2	3	4	5	6	7	8	9	10
362	S02139	I.V. Cannula Size: 18 two way		Each	2000				
363	S02140	I.V. Cannula Size: 20 two way		Each	1000				
364	S02141	I.V. Cannula Size: 22 two way		Each	500				
365	S02009	I.V. Cannula Size: 24 two way		Each	500				
366	S02320	I.V. Cannula Size: 26 two Way		Each	1000				
367	S02015	Suture Needle Curv Cutting Size: 9	6 Nos./Pkt.	Each Pkt.	2400				
368	S02015	Suture Needle Curv Cutting Size: 10	6 Nos./Pkt.	Each Pkt.	2400				
369	S02157	Surgical Blade Size: 20		100 Nos./ Pkt.	1000				
370	S02158	Surgical Blade Size: 22		100 Nos./ Pkt	1000				
371	S02159	Surgical Blade Size: 24		100 Nos./ Pkt.	1000				
372	S02348	Ryles Tube Size: 16		Each	500				
373	S02031	Ryles Tube Size: 18		Each	2000				
374	S02335	Oxygen Face Mask (Adult)		Each	500				
375		Oxygen Face Mask (Paed.)		Each	500				
376	S02064	Oxygen Nasal Cannula (Adult)		Each	500				
377	S02064	Oxygen Nasal Cannula (Paed.)		Each	200				

1	2	3	4	5	6	7	8	9	10
378	S02064	Oxygen Nasal Cannula (Neonatal)		Each	200				
379		Oxygen Hood		Each	20				
380		Oxygen T Piece		Each	20				
381		Nasal prong Paediatric		Each	500				
382		Nebulisation Mask for Nebulizer		Each	50				
383		Nebulisation Mask for Ventilator		Each	50				
384		Venturi Mask		Each	20				
385		Endotracheal Tube Size: 7.0		Each	5				
386		Endotracheal Tube Size: 7.5		Each	7				
387		Endotracheal Tube Size: 8.0		Each	17				
388		Endotracheal Tube Size: 8.5		Each	30				
389	S02296	Endotracheal Tube with Cuff Size: 7		Each	100				
390	S02297	Endotracheal Tube with Cuff Size: 7.5		Each	100				
391	S02298	Endotracheal Tube with Cuff Size: 8		Each	100				

1	2	3	4	5	6	7	8	9	10
392	S02310	Feeding Tube Size: 6		Each	500				
393		Feeding Tube Size: 7		Each	500				
394	S02312	Feeding Tube Size: 8		Each	500				
395	S02161	Sucction Catheter Size: 8		Each	100				
396	S02317	Sucction Catheter Size: 10		Each	100				
397	S02359	Sucction Catheter Size: 14		Each	2000				
398	S02358	Sucction Catheter Size: 12		Each	1000				
399		Sucction Catheter Size: 18		Each	20				
400		Sucction Catheter Size: 20		Each	20				
401		Ventuse Cup Size: 50		Each	5				
402		Ventuse Cup Size: 60		Each	5				
403		Ventuse Cup Size: 70		Each	5				
404		Lumbar Puncture Needle (LP Needle) Size:18		Each	10				
405		Lumbar Puncture Needle (LP Needle) Size:20		Each	10				
406	S02092	Spinal Needle Size: 25G		Each	2500				
407		Spinal Needle Size: 23G		Each	500				
408		Chest Tube Size: 28		Each	50				

1	2	3	4	5	6	7	8	9	10
409		Chest Tube Size: 32		Each	250				
410		Baby Tag		Each	3000				
411		Mother Tag		Each	1500				
412		PVC Drain		Each	500				
413		Water Seal Container with tube		Each	30				
414		Romovac Drain Size: 18		Each	20				
415		PMO Line and Stop Cock		Each	2000				
416		Vein-O-Ilne and stop cock		Each	1000				
417		3 Way Stop Cock		Each	550				
418		Ventilator Circuit (Adult)		Each	150				
419		Centraline Set 3way lumen Size: 7FR		Each	50				
420		Oropharyngeal Airways Size: 3		Each	1				
421		HME Filter(Adult)		Each	100				
422		Autoclave Tape		Each	50				
423		Stylate Adult		Each	7				
424		Urometer		Each	300				
425		Tegaderm		Each	350				

1	2	3	4	5	6	7	8	9	10
426		Closed Suction Catheter		Each	50				
427		Flow Sensor Hamilton		Each	50				
428		Acuostic Jelly		Each	100				
429		Chest Leads for ECG Machine	100 Nos./ Pkt.	Each Pkt.	10				
430		Bougie		Each	5				
431		Epidural Kit		Each Kit	50				
432		Soffban Bandage Roll 3"		Each Roll	300				
433		Soffban Bandage Roll 4"		Each Roll	300				
434		Soffban Bandage Roll 6"		Each Roll	300				
435		Disp. Drawsheet		Each	2500				
436		Disp. Patient Gown		Each	2500				
437		OT Gown Cotton (Green)		Each	500				
438		OT Drape		Each	1000				
439		OT Towel Green		Each	2000				
440		Baby Towel		Each	2000				
441		Laparotomy Towel		Each	500				
442		Steridrep		Each	100				
443	S02029	Plastic Apron for OT (Long Size)		Each	3000				

1	2	3	4	5	6	7	8	9	10
444		Diaper Size: 0		Each	12000				
445		Hospital Underpad (Molly Sheet)	10Nos./ Pkt.	Each Pkt.	1000				
446		Plaster of Paris Bandage Size: 3"		Each Roll	2000				
447		Plaster of Paris Bandage Size: 4"		Each Roll	2000				
448		Plaster of Paris Bandage Size: 6"		Each Roll	2000				
449		Synthetic Plaster Size: 3"		Each Roll	20				
450		Synthetic Plaster Size: 4"		Each Roll	20				
451		Synthetic Plaster Size: 6"		Each Roll	20				
452		Delta Dry Roll 3"		Each Roll	30				
453		Delta Dry Roll 4"		Each Roll	30				
454		Lumbo-Sacral Belt	Small	Each	50				
455		Lumbo-Sacral Belt	Medium	Each	150				
456		Lumbo-Sacral Belt	Large	Each	150				
457		Lumbo-Sacral Belt	Extra Large	Each	50				
458		Cervicodorsal Immobiliser	Small	Each	20				
459		Cervicodorsal Immobiliser	Medium	Each	30				

1	2	3	4	5	6	7	8	9	10
460		Cervicodorsal Immobiliser	Large	Each	30				
461		Cervicodorsal Immobiliser	Extra Large	Each	30				
462		Long Knee Brace		Each	100				
463		Small Knee Brace		Each	100				
464		Knee Cap	Small	Each	50				
465		Knee Cap	Medium	Each	100				
466		Knee Cap	Large	Each	100				
467		Knee Cap	Extra Large	Each	100				
468		Crepe Bandage	2 inches	Each	100				
469		Crepe Bandage	3 inches	Each	150				
470		Crepe Bandage	4 inches	Each	300				
471		Crepe Bandage	6 inches	Each	200				
472		Cervical Collar Soft	Small	Each	30				
473		Cervical Collar Soft	Medium	Each	100				
474		Cervical Collar Soft	Large	Each	100				
475		Shoulder Immobiliser	Small	Each	100				
476		Shoulder Immobiliser	Medium	Each	200				
477		Shoulder Immobiliser	Large	Each	200				

1	2	3	4	5	6	7	8	9	10
478		Tennis Elbow Brace	Medium	Each	200				
479		Tennis Elbow Brace	Large	Each	200				
480		Wrist & Forearm Splint	Small	Each	50				
481		Wrist & Forearm Splint	Medium	Each	100				
482		Wrist & Forearm Splint	Large	Each	100				
483		Cock up Splint	Small	Each	100				
484		Cock up Splint	Medium	Each	100				
485		Cock up Splint	Large	Each	100				
486		Finger Splint	Small	Each	100				
487		Finger Splint	Medium	Each	100				
488		Finger Splint	Large	Each	150				
489		Thumb Immobiliser (Thumb Spica Splint)	Small	Each	50				
490		Thumb Immobiliser (Thumb Spica Splint)	Medium	Each	100				
491		Thumb Immobiliser (Thumb Spica Splint)	Large	Each	150				
492		FROG Splint	Small	Each	50				
493		FROG Splint	Medium	Each	100				

1	2	3	4	5	6	7	8	9	10
494		FROG Splint	Large	Each	100				
495		Skin Traction Set	Small	Each	100				
496		Skin Traction Set	Medium	Each	200				
497		Skin Traction Set	Large	Each	300				
498		Cervical Traction Set	Medium	Each	50				
499		Cervical Traction Set	Large	Each	50				
500		Ankle Traction Set	Small	Each	50				
501		Ankle Traction Set	Medium	Each	50				
502		Trcofix Roll	3"	Each	300				
503		Tricofix Roll	4"	Each	300				

NB: - Approximate quantity of requirement as mentioned can be modified at the time actual requirement keeping in view the stock received from OSMCL and actual requirement at the time of need.

SECTION -V

ANNEXURES

(TECHNICAL BID/ PRICE BID)

ANNEXURE -I
(Refer Clause No. 3.1)

CHECK LIST

(To be submitted in **Cover A Technical Bid**)

Note: The documents have to be arranged serially as per the order mentioned in the check list

Please put in the respective box

COVER - A (TECHNICAL BID) DOCUMENTS: SUBMITTED OR NOT

1	List of Item (s)-Annexure II	Page No.		Yes		No	
2	Tender Document Fee	Page No.		Yes		No	
3	Earnest Money Deposit	Page No.		Yes		No	
4	Details of Manufacturing Unit/ contract person Liaising agent (Annexure III)	Page No.		Yes		No	
5	Declaration form (Annexure- IV) signed by the Tendered & affidavit before Notary Public / Executive Magistrate	Page No.		Yes		No	
6	Manufacturer's Authorization Format (Annexure-V)	Page No.		Yes		No	
7	Proof of avg. Annual turnover of Rs. 02 Crore or more for presiding 3 financial years (Annexure-VI)	Page No.		Yes		No	
8	Performance Statement (Item wise) during the last two year (Annexure-VII)	Page No.		Yes		No	
9	Copy of valid GMP Certificate	Page No.		Yes		No	
10	Copy of Valid GST Registration Copy	Page No.		Yes		No	
11	Copy of Manufacturing License	Page No.		Yes		No	
12	Copy of Valid ISO/BIS Certificate	Page No.		Yes		No	
13	Photocopy of PAN	Page No.		Yes		No	
14	Latest GST R 3B Copy	Page No.		Yes		No	
15	Photo copy of valid Drug license	Page No.		Yes		No	
16	Copy of Income tax return (last three year)	Page No.		Yes		No	
17	Copy of original Tender, duly signed by the Tenderer	Page No.		Yes		No	

Annexure II
(Refer Clause No. 3.2)

(To be submitted in *Cover A - Technical Bid*)

LIST OF ITEMS(S) QUOTED

Sl. No	Name of Item(s)	Name of Manufacturer	Specification/ Strength	Unit of Packing	Remarks

Signature of the Tenderer:

Date:

Official Seal: -

ANNEXURE - III
(Refer Clause No. 3.5)

(To be submitted in *Cover A - Technical Bid*)

**DETAILS OF THE TENDERER & LOCAL CONTACT PERSON/
SERVICE CENTRE**

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Address of Local Contact Person / Branch Office / Zonal Office / Address of Service Centre if any, in Odisha.
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E - Mail		
Date of Inception	(Copy of Certificate of incorporation of Manufacturer)	
Name of the issuing authority		
Import License (in case of Importer only)		
GST	(Furnish photocopy of GST)	
PAN	(Furnish photocopy of PAN)	
Details of the Service Centre Facilities (in Odisha)		

Signature of the Tenderer:
with seal
Date:
Official Seal:

ANNEXURE - IV
(Refer Clause No. 3.6)

(To be submitted in *Cover A - Technical Bid*)
DECLARATION FORM

I / Wehaving
My / ouroffice
at.....do declare that I / We have
carefully read all the terms & conditions of tender of the _____,
Odisha for the supply of drugs and Medical Consumables. The approved rate will
remain valid for a period of one year from the date of approval. I will abide with
all the terms & conditions set forth in the **Tender Reference no.** _____

I/We do hereby declare I/We have not been de-recognised / black listed by any
State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health
Institutions for supply of Not of Standard Quality items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money
Deposit and blacklist me/us for a period of 3 years if, any information furnished
by us proved to be false at the time of inspection /verification and not complying
with the Tender terms & conditions.

I / Wedo hereby declare that I / we will
supply the _____ as per the terms, conditions & specifications
of the tender document.

Signature of the bidder :
Seal Date :
Name & Address of the Firm

Affidavit before Executive Magistrate / Notary Public.

(To be submitted in *Cover A - Technical Bid*)
MANUFACTURER'S AUTHORISATION FORMAT

To

The Chief District Medical and Public Health Officer,
Malkangiri, At/PO/Dist-Malkangiri, Odisha, 764048

Ref: Tender No..... Dated..... for _____.

Dear Sir,

We, ----- are the manufacturers of -----
----- (name of equipment(s) and have the
manufacturing factory at -----.

1. Messrs ----- (name and address of the agent)
is our authorized distributor for sale and service of -----
----- (name of Drugs and Consumables)
2. We confirm that **no supplier or firm or individual other than Messrs-----**
----- (name of the above
distributor) is authorized to submit a tender and enter into a contract with
you for the above goods manufactured by us.
3. We will provide test reports of supply items, if required by the purchasers.

Yours faithfully, -----
(Signature with date, name and designation)
For and on behalf of Messrs -----
(Name & address of the manufacturers)
Seal

Note :

1. This letter should be on the **letterhead** of the **manufacturer** and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.

ANNEXURE - VI
(Refer Clause No. 3.8)

(To be submitted in **Cover A - Technical Bid**)
(To be furnished in the **letter head** of the Auditor/ Chartered Accountant)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for the last three financial years of M/s _____ who is a Manufacturer /Distributor/Importer (*Pl. tick whichever is applicable*) are given below and certified that the statement is true and correct.

Sl.No.	Year	Turnover in (Rs.)
1.	2019-2020 -	
2.	2020-2021 -	
3.	2021-2022 -	

Average Annual Turnover (for the above three years) in (Rs.) _____

Date: Signature of Auditor/
Place: Chartered Accountant
(Name in Capital)
Seal

Membership No.-
Registration No. of Firm

Note:

- a) To be issued in the **letter head** of the Auditor/Chartered Accountant mentioning the Membership no.

- b) **Separate certificates** should be furnished for **different manufacturer/importer** in case the bidder (authorized distributor) is quoting products of **different manufacturers/importers**. The authorized distributor has also to furnish his turnover statement in the above format.

Annexure VII
(Refer Clause no. 3.9)

(To be submitted in *Cover A - Technical Bid*)
PROFORMA FOR PERFORMANCE STATEMENT
(For the period of last three years)

ITEM WISE (Pl. Furnish separate performance statement itemise if the bidder quote for more than one item & attach the order copies alongwith each performance statement)

Tender Reference No.:

Name of Tenderer:

Name of Manufacturer: -

Sl. No.	Order placed by (address of purchaser (attach documentary proof) *)	Order No. & Date	Item Name	Manufacturer Name	Quantity	Value of Contract (Rs.)

Signature and seal of the Tenderer

- The documentary proof will be copies of the purchase order (during last 3 years)

Annexure VIII
(Refer Clause No. 3.10)

**STATEMENT REGARDING DEVIATIONS FROM TECHNICAL
SPECIFICATIONS (IF ANY)**

Following are the technical deviations and variations from the purchaser's
Technical Specifications.

Sl. No.	Item Name	Clause of Technical Specification	Statement of Deviations / Variations if any
1			
2			

In case there is no deviation from technical specification, Pl. Mention **No Deviation**.

Signature of the Bidder
Name :

Date :

Place :

Seal

Annexure IX

(Refer Clause No. 4.1)

(To be submitted in *Cover B- FINANCEIAL BID*)
PRICE SCHEDULE

Sl. No.	Name of the Items	Specification/ Strength	Name of the Manufacturer	Rate Including other taxes excluding GST	GST	Total Price
1						
2						

Signature of the Bidder
Name :

Date :
Place :

Seal