

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD

**HEALTH CENTRE**

**Date : 24/09/21**

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**Subject :-** Calling of quotations for supply of medicines for the Health Centre, Dr.B.A.M. University, A'bad, PIN - 431004 ( to reach before 30.09.21 ).

List of medicines required for the Health Centre :-

Sr.No.	Name of Medicine	Quantity required ( tablets / capsules etc. )	Estimated Cost/ Rate ( Rs. - per strip of 10 tab. etc. )	G.S.T. applicable
01.	Cap. Cephalexin 500 mg	10 x 420		
02.	Tab. Ofloxacin 200 mg	10 x 150		
03.	Tab. Olopatadine HCl	10 x 50		
04.	Tab. Paracetamol 500	15 x 300		
05.	Tab. Fenpropion 400	10 x 400		
06.	Tab. Pantoprazole-D	10 x 300		
07.	Tab. Optineuron Forte	10 x 400		
08.	Tab. Zuclofenacin	15 x 300		
09.	Tab. Ciprofloxacin 500	15 x 300		
10.	Tab. Spasmonil	10		
11.	Cipladine Ointment 10 gm	200 tube		
12.	Electral ORS Sachet 21 gm	300 sach		
13.	Dispovan 5 cc ( 1 x 100 syr.)	01 x 100		
14.	Scalp Vein Set No. 22	50		
15.	I.V. Infusion Set	50 .		
16.	Inj. Fenpropion 3 ml	50 amp.		
17.	Inj. Buscopan 1 ml	40 amp.		
18.	Tab. Alzolam 0.5 mg	10 x 20		
19.	Tab. Amlodipine AT	10 x 30		
20.	Tab. Amlodipine L	30 x 20		

Sr.No.	Name of Medicine	Quantity required (tablets / capsules etc.)	Estimated Cost/ Rate (Rs. - per strip of 10 tab. etc.)	G.S.T. applicable
21.	Tab. Aspisol	30 x 15		
22.	Tab. Bisohart 2.5 mg	10 x 18		
23.	Tab. Bigomet 500 mg	10 x 18		
24.	Tab. Bigomet SR	10 x 36		
25.	Tab. Clopitab 75 mg	15 x 24		
26.	Cap. Clopitab A	15 x 24		
27.	Tab. Clavix AS 75 mg	15 x 24		
28.	Tab. Cardivas 12.5	10 x 36		
29.	Tab. CTD – O 12.5/20	10 x 18		
30.	Tab. Cardace Meto 2.5	10 x 36		
31.	Tab. Cilacar 10 mg	15 x 12		
32.	Tab. Cilamet XL 25	15 x 36		
33.	Tab. Delisprin 75 mg	14 x 30		
34.	Tab. Dytor Plus 10	15 x 12		
35.	Tab. Gemer 1	10 x 18		
36.	Tab. Gemer 2	10 x 126		
37.	Tab. Glador 2	15 x 126		
38.	Tab. Glucored Forte	10 x 18		
39.	Tab. Glimisave M 1	15 x 156		
40.	Tab. Glimisave M 3 F	15 x 24		
41.	Tab. Gluconorm G 1 Forte	15 x 12		
42.	Tab. Gluconorm PG 2	15 x 24		
43.	Tab. Met XL 25	20 x 12		
44.	Tab. Metofid XL 25	10 x 18		
45.	Tab. Metofid XL 50	10 x 18		
46.	Tab. Olmin 20	10 x 18		
47.	Tab. Olmin Trio	10 x 36		
48.	Tab. Omen CDP 20	10 x 36		
49.	Tab. Primodil 5 mg	10 x 108		
50.	Tab. Piomed 15	10 x 36		
51.	Tab. Rosvin 10 mg	10 x 54		
52.	Cap. Rosavel A	10 x 36		
53.	Tab. Revolol XL 25 mg	10 x 18		
54.	Cap. Remiheart 2.5 mg	10 x 18		
55.	Tab. Sorbitrate 10 mg	50 x 08		
56.	Tab. Tendia M	10 x 36		
57.	Tab. Tendia 20 mg	10 x 36		
58.	Tab. Telvas 20 mg	10 x 54		
59.	Tab. Telvas 40	15 x 300		
60.	Tab. Telvas H	10 x 126		
61.	Tab. Telvas 3D	10 x 90		

Sr.No.	Name of Medicine	Quantity required ( tablets / capsules etc. )	Estimated Cost/ Rate ( Rs. - per strip of 10 tab. etc. )	G.S.T. applicable
62.	Tab. Telpress CT	15 x 54		
63.	Tab. Torsid 10 mg	10 x 18		
64.	Tab. Volibo 0.3 mg	10 x 36		
65.	Tab. Vogli GM 1	10 x 108		
66.	Tab. Vogli GM 2	10 x 162		
67.	Tab. X-tor 20 mg	10 x 102		
68.	Tab. Zomelis 50 mg	15 x 90		

**Note :** Following documents are required to be submitted with the quotations in two sealed envelopes as follows :-

- A) First Envelope :- Estimated rates of the medicines and G.S.T. applicable  
B) Second Envelope :- containing following documents :
- 1) Copy of Sole Manufacturer/Dealer/Wholesaler/Retailer Certificate
  - 2) Copy of the Shop Act
  - 3) Copy of the Drug Licence
  - 4) Copy of the Pan Card
  - 5) Copy of G.S.T. Registration Certificate

Sd/-

**Medical Officer, . . .**  
**Health Centre, . . .**  
**Dr. B.A.M. Univ., A'bad**