DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD

HEALTH CENTRE

Date : 30/04/22

To,

Subject :- Calling of quotations for supply of medicines for the Health Centre, Dr.B.A.M. University, A'bad, PIN - 431004 (to reach before 06/05/22).

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. Almox 500 mg	10 x 200		
02.	Prolyte ORS Sachet 21 gm	01 x 500		
03.	Tab. Panta-D	10 x 400		
04.	Tab. Fenak Plus	10 x 500		
05.	Cap. Omee 20 mg	20 x 200		
06.	Tab. Pacimol 500 mg	15 x 600		
07.	Tab. Optineuron Forte	10 x 600		
08.	Tab. Alzolam 0.5 mg	10 x 20		
09.	Tab. Clopitab 75 mg	15 x 32		
10.	Cap. Clopitab –A	15 x 24		
11.	Tab. Clavix AS 75	15 x 12		
12.	Tab. Cardivas 12.5 mg	10 x 36		
13.	Tab. CTD –O	10 x 18		
14.	Tab. Delpizin 10 mg	10 x 36		
15.	Tab. Gemer 0.5 mg	10 x 18		
16.	Tab. Gemer 1	15 x 48		
17.	Tab. Gemer 2	15 x 72		
18.	Tab. Glador 2	15 x 42		
19.	Tab. Glucored Forte	10 x 18		
20.	Tab. Glimisave M 1	15 x 60		

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. Glimisave M 3 F	15 x 24		
22.	Tab. Gluconorm G 1 F	15 x 12		
23.	Tab. Gluconorm PG 2	15 x 32		
24.	Tab. Olmin 20 mg	10 x 18		
25.	Tab. Olmin 40 mg	10 x 18		
26.	Tab. Olmin Trio	10 x 36		
27.	Tab. Omen CDP 20	10 x 18		
28.	Tab. Primodil 5 mg	10 x 72		
29.	Tab. Piomed 15	10 x 36		
30.	Tab. Rosvin 10	10 x 54		
31.	Tab. Revolol XL 25 mg	10 x 18		
32.	Cap. Rosavel A	10 x 36		
33.	Tab. Tendia 20 mg	10 x 18		
34.	Tab. Tendia M	15 x 36		
35.	Tab. Volibo 0.3 mg	10 x 36		
36.	Tab. Volibo R 0.2/0.5	10 x 36		
37.	Tab. Vogli GM 1	10 x 54		
38.	Tab. Vogli GM 2	10 x 144		
39.	Tab. X-tor 20 mg	10 x 90		
40.	Tab. Zomelis 50	15 x 36		
41.	Tab. Aspisol 150 mg	30 x 24		
42.	Tab. Cilacar 10 mg	15 x 24		
43.	Tab. Dytor 10 mg	15 x 24		
44.	Tab. Telvas 20 mg	15 x 60		
45.	Tab. Telvas 40 mg	15 x 312		
46.	Tab. Telvas H	10 x 90		
47.	Tab. Telvas 3D	10 x 90		
48.	Tab. Telvas AM	10 x 18		
49.	Tab. Telpress CT	15 x 24		
50.	Tab. Bigomet 500 mg	10 x 72		
51.	Tab. Bigomet SR	10 x 72		
52.	Tab. Amlokind AT	15 x 48		
53.	Tab. Bisoheart 2.5 mg	10 x 18		
54.	Tab. Cilamet XL 25	20 x 20		
55.	Cap. Remiheart 2.5 mg	10 x 18		
56.	Tab. Met XL 25	20 x 18		
57.	Tab. Met XL AM	20 x 18		
58.	Tab. Met XL Trio	10 x 18		
59.	Tab. Met XL 3D	10 x 18		

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
6) Income Tax Department return filing acknowledgement receipt

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