Date : 03/03/21

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 09.03.21).

List of medicines required for the Health Centre :-

Sr.No.	Name of Medicine	Quantity required (tablet/ capsule etc.)	Estimated Cost (Rs. - per strip of 10 tab. etc.) – Inclusive of G.S.T.
01.	Tab. Almox DT 250 mg	10 x 20	
02.	Tab. Cephadex DT 250 mg	10 x 20	
03.	Cap. Cephadex 500 mg	10 x 200	
04.	Tab. Abixim 200 mg	10 x 100	
05.	Tab. Azikem 250 mg	06 x 50	
06.	Tab. Oflakem 200 mg	10 x 20	
07.	Tab. Olox Oz	10 x 50	
08.	Tab. Amoxyclav 625	10 x 100	
09.	Tab. Ciprowin 250 mg	10 x 50	
10.	Tab. Mimclox Plus	10 x 40	
11.	Cap. Megatin DC	10 x 100	
12.	Tab. Metgy 400 mg	10 x 100	
13.	Tab. Enteroqnor	15 x 10	
14.	Tab. Lupibend 400 mg	10 x 10	
15.	Tab. Chlorphenaramine Maleate	10 x 04	
16.	Tab. Cetcip	10 x 13	
17.	Tab. Cheston Cold	10 x 200	
18.	Cap. Alkof softgel	10 x 200	
19.	Tab. Cof Q	10 x 100	
20.	Tab. Avil	15 x 80	
21.	Tab. Pacimol 500	15 x 120	
22.	Tab. Flexon	15 x 120	
23.	Tab. Fenak Plus	10 x 120	
24.	Tab. Aldigesic MR	10 x 100	
25.	Tab. Monorin 150 mg	30 x 100	
26.	Tab. Panta-D	10 x 150	
27.	Cap. Omee 20 mg	20 x 15	
28.	Tab. Optineuron Forte	10 x 200	

Sr.No.	Name of Medicine	Quantity required (tablet/ capsule etc.)	Estimated Cost (Rs. - per strip of 10 tab. etc.) – Inclusive of G.S.T.
29.	Cap. Eglow 400 mg	10 x 40	
30.	Tab. Zucee	15 x 150	
31.	Tab. Cipcal 500	15 x 100	
32.	Tab. Solubet 0.5 mg	10 x 30	
33.	Tab. Spasmonil	10 x 100	
34.	Tab. Laxidyl 5	10 x 25	
35.	Sy. Almox	10	
36.	Sy. Febdex Plus DS	10	
37.	Sy. Jeetdrex Plus	40 jars	
38.	Gentalab E/E Drop 10 ml	400 drops	
39.	Borax Glycerine Drop	150	
40.	Duomac Respsule	10 resp.	
41.	Cipladine Ointment 10 gm	250 tube	
42.	Clocip Ointment 15 gm	250 tube	
43.	Simplex XL Cream 20 gm	20 tube	
44.	Glucon –D Pack 50 gm	200	
45.	Electral ORS Sachet 21 gm	300 sach.	
46.	Adhesive Tape	10 x 01	
47.	Bectodine Soln. 100 ml	20	
48.	Surgical Spirit 100 ml	20	
49.	Dressing Cotton Bundle	04	
50.	Rolled Bandage 3 c.m. (1 x 10 pack)	10 x 10	
51.	Rolled Bandage 7.5 c.m. (1 x 10 pack)	10 x 10	
52.	Rolled Bandage 10 c.m. (1 x 10 pack)	10 x 10	
53.	Dispovan 2.5 cc (1 x 100 syr.)	01	
54.	Dispovan 5 cc (1 x 100 syr.)	01	
55.	Scalp Vein Set No. 22	30	
56.	I.V. Infusion Set	30	
57.	I.V.F. NS 500 ml	10	
58.	I.V.F. DNS 500 ml	25	
59.	I.V.F. RL 500 ml	20	
60.	Inj. Fenak 3 ml	20	
61.	Inj. Ondiron 2 ml	10	
62.	Inj. MVI 10 ml	15	
63.	Inj. Rantac 2 ml	05	
64.	Inj. Buscogast 1 ml	20	
65.	Tab. Alzolam 0.5 mg	10 x 15	
66.	Tab. Amlokind AT	10 x 24	
67.	Tab. Amlokind L	30 x 12	
68.	Tab. Aspisol	10 x 04	
69.	Tab. Bisoheart 2.5 mg	10 x 24	

Sr.No.	Name of Medicine	Quantity required (tablet/ capsule etc.)	Estimated Cost (Rs. - per strip of 10 tab. etc.) – Inclusive of G.S.T.
70.	Tab. Bisoheart 5 mg	10 x 24	
71.	Tab. Bigomet SR	10 x 36	
72.	Tab. Clopitab 75 mg	15 x 16	
73.	Cap. Clopitab A	15 x 16	
74.	Tab. Clavix AS 75 mg	15 x 16	
75.	Tab. Cardivas 12.5	10 x 24	
76.	Tab. CTD – O 12.5/20	10 x 12	
77.	Tab. Cardace Meto 2.5	10 x 24	
78.	Tab. Cilacar 10 mg	15 x 08	
79.	Tab. Cilamet XL 25	15 x 16	
80.	Tab. Delisprin 75 mg	14 x 21	
81.	Tab. Dytor Plus 10	15 x 12	
82.	Tab. Gemer 1	10 x 24	
83.	Tab. Gemer 2	10 x 84	
84.	Tab. Glador 2	15 x 69	
85.	Tab. Glucored Forte	10 x 24	
86.	Tab. Glimisave M 1	15 x 48	
87.	Tab. Glimisave M 3	15 x 16	
88.	Tab. Glimisave M 3 F	15 x 16	
89.	Tab. Glimisave Max 1	15 x 12	
90.	Tab. Gluconorm G 1 Forte	15 x 24	
91.	Tab. Gluconorm G 2	15 x 25	
92.	Tab. Gluconorm PG 2	15 x 16	
93.	Tab. Met XL 25	20 x 18	
94.	Tab. Olmin 20	10 x 27	
95.	Tab. Olmin Trio	10 x 24	
96.	Tab. Omen CDP 20	10 x 12	
97.	Tab. Primodil 5 mg	10 x 36	
98.	Tab. Piomed 15	10 x 20	
99.	Cap. Rosavel A	10 x 24	
100.	Tab. Revolol XL 25 mg	10 x 12	
101.	Tab. Tendia 20 mg	10 x 60	
102.	Tab. Tendia M	10 x 12	
103.	Tab. Telvas 20 mg	10 x 60	
104.	Tab. Telvas 40	10 x 288	
105.	Tab. Telvas H	10 x 84	
106.	Tab. Telvas 3D	10 x 48	
107.	Tab. Telpress CT	15 x 36	
108.	Tab. Volibo 0.3 mg	10 x 24	
109.	Tab. Verifipa M	15 x 12	
110.	Tab. Vogli GM 1	10 x 48	

Sr.No.	Name of Medicine	Quantity required (tablet/ capsule etc.)	Estimated Cost (Rs. - per strip of 10 tab. etc.) – Inclusive of G.S.T.
111.	Tab. Vogli GM 2	10 x 138	
112.	Tab. X-tor 20 mg	10 x 73	
113.	Tab. Zomelis 50 mg	15 x 18	

Note : The following documents are required to be submitted with the quotations :-

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