

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD

HEALTH CENTRE

Date : 23/11/21

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 29.11.21).

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.	Tab. Abixim 200 mg	10 x 400		
02.	Tab. Azikem 250 mg	06 x 150		
03.	Tab. Amoxyclav 625	10 x 200		
04.	Tab. Ciprowin 250 mg	10 x 100		
05.	Tab. Mimclox Plus	10 x 80		
06.	Cap. Megatin DC	10 x 250		
07.	Tab. Metgy 400 mg	10 x 200		
08.	Tab. Enteroqnor	10 x 10		
09.	Tab. Chlorphenaramine Maleate	10 x 05		
10.	Tab. Cetcip	10 x 20		
11.	Tab. Cheston Cold	10 x 500		
12.	Cap. Alkof softgel	10 x 400		
13.	Tab. Cof Q	10 x 400		
14.	Tab. Flexon	15 x 500		
15.	Tab. Aldigesic MR	10 x 200		
16.	Tab. Monorin 150 mg	30 x 200		
17.	Cipcal D3 Sachet	250		
18.	Cap. Omee 20 mg	20 x 30		
19.	Tab. Ferrous Sulphate 200 mg	1000 x 04		
20.	Cap. Eglow 400 mg	10 x 70		

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. Solubet 0.5 mg	10 x 60		
22.	Tab. Fungiforce 150 mg	05 x 70		
23.	Tab. Laxidyl 5	10 x 50		
24.	Sy. Almox	25		
25.	Sy. Febdex Plus DS	25		
26.	Sy. Jeetdrex Plus	80 jars		
27.	Gentalab E/E Drop 10 ml	200 drops		
28.	Borax Glycerine Drop	200		
29.	Clocip Ointment 15 gm	250 tube		
30.	Simplex XL Cream 20 gm	30 tube		
31.	Glucon -D Pack 50 gm	400		
32.	Salvomed Respsule	100		
33.	Adhesive Tape	10 x 02		
34.	Bectodine Soln. 100 ml	10		
35.	Surgical Spirit 100 ml	10		
36.	Dressing Cotton Bundle	10		
37.	Dispovan 2.5 cc (1 x 100 syr.)	01 x 200		
38.	Disposable Needle No.24	100		
39.	I.V.F. NS 500 ml	20		
40.	I.V.F. DNS 500 ml	40		
41.	I.V.F. RL 500 ml	40		
42.	Inj. Ondiron 2 ml	10		
43.	Inj. MVI 10 ml	10		

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 acknowledgement receipt

- Sd/-

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