U.T. Administration of Dadra & Nagar Haveli and Daman & Diu Department of Health and Family Welfare

Daman

No. CPB/DNH&DD/ Medicine./2022-23/ 365

Dated:-21/09/2022

QUOTATION NOTICE

The Department of Health & Family Welfare, DNH & DD invites quotation from the Authorized Distributers/ Dealers/ Suppliers for Supply of required Medicine for Department of Health & Family Welfare. The list of items is placed at Annexure-I. The sealed quotation has to reach to the office of the undersigned on before $\sqrt[8]{/09/2022}$ up to 13.00 hr by Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned. The quotation will be open on $\frac{\sqrt[3]{9}}{2022}$ 15.30 hr.

TERMS AND CONDITIONS

- 1. The rate should be quoted for F.O. R. Department of Health & Family Welfare,
- 2. The rate should be quoted inclusive of material & labour cost and all taxes. No extra charges will be paid for any taxes/packing/forwarding and insurance etc.
- 3. The bidder should submit copy of PAN Card & GST No.
- 4. The bidder should submit copy of valid license in the field of supply.
- 5. The sealed quotation should be super scribed by words "QUOTATION FOR PURCHASE OF MEDICINE FOR DEPARTMENT OF HEALTH & FAMILY WELFARE, DAMAN".
- 6. The quotations to be sent to the office of the Central Procurement Branch, Room No. 106, 1st Floor, CHC, Moti Daman (DNH&DD)- 396220.
- 7. Payment will be made only after satisfactory assurance of quality of work done.
- 8. Quotation received after due date and time will not be taken into consideration.
- 9. Right to reject or accept any or all quotations is reserved by the undersigned.

In-charge, Central Procurement Branch E-mail Id: cpbdnhdd@gmail.com

Copy to:-

1) The Authorized Distributers/Dealers/Suppliers for information and necessary action.

Annexure - I

Purchase of Medicine for Department of Health & Family Welfare, Daman

r. o.	Items Named	Unit	Company Offered	Unit Rate in Rs.	Qty.	Total Amount
1	Inj.Artesunate 60mg	1			100	
•	mj., tresumate comig	amp.				
2	Inj.Haemocoagulase 1 ml	1			80	
	,	amp.				
3	Inj.Lorazepam 2ml	1			30	
		amp.				
4	Inj.Octride 50 mcg	1			10	
		amp.			240	
5	Inj.Rabies Vaccine, Human I.P. 1ml	1 vial			310	CONTRACTOR OF THE CONTRACTOR O
6	Inj.Tetanus Toxoid 0.5ml	1			1000	
		amp.			00	
7	Inj. Thiamine 100mg/1ml (2ml)	1amp			80	
8	Tab.Paracetamol 650 mg	1 tab.			30000	
9	Inj.Adenosine 6mg/1ml	1			30	
		Amp			200	
10	Inj Benzathine penicillin 12Lac Units	1 amp				
11	Inj.Diclofenac I.V.1ml (AQ)	1			2000	
		amp.			4500	
12	Inj.Etophylline 169.4mg +	1			1500	
	Theophylline 50.6mg	amp.			50	
13	Sol.Haemocoagulase 0.2 CU 10ml	1 No.				
14	Inj.Metoclopramide 10ml	1			50	
		amp.			5	
15	Inj.Mesna 3ml	1				
		amp.			100	
16	Inj. Vitamin B complex with	1				
47	Vitamin B12 (Optineurone)	amp.			300	
17	Inj.Glyceryl Trinitrate 25mg	amp.				
18	Sol.Viscoment Ophthalmic	1 No.			50	
	Solution 5ml				000	
19	Inj.Triamcinolone Acetonide 40mg/ml I.V	1 vial			200	
20	Inj.Trypan Blue 0.8mg	1			10	
		amp.			000	
21	Sol.Salbutamol 15 ml	1			200	
		bottle			10	
22		1			10	
	500ml	bottle			8	
23	Inj.Succinylechloine Chloride 10ml	1 vial	·			
		Total				