U.T. Administration of Dadra & Nagar Haveli and Daman & Diu
Department of Health and Family Welfare
(Office of the Central Procurement Branch)
Daman

No.CPB/DMHS/P&T/Quotation/Ophthalmic Med/2023-24/899

Date: 22 .09.2023.

## **QUOTATION NOTICE**

The Department of Health & Family Welfare, DNH & DD invites quotation from the Authorized Distributers/Dealers/Suppliers for Quotation Rate for purchase of urgently required Ophthalmic Medicines for Department of Health and Family Welfare, DNH & DD. The list of items is placed at Annexure-I. The sealed quotation has to reach to the office of the undersigned on before 03 10 2023 upto 16.00 hrs. by Registered Post/ Courier or to be deposited in the Quotation Box kept in the office of the undersigned. Sealed quotation will be opened on the same day at 16.30 hrs.

## TERMS AND CONDITIONS

- 1. The rate should be quoted for F.O.R. Department of Health & Family Welfare, DNH & DD and it should be valid for period of one year.
- 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 URGENTLY REQUIRED OPHTHALMIC MEDICINES FOR DEPARTMENT OF HEALTH AND FAMILY WELFARE, DNH & DD".
- The Quotations to be sent to the office of the Central Procurement Branch, 1<sup>st</sup> Floor, CHC Building, Fort Area, Moti Daman U.T of 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.

Central Procurement Branch
E-mail Id: cpbdaman106@gmail.com

Copy to:

- 1) The Authorized Distributers/Dealers/Suppliers for information and necessary action.
- 2) The IT Department with a request to publish on the website.

## Annexure-I QUOTATION FOR "PURCHASE OF URGENTLY REQUIRED OPHTHALMIC MEDICINES FOR DEPARTMENT OF HEALTH AND FAMILY WELFARE, DNH & DD"

Sr. No	Items Name	Unit	Required Company	Offered Company	Unit Rate in Rs.	Total Requir e-ment	Total Amount in Rs.
1	Drop.Moxifloxaci n0.5% w/v+ Dexamethasone 0.1% w/v 5ml eye drops	1 No.	Insdwift/ Intralab/ FDC/ Elder/ Cipla/ Sunways/ Centaur/ Mankind/GR or "WHO cGMP/ ISO certified Equivalent company"			1000	
2	Drop.Prednisolon e acetate 1 % W/V eye drop 5ml	1 No.	FDC/ / Tauras lab./Zydus Cadila/ Allergan/ Cipla/Sunways/Ma nkind or "WHO cGMP/ ISO certified Equivalent company"			800	
3	Drop.Flurbiprofen Sodium eye drops 5ml	1 No.	FDC/ / Tauras lab./Zydus Cadila/ Appasamy/Allerga n/ Cipla/Sunways/Ma nkind or "WHO cGMP/ ISO certified Equivalent company"			300	
4	Drop.Homatropin e Hydrobromide 2% W/V 5ml	1 No.	Jawa Pharma/ FDC/ Sunways/ Warren/Indoco or "WHO cGMP/ ISO certified Equivalent company"			500	
5	Oint. Ciprofloxacin 0.3% Eye ointment 5 gm	1 tube	Cadila/Cipla/Triok ka/Intas/GR/J&J/ Cipla/Glenmark/Bi ochem/Cadila/NPI L/Emcure/Sun/Dr Reddy/Samarth/Ro che or "WHO cGMP/ ISO certified Equivalent company"			300	

6	Tab.Acetazolamid e 250mg	1 tab.	Sun Pharma/Troikaa/	1000	
			Biochem/ Solvay/		
			Wyeth or "WHO		
			cGMP/ ISO		
			certified Equivalent		
7	Drop Fluorometh	1 bottle	company"	200	
1	Drop.Fluorometh	1 bottle	Zydus Cadila/Cipla or Equivalent	300	
	5ml eye drop		or Equivalent		
8	Drop. Ketorolac	1 bottle	Zydus	300	
0	Tromethamine		Cadila/Cipla/Nri		
	solution 0.5 %		care vision india		
	W/V 5ml eye		limited or		
	drop		Equivalent		day, te
9	Drop.	1 bottle	Sun Pharma/Ajanta	300	
	Olopatadine		or "WHO cGMP/		
	Hydrochloride		ISO certified		
	solution 0.1 %		Equivalent		
	W/V 5ml eye		company"		
10	drop Chloramphenicol	1 bottle	Pfizer or	50	1913
10	Eye Applicaps	1 bottle	Equivalent		
	ointments 1 %				
	W/W (1 bottle =				
	50 applicaps)				
11	Inj	1	SUNWAYS /	200	
	Hydroxypropyl	prefille	APPSAMY /		
12	methylcellulose	d	"WHO cGMP/ ISO		
	Opthalmic soln 2	syringe	certified Equivalent company"		
	ml 20 mg		company		
	(prefilled syringe)	1 amp.	Appasamy Ocular	200	
12	Inj.Trypan Blue 0.8mg	1 amp.	Pvt. Ltd., FDC,		
	0.omg		Sunways, Renovva		
			or Equivalent	500	
13	Drop.Tobramycin	1 No.	Cadila/ Ind swift/	300	
	(0.3%)+Dexamet		Cipla/ Intas/		
	hasone (0.1%)		Biochem/ Centur/		
	Eye/Ear drop		FDC or "WHO		
			cGMP/ ISO certified Equivalent		
			company"		