

यू.टी. प्रशासन दादरा एवं नगर हवेली और दमन एवं दीव
U.T. Administration of Dadra & Nagar Haveli and Daman & Diu
स्वास्थ्य और परिवार कल्याण विभाग, डीएनएच और डीडी
Department of Health and Family Welfare, DNH & DD
केंद्रीय खरीद शाखा का कार्यालय
Office of the Central Procurement Branch
DNH & DD.

E-mail: cpbdaman106@gmail.com

No. CPB/DNH&DD/BUD-QUOT2/2025-26/209

Date: 02/01/2026

BUDGETARY QUOTATION NOTICE

1. The Department of Health and Family Welfare, DNH & DD, on behalf of the Hon'ble President of India, invites budgetary quotations from reputed and eligible firms/manufacturers/authorized suppliers to assess prevailing market rates and to arrive at the estimated cost for the proposed procurement of Medicines for NAMO Hospital, Silvassa, DNH & DD (as per Annexure-A).
2. This market survey is conducted purely for estimation and planning purposes and does not constitute a tender or any commitment to place an order.
3. The exercise is carried out in accordance with Chapter-2, Para 2.1(f) – Estimation of Cost, of the applicable procurement guidelines.
4. Budgetary quotations should be inclusive of all applicable taxes and levies.
5. The Department reserves the right to accept or reject any or all quotations without assigning any reason.
6. The sealed quotation has to reach the office of the undersigned on or before 12/01/2026 up to 15:00 hrs, by Registered Post/Courier or by depositing it in the quotation box kept in the office of the undersigned.

Sd/-

The In-Charge,
Central Procurement Branch
Ayushman Arogya Mandir
Dholar, Moti Daman – 396220
U.T. of DNH and DD
Email – cpbdaman106@gmail.com.

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Annexure- A:

Sr. No.	Description of Items	Unit	Offered company	Estimated Cost (in Rs.)
1	Cap.Cyclosporine 100mg	1 Cap		
2	Cap.Deferiprone 500mg	1 cap		
3	Tab.Acetylcystine 600mg Effervacent Tablet	1 Tab.		
4	Tab.Alpha Ketoanalogue	1 Tab.		
5	Tab.Atomoxetine 10mg	1 Tab		
6	Tab.CoenzymeQ10 + Levocarnitine 500mg	1 Tab		
7	Tab.Cyclophosphamide 50mg	1 Tab.		
8	Tab.Cilostazol 100 mg	1 Tab.		
9	Tab.Calcium Acetate 667 mg	1 Tab.		
10	Tab.Modafinil 200 mg	1Tab		
11	Tab.Naltrexone 50mg	1 Tab		
12	Tab.Nitrazepam 5mg	1 Tab		
13	Tab.Pentoxifylline 400 mg	1Tab		
14	Tab.Faropenem 300 mg	1 Tab		
15	Tab.Cefuroxime Axetil + Potassium Clavunate cv 625 mg	1 Tab		
16	Gel Methotrexate 1%	1 Nos		
17	Susp.Survanta 4 ml	1 bottle		
18	Mapiform Silicon Sheet	1 pack		
19	Oil.Simyl Mct 50ml	1 bottle		
20	Powder Dexolac Special Care .Preterm baby Formula with highest vitamin A and 10:1(Linolenic acid: Alpha linolenic acid with Nucleotides and Lactose 400 gm (for Preterm Baby)	1 No.		
21	Powder Aptamil Preterm (for Extrem Preterm Baby< 1000 GMS.Preterm Baby Formula with prebiotics-scGOS/icFOS(Galacto&Fructo-Oligosaccharide)in 9:1 ratio.	1 No.		
22	Powder Dexolac Stage 1 400 gm .Infant Formulation with 3 gm prebiotics IcFos,milk Fat with beta palmitate,100 % lactose,0-6 months	1 Pkt.		

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Sr. No.	Description of Items	Unit	Offered company	Estimated Cost (in Rs.)
23	Powder L-Glutamine 60 5gm per pkt	1 sachet		
24	Sachet HMF	1 Pkt.		
25	Sol.Super Oxidized 100 ml	1 Nos		
26	Inj.Alteplase 50mg	1 vial		
27	Inj.AminoAcid, Lipid and Dextrose 1500	1 bottle		
28	Inj.Aminovein Infant Infusion (Amino Acid 10%).	1 Bottle		
29	Inj.Anti RHO (D) 150mg Immunoglobulin	1 vial		
30	Inj.Cerebrolysin	1 vial		
31	Inj.Ceftazidime 2 gm + Avibactam 0.5 gm	1 vial		
32	Inj.Dexmedetomidine HCL 100mcg	1 amp.		
33	Inj.Edaravone 1.5mg	1 Amp		
34	Inj.Flurouracil 500mg/10ml	1 Nos		
35	Inj.Fondapaniux 0.4 (Prefilled Syringe)	1 No.		
36	Inj.Hepatitis "B" Immunoglobulin 100 I.U.	1 vial		
37	Inj.Netilmicin 50mg	1 vial		
38	Inj.Intralipid 20% 100ml	1 Bottle		
39	Inj.Lacosamid 10mg /ml 20 ml	1 vial		
40	Inj.Mesna 3ml	1 amp.		
41	Inj.Octride 50 mcg	1 amp.		
42	Inj.Oliclinomeal N4 1000ml	1 bottle		
43	Inj.Oliclinomeal N7 1000ml	1 bottle		
44	Inj.Polysaccharides of Streptococcus Pneumoniae, Serotypes 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, 33F25µg for each of the 23 serotypes for one 0.5ml dose	1 vial		
45	Inj.Sodium Hyaluronate 0.4ml Prefilled Syringe	1 No.		
46	Inj.Sodium Nitroprusside 50mg	1 amp.		
47	Inj.Terlipressin 1.0mg/10ml	1 amp		
48	Inj.Tetglob 250 I.U	1 vial		
49	Inj.Tetglob 500 I.U	1 vial		
50	Inj.Remdesivir 100 mg	1 vial		
51	Inj.Fosfomycin 4g/vial	1 vial		

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Sr. No.	Description of Items	Unit	Offered company	Estimated Cost (in Rs.)
52	Inj. Ticarcillin 3000 mg +clavulanic Acid 100 mg	1 vial		
53	Inj.Flucloxacillin sodium 1000 mg	1 vial		
54	Inj. Ceftaroline Fosamil 600 mg	1 vial		
55	Tab. Posaconazole 300mg	1 tab		
56	Syp.Omega-3 Fatty Acid (DHA,EPA)Vitamin D3,Vitamin A and Vitamin K2 Suspension. 200ml	1 bottle		
57	Inj.Human Normal Immunoglobulin 10 ml	1 vial		
58	Bovine Lipid Extract Surfactant Suspension 3 ml	1 vial		
59	Powder Xerolac	1 Nos		

**Signature and Stamp
of Bidders on each page**

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