

**GOVT.OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT  
OFFICE OF THE CIVIL SURGEON, SINDHUDURG  
QUOTATION NOTICE YEAR 2025-26**

**Civil Surgeon,Sindhudurg is inviting sealed quotation from qualified supplier for purchase of following category item .Interested & qualified supplier go through all annexures and fill up quotation.**

1	Quotation call by - (Designation of Purchasing Authority )	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital,Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-297405
4	e mail address	cssindhudurg@gmail.com
5	Working Hours	9.30 am to 5.45 p.m Each Saturday – 9.30 a.m to 2.00 p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/DHS/CMS/SDL & SCL/2591/2025-26 Date- 24/02/2026
7	Quotation Item Category	SDL & SCL For Mega Medical Health Camp Sindhudurg
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	26/02/2026 before 11.30 a.m Office of the Civil Surgeon, District Hospital Sindhudurnagari
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	26/02/2026 at 12.30 p.m Office of the Civil Surgeon,Sindhudurg
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

## **GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION**

- 1) No any relaxation for Supplier Qualification Criteria.
- 2) Submission of quotation before last date & attendance in time for opening of quotation is the responsibility of supplier. If supplier fails to attend, procedure will be completed by authority.
- 3) Procedure for fill up quotation
  - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. **Do not use item wise envelope**
  - **Fill up all items rate in Quotation Format**
  - Rate Format to be prepared on business letter pad only by computer typing.
  - Rate format duly sign by supplier with his/her name, business rubber stamp & rubber seal.
  - Attached required documents with self attested & stamp.
  - Make one set of above quotation document & put in one envelope.
  - Write Quotation No & Date with Category of Quotation.  
Put business rubber stamp & sign on envelope
  - After confirmation envelope to be seal by WAX SEAL ONLY
  - Do not write rate in handwriting or overtyping or use of whitener
  - Write mfg.co name do not write ANY STANDARD COMPANY. This type of Words quotation will be rejected without any notice or message.
- 4) Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- 5) Required self attested with supplier rubber stamp documents as per Category of quotation.( Xerox Copies)
  - 7.1) Drugs, Consumables, Laboratory items  
Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid License  
GST Certificate PAN Card of Owner or his/her Firm  
WHO GMP Mfg.Co Valid Drugs License Copy
  - 7.2) Non Drugs items
    - PAN Card
    - GST Registration Certificate
    - Mfg.Company authorization for medical equipment's & machines.
- 6) **Annexure Details**

Annex -1	- General Terms & conditions
Annex- 2	- Quotation Category Items Details
Annex -3	- Format for filling of rate
Annex -4	- Supplier Declaration
- 7) **Disqualification of quotation**
  - (1) Failure of required supplier Technical qualification
  - (2) Late receipt of quotation envelope
  - (3) Rate format submission not in proper format & multiple mfg.co. rate
  - (4) Non filling of all items rate in quotation
  - (5) Non submission of required documents & document without self attested.
  - (6) Non submission envelope in proper manner
  - (7) NSQ Drugs Company in this hospital past period. or blacklisted firm in Maharashtra state or other state

**ANNEXURE -1****GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION**

1	Qualification for Drugs & Consumables, Laboratory item ( Kits/Reagents/Chemicals/Sera)	Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid License GST Certificate PAN Card of Owner or his/her Firm Who GMP Mfg. Company product Only
2	Qualification for Non Drugs Item	PAN Card GST Certificate Quality Certificate Mfg.Co Authorization
3	Authority Letter from Original Mfg. Company	In case of Medical Equipment's & Machine
4	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period. Preference to Free Supply of Glucometer for each 1000 strips pack with Technical support.
5	Transport	Inclusive
6	Delivery Period	Urgent on Dt 27/02/2026
7	Delivery Destination	District Warehouse Sindhudurg Sindhudrgnagari Tal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
8	Expiry date	Not less than One year from date of Mfg.date
9	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
11	After use of drugs, complaints from Dept/Patients/Sub Standard drugs	Replacement of Complaint batch Without cost or FDA Sampling Batch.
12	Return of drugs	Slow moving before expiry date 3 to 6 months without cost. After supply any circumstance due to patient use issue i.e not required for treatment

13	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
14	Validity of Quotation Rate	Six month from date of acceptance Letter .
15	Bill of Quantity	It may be Increase or decrease in Acceptance period.
16	Disqualification and rejection of Quotation	1.Failure of required supplier Technical qualification 2.Late receipt of quotation envelope 3.Rate format submission not in proper format & multiple mfg.co. rate 4.Non submission of required documents as mentioned in point No. 1 & document without self attested with rubber stamp. 5.Non submission envelope in proper manner 6.NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state 7.Non filling of all items rate
17	Court Jurisdiction	District Court Sindhudurg
18	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company or any Related official and Tech.cause.
19	Drugs Analysis by NABL Approved Laboratory after supply of drugs	As per following govt. letter/GR this office Will be send supplied drugs each batch for Analysis of drugs at NABL Approved lab.Expenditure of NABL analysis to be paid from concerned supplier without any terms 1) Letter from Hon'ble Commissioner of Health Services & Mission Director Mumbai No/4829-4914/2024 Dt.2/8/2024 2) Govt. Resolution No खरेदी-२०१८/प्र.क्र ९४/आरोग्य-८ दि. १६/८/२४ सार्वजनिक आरोग्य विभाग मंत्रालय मुंबई
20	Cancellation of Quot. Procedure	In any stage without any notice.
21	Rights of Quotation	Civil Surgeon,Sindhudurg



Civil Surgeon, Sindhudurg

**ANNEXURE -2**  
**QUOTATION ITEMS FOR PURCHASE OF MEDICINE**

<b>Sr. No.</b>	<b>Name of Items</b>
1	Tab. Glipizide 5mg [19.3]
2	Tablet Vildagliptin 50mg [99.2a54]
3	Insulin Lispro Mix 25/75 pen with needle Pack size - 1 pen [99.2a76]
4	Glicazide Tab 80 mg [177.1]
5	Glibenclamide + metformin 2.5 mg + 400 mg [178.1]
6	Glibenclamide Tab 2.5 mg [178.2]
7	Glibenclamide Tab 5 mg [178.4]
8	Glimiperide 1mg Tab [181.2]
9	Metformin SR Tab 500mg [D25]
10	Tab. Dapagliflozin 5 mg or Tab. Empagliflozin 25 mg [D81]
11	Gliclazide tablet 40 mg [IPHS118]
12	Thyroxine Sodium Tab 25mcg [13.2]
13	Human Insulin NPH/Isophane 40 IU/ml 10 ml Vial [229.2]
14	Insulin Soluble Zinc (Human) 40 IU /ml 10 ml Vial [229.3]
15	Human Insulin Analogues, Lispro 3 ml [229.4]
16	Premix Biphasic Insulin Analogue 30:70 Injection 3ml PFS [229.6]
17	Glucagon Inj 1 mg/ml Vial [230.1]
18	Terlipressin Inj 0.10 mg/ml Vial [231.1]
19	Thyroxine Sodium Tab 0.1 mg [232.1]
20	Carbimazole Tab 5 mg [233.1]
21	Erythropoetin Recombinant Inj 2000 IU Vial [234.1]
22	Raloxifene Tab 60 mg [236.1]
23	Tamoxifen Citrate Tab 20 mg [237.1]
24	Basal Insulin Analogue - Insulin 100 IU /ml [D41]
25	Glargine 300 IU/ml - 1.5 ml cartridge [D42]
26	Insulin Lente Basal [IPHS154]
27	injection insulin rapid [IPHS155]
28	Carbimazole Tablet 10mg [IPHS158]
29	Erythropoetin Injection10000 IU [IPHS159]
30	Cholecalciferol1000 IU Tablet [IPHS160]
31	Cholecalciferol injection of 600000 IU [IPHS161]
32	Tab. Tamoxifen 10mg [IPHS162]
33	Levothyroxine tablet 50 mcg / 100 mcg [IPHS247]
34	Levothyroxine Tablet 25 mcg [IPHS248]
35	Human Chorionic Gonadotropin Inj 1000 IU [IPHS313]
36	Human Chorionic Gonadotropin Inj 5000 IU [IPHS314]
37	Syp. Furesamide 10mg/ml [11.7]
38	Tab. Amlodipine Besylate 10 mg [99.2a7]
39	Tab Telmistrain 80mg [99.2a10]
40	Tab. Telmisartan 20mg [99.2a19]
41	Tab. Chlorthalidone 25mg [99.2a113]
42	Ramipril Tab 5 mg [159.1]
43	Lisinopril 5 mg Tab [161.21]
44	Prazosin HCL Tab 2 mg [162.1]
45	Amlodipine Tab 2.5 mg [163.1]

46	Nifedipine Cap (Liquid) 5 mg [164.1]
47	Metoprolol Inj 1 mg 5 ml [165.2]
48	Labetalol Tab 100 mg [166.1]
49	Labetalol Inj 20 mg 4 ml [166.2]
50	Hydralazine Inj 10 mg 1 ml [167.3]
51	Nifedipine Cap (Liquid) 10 mg [167.5]
52	Methyl Dopa Tab 250 mg [169.1]
53	Sodium Nitroprusside Inj 50 mg 2 ml [170.1]
54	Ramipril Tab 2.5mg [IPHS101]
55	Enalapril Tab 2.5mg [IPHS102]
56	Enalapril Tab 10 mg [IPHS103]
57	Nifedipine Tablet 10mg [IPHS104]
58	Metoprolol Tab 25mg [IPHS105]
59	Metoprolol Tab 100mg [IPHS106]
60	Metoprolol SR Tab 25mg [IPHS107]
61	Metoprolol SR Tab 50mg [IPHS108]
62	Atenelol Tab 100mg [IPHS110]
63	Furosemide Injection 10mg/ml [IPHS112]
64	Methyldopa Tab. 500mg [IPHS113]
65	Sodium Nitroprusside Inj.10mg/ml [IPHS114]
66	Dopamine Inj 40 mg/ml 5 ml [171.1]
67	Digoxin Tab 0.25 mg [175.1]
68	Digoxin Inj 0.25 mg 2 ml [175.2]
69	Digoxin Tab 0.25mg [IPHS115]
70	Digoxin Tablet 250mg [IPHS116]
71	clofibrate tab 500mg [IPHS298]
72	Finofibrate tab 40mg,160mg [IPHS299]
73	Esmolol Inj 10mg/ml [IPHS300]
74	Fenofibrate Tablet 40mg, 160mg [IPHS332]
75	Glyceryl trinitrate 125mg/5ml [IPHS94]
76	Isosorbide Mono Nitrate SR Tab 30mg [IPHS95]
77	Isosorbide-5-mononitrate 5 mg Tablet [IPHS96]
78	Diltiazem Tab. 60mg [IPHS97]
79	Diltiazem SR Tab. 90mg [IPHS98]
80	Glyceryl Trinitrate Sublingual Tabs 0.5 mg [149.1]
81	Glyceryl Trinitrate Patch 10 mg Patch [149.3]
82	Glyceryl Trinitrate Inj 5 mg/ml Amp [149.4]
83	Isosorbide Dinitrate Tab 5 mg [150.1]
84	Isosorbide Dinitrate Tab 10 mg [150.2]
85	Isosorbide Mono nitrate Tab 5 mg + 10 mg [151.1]
86	Diltiazem Tab 30 mg [152.1]
87	Diltiazem Inj 5 mg/ml 5 ml [152.2]
88	Tab. Captopril 25mg [IPHS266]
89	Amiodarone Tab. 20mg [11.4]
90	Amidarone Tab 100 mg [153.1]
91	Atropine Inj infusion 30mg/50ml [154.2]
92	Verapamil Tab 40 mg [155.1]
93	Verapamil Tab 80 mg [155.2]
94	Verpamil Inj 5 mg 2 ml Amp [155.3]
95	Atropine Inj 1mg/ml [IPHS99]

96	Verapamil Tab 120mg [IPHS100]
97	Acetyl Salicylic Acid Tab. 150mg I.P [12.7]
98	Tab. Acetyl Salicylic Acid 150 mg [884]
99	Acetylsalicylic acid (Aspirin)Tab 25 mg [IPHS145]
100	Acetylsalicylic acid (Aspirin)Tab 300 mg [IPHS146]
101	Atovastatin Tablet 40mg [IPHS117]
102	Betahistine Tab 16 mg [396.1]
103	Tab. Spironolactone 50 mg [99.2a40]
104	Spironolactone Tab 25 mg [368.1]
105	Tab Hydrochlorothiazide 50 mg [IPHS220]
106	Indapamide Tablet 1.5 mg [IPHS265]
107	Hydrochlorothiazide Tablet 50mg [IPHS329]
108	Hydrochlorothiazide Tablet 12.5 mg [IPHS330]
109	Hydrochlorothiazide Tablet 25 mg [IPHS331]
110	Fluticasone Nasal Spray [16.3]
111	Sodium Chromoglycate Eye Drops 2 % 5 ml [35.1]
112	Loratadine Tab 5 mg [36.1]
113	Chlorpheniramine Maleate Tab 4 mg [39.1]
114	Pheniramine Maleate Inj 22.75mg/2ml [40.2]
115	Chlorpheniramine Maleate Syrup 2 mg/5ml 100 ml [357.1]
116	Azelastin HCL 0.14% + Fluticasone Propionate 0.05% Nasal Spray [D6]
117	Tab. Levocetirizine 5 mg [D9]
118	Tab. Levocetirizine 10 mg [D10]
119	Oral Liquid Levocetirizine 2.5 mg [D11]
120	Tab. Motelukast 4 mg [D13]
121	Tab. Motelukast 5 mg [D14]
122	Tab. Motelukast 10 mg [D15]
123	Syrup Pheniramine Maleate [IPHS25]
124	Chlorpheniramine oral liquid 5mg/5ml [IPHS216]
125	Montelukast syrup [IPHS275]
126	Betamethasone Valerate + Fusidic Acid Cream 15gm [16.5]
127	Clotrimazole vaginal Pessaries with applicator 100 mg [111.1]
128	Flucanazole Tab 200 mg [112.3]
129	Itraconazole Cap 100 mg [113.1]
130	Amphotericin Inj 50 mg (Liposomal) [114.1]
131	Griseofulvin Tab 125 mg [115.1]
132	Clotrimazole tablet 100 mg [IPHS84]
133	Benzoyl Peroxide Gel 2.5% [16.4]
134	Benzoyl Peroxide Gel 5% [IPHS85]
135	Sumatriptan Tab 50 mg [23.1]
136	Sumatriptan s/c Inj 6 mg 0.5 ml Amp [23.2]
137	Flunarizine Tab 5 mg [398.1]
138	Sumatriptan Tab 25mg [IPHS21]
139	Flunarizine Tab 10 mg [IPHS237]
140	Group : Anti Parkinsonism Drugs
141	Levodopa+carbidopa Tab 100 mg +10 mg [197.1]
142	Levodopa+carbidopa Tab 100 mg +25 mg [197.2]
143	Cabergoline Tab 0.5 mg [198.1]
144	Bromocriptine Mesylate Tab 2.5 mg [199.1]
145	Levodopa 200mg + Carbidopa 50mg Tab [IPHS142]

146	Levodopa 250mg + Carbidopa 25mg Tab [IPHS143]
147	Levodopa CR 100mg + Carbidopa 25mg Tab, Levodopa CR 200mg + Carbidopa 50mg Tab, Levodopa CR 250mg + Carbidopa 25mg Tab [IPHS144]
148	Inj. Levetiracetam 500mg [12.6]
149	Inj. Lorazepam 2mg [99.2a4]
150	Tab. Sodium Valporate 500mg [99.2a9]
151	Tab. Lorazepam 1mg [99.2a27]
152	Tab. Phenytoin Sodium 50 mg [99.2a29]
153	Tab. Phenytoin Sodium 300 mg [99.2a30]
154	Phenobarbitone Syrup 20 mg /5ml 60 ml [190.3]
155	Phenobarbitone Inj 200 mg/ml 1 ml [190.4]
156	Carbamezapine Tab 100 mg [196.1]
157	Carbamezapine Syrup 100 mg/5 ml 100 ml [196.3]
158	Levetiracetam 100 ml Syrup [D38]
159	Topiramate 50 mg tablet [D39]
160	Phenytoin Tablet 500mg [IPHS132]
161	phenytoin oral liquid 30mg/5ml, 125mg/5ml [IPHS133]
162	sodium valporate tablet 300mg [IPHS135]
163	Sodium Valporate Tablet 100mg [IPHS136]
164	Sodium Valporate Tab 250mg [IPHS137]
165	Lorazepam inj.1mg/ml [IPHS139]
166	Betahistine Tab 16 mg [396.1]
167	Sucralfate 10 mg tablet [IPHS268]
168	Sucralfate Oral Liquid 1mg/ml [IPHS269]
169	Syp. Milk of Magnesia with Liquid Paraffin 100ml [12.9]
170	Isapaghul Powder Granules 90gm [17.7]
171	Bisacodyl Tab 5 mg [225.1]
172	Bisacodyl suppository Tab 5 mg [225.2]
173	Liquid Paraffin Bottle 500 ml Bottle [227.1]
174	Magnesium sulphate powder Sachet 500 gm [228.1]
175	Tab. Lansoprazole DT 15 mg [D83]
176	Liquid Paraffin-Menthol Drops: Menthol 10gm+Eucalyptus 2ml+Camphor 10mg+Liquid paraffin to 100ml [IPHS153]
177	Ispaghula Granules/Husk/Powder (Herbal medicine) [IPHS242]
178	Senna Tablet,Granules,Powder [IPHS312]
179	Diocetyl sulfosuccinate sodium [IPHS336]
180	Magnesium Hydroxide liquid [IPHS337]
181	Paracetamol Suppository Tab 170 mg [41.1]
182	Paracetamol Inj 150 mg/ml 2 ml Amp [41.2]
183	Ibuprofen Tab. 200mg [44]
184	Cap. Mefenamic Acid 250mg [99.2a8]
185	Paracetamol suppository 80mg [IPHS26]
186	Paracetamol (Acetaminophen)Syrup 120 mg/5ml, 60ml bottle [IPHS27]
187	Paracetamol Suppository Tab 100 mg [IPHS28]
188	Paracetamol Tab 100 mg [IPHS29]
189	Naproxen Tablet 500 mg [IPHS254]
190	Naproxen Tablet 250 mg [IPHS255]
191	Tramadol capsule 100 mg [IPHS30]
192	Tapentadol Tablet 25mg,100mg [IPHS285]

193	Calcium Gluconate Inj 100 mg/ml 10 ml [308.2.1]
194	Colchicine Tablet 0.5mg [IPHS246]
195	Cap. Indomethacine - 100mg [11.1]
196	Tab. Micronized Progesteron 200mg [13.5]
197	Iron Sucrose Inj 200 mg in 10ml Amp (Parenteral Iron) [239.2]
198	Isoxsuprine Tab 10 mg [241.1]
199	Isoxsuprine Inj 5 mg/ml 2 ml [241.2]
200	Betamethasone Inj 4 mg/ml 1 ml [242.1]
201	Medroxy Progesterone Tab 5 mg [245.1]
202	Medroxy Progesterone Tab 10 mg [245.2]
203	Norethisterone Tab 5 mg [246.1]
204	Dinoprostone Gel 0.5 mg [247.1]
205	Dinoprostone Tab 0.5 mg [247.2]
206	Clomiphene citrate Tab 50 mg [248.1]
207	Misoprostol Tab 100 mcg [249.2]
208	Methyl Ergometrin Tab 0.125 mg [250.1]
209	Doxylamine succinate [292.1]
210	Betamethasone inj 12mg [IPHS163]
211	Tab Medroxyprogesterone 5 mg [IPHS165]
212	Medroxprogesterone Acetate Injection 150 mg [IPHS166]
213	Ethinylestradiol tablet 0.05 mg [IPHS270]
214	Ethinylestradiol tab 0.01 mg [IPHS271]
215	Ethinylestradiol (A) + Levonorgestrel (B) Tablet 0.03mg(A) + 0.15mg(B) Tablet 0.03mg(A) + 0.15mg(B) with Ferrous Fumarate [IPHS272]
216	Mifepristone tablet 200 mg [IPHS273]
217	Inj. Epirubicin 50mg [99.2a11]
218	Tab. Gefitinib 250mg [99.2a15]
219	Inj. Paclitaxel 30mg Vial [99.2a28]
220	Inj. Filgrastim 300mcg [99.2a33]
221	Inj. Gemcitabine 200mg [99.2a41]
222	Inj. Zolendronic Acid 4mg/ 100ml [99.2a43]
223	Tab. Methotrexate 2.5mg [99.2a44]
224	Tab. Letrozole 2.5mg [99.2a46]
225	Inj. Epirubicin 100mg [99.2a124]
226	Inj. Paclitaxel 260mg Vial [99.2a129]
227	Tab. Methotrexate 5mg [99.2a132]
228	Tab. Methotrexate 7.5mg [99.2a133]
229	Tab. Methotrexate 10mg [99.2a134]
230	Tab. Celecoxib 100mg [99.2a135]
231	Tab. Celecoxib 200mg [99.2a136]
232	Tab. Tamoxifen 20mg [99.2a189]
233	Tab. Capecitabine 500mg [99.2a191]
234	Tab. Erlotinib 150mg [99.2a192]
235	Tab. Erlotinib 100mg [99.2a193]
236	Inj. Gemcitabine 1000mg [99.2a194]
237	Cyclophosphamide Inj 200 mg Vial [268.1]
238	Cyclophosphamide Inj 500 mg Vial [268.2]
239	Daunorubicin Inj 20 mg/vial 10 ml Vial [270.1]
240	D - Penicillamine Cap 250 mg [271.1]
241	Bleomycin Inj 15 mg/IU Vial [272.1]

242	Etoposide Cap 100 mg [273.1]
243	Etoposide Inj 20 mg/ml 5 ml [273.2]
244	Leucovorin Calcium Inj 50 mg/5ml 5 ml [274.1]
245	Cytosine Arabinoside Inj 100 mg/vial 1 ml [275.1]
246	Cytosine Arabinoside Inj 500 mg/vial 5 ml [275.2]
247	Cytosine Arabinoside Inj 1000 mg/vial 10 ml [275.3]
248	Doxorubicin HCL Inj 50 mg/ 25ml 25 ml [276.1]
249	Ifosfamide Inj 1 gm/2ml 2 ml [277.1]
250	Mesna Inj 200 mg/vial Vial [278.1]
251	Vinblastine Inj 1 mg/ml 10 ml [279.1]
252	L-Asparaginase Inj 5000 KU Vial [280.1]
253	Dacarbazine Inj 500mg Vial [281.1]
254	Methotrexate Inj 25 mg/ml 2 ml [282.1]
255	Carboplatin Inj 150 mg/15 ml 15 ml Vial [283.1]
256	Inj Carboplatin 450 mg in 45 ml vial [283.2]
257	Chlorambucil Tab 2 mg [284.1]
258	Oxaliplatin Inj 2 mg/ml 25 ml [285.1]
259	Imatinib Tab 400 mg [286.2]
260	Docetaxel Inj 20 mg/0.5 ml 0.5 ml [287.1]
261	Inj. Docetaxel 20 mg in 0.5 ml i.e. 80 mg in 2 ml [287.2]
262	5 Fluorouracil Inj 50 mg/ml 10 ml [288.1]
263	Inj. Cisplatin 10 mg [812]
264	Inj. Cisplatin 50 mg / 50 ml vial [813]
265	Inj. Pemetrexed 500mg [848]
266	Inj. Paclitaxel 100 mg [849]
267	Inj. Paclitaxel 300 mg [852]
268	Inj Paclitaxel 260 mg [956.26]
269	Tab Abiraterone Acetate 250mg [D48]
270	Aprepitant Kit 125mg/80mg Tablet [D49]
271	Inj. Irinotecan 40mg + 100 mg [D50]
272	Inj. Trastuzumab 150 mg [D52]
273	Inj. Ujvira (T-DM1 Biosimilar) 100 mg [D53]
274	Cap. Etoposide 50 mg [IPHS177]
275	Inj Carboplatin 10 mg [IPHS178]
276	Chlorambucil inj 500mg [IPHS179]
277	Imatinib Tab 100mg [IPHS180]
278	inj Trastuzumab inj440mg/50ml [IPHS181]
279	Bicalutamide tab 50mg [IPHS292]
280	Arsenic Trioxide Injection 1mg/ml [IPHS328]



Civil Surgeon, Sindhudurg

**ANNEXURE -3**  
**QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD**

Date

To,

The Civil Surgeon  
District Hospital, Sindhudurg  
Sindhudurg nagari Tal. Kudal Dist.  
Sindhudurg Maharashtra Konkan Pin Code 416812

Sub- Submission of Quotation....  
Ref- Your office Quotation Notice No.  
Date.

Respected Sir/Madam,

With ref.to above subject I/We are herewith submitting quotation  
for Govt. Hospital purchase.

Sr.No	Name of Item with Tech.Spec.	Unit	Unit Cost Including GST Transport Handling etc	Name of Mfg. Company. Only WHO GMP

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Drugs wholesale licence
- 4) Declaration

Prop.Name, Signature of Supplier  
Seal & Rubber Stamp

ANNEXURE -4

**DECLARATION BY SUPPLIER**

I/we herewith declared that, I/We have not quoted rate in this quotation greater than MRP or Market rate. I/we have not quoted blacklisted mfg. company in this quotation. I/we or our firm employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Place –

Date-

Prop.Name,Signature of Supplier

Seal & Rubber Stamp