सार्वजनिक आरोग्य विभाग
महाराष्ट्र शासन

GOVERNMENT OF MAHARASHTRA
Public Health Department

Regional Referral Services Hospital, Amravati
विभागीय संदर्भ सेवा रुग्णालय, अमरावती

OFFICE OF THE MEDICAL SUPERINTENDENT

Outward No.: **RRSH/Website/E-Quotation/** 11848 /26 Date: 09/11/2026

OPEN NOTICE

Regional Referral Services Hospital, Amravati is inviting quotation rate for purchase of following items from eligible supplier who is interested for filling of rate, please see Terms & Condition of Supply of Oncology Medicine.

Item Description

Sr.No.	Name of Item	Qty
1	**As Per Attached list** (Oncology Drugs/ Medicine)	

1	**Date of Starting for Submission of Quotation** by Hand Delivery or his/her own risk by post or Courier	**Date of Starting -** 09/11/2026
2	**Last Date** for Submission of Quotation by Hand Delivery or his/her own risk by post or Courier before	Last Date :- 20/11 /2026 Time Before:- 05.00 PM Place :- Regional Referral Services Hospital Amravati, Dist :- Amravati
3	Opening of Quotation "Technical Bid" (Envelope-1)	Opening of Quotation :- 20/11 /2026 Time Before:- 05.30 PM Place :- Regional Referral Services Hospital, Amravati
4	Date of Demonstration of Sample by Expert Committee	16/11/2026 Time - 12.30 pm
5	Opening of "Financial Bid" (Envelope-2) after a successfully sample qualify by Expert Committee	23/11/2026

1) Supply Terms & Conditions

1	Rate	Not Exceed than MRP To be Quote for Unit Pack Inclusive of Transport, Uploading Charges.
2	Taxes	Inclusive of All taxes,
3	Delivery	Door Delivery in the **Medical Store, Regional Referral Services Hospital Amravati** Dist :- Amravati
4	Acceptance of Rate	Minimum 3 Quotation is required for comparison of rates
5	Delivery period	On **Urgent basis** (Local Purchase)
6	Validity of Quotation	One Year from Date of Acceptance of Quotation (All rights reserve by Medical

		Sperintendent, Regional Referral Services Hospital Amravati
7	Payment	From Purchasing Authority CMP /NEFT /Cheque Depends upon availability of Government funds
8	Self attested Documents for New Supplier Registered supplier are necessary to submit following document in **"Technical Bid" Envelope-1**	Supplier should document submit in Technical Bid (Envelope-1)
a	Two affidavit Rs.100 non judicial bond	
b	PAN CARD and Aadhaar Card of owner	
c	Wholesale drug Licence Copy	
d	GST Registration Certificate	
e	GST Return (Self declaration on letter head of bidder)	
f	Product Catalogue (Quoted Item Only)	
g	Manufacturer Licence (if applicable)	
h	Manufacturer Authorization	
i	ISI/CE Certificate of the supplied product	
j	WHO GMP (if required)	
9	Filling of Quotation Rate	Prescribed Format on **Supplier Letter pad** with Duly Signature & Rubber Stamp
10	Method Of Submission	**Two Enveloped sealed** each in different pack: 1.**Technical Bid (Envelope-1)** & 2.**Financial / Price Bid (Envelope-2)** with supplier Rubber seal & Signature front & Back Side of envelope. **"Technical Bid" (Envelope-1) should contain Technical Document.** Sample of mention item in Quotation are required for expert (Demonstration) for Opening of **"Financial/Price Bid" (Envelope-2)** Following words to be write on envelope Quotation for Supply of Oncology Medicine (item Name) (See Format of Quotation)
11	All right reserve of Medical Superintendent, Regional Referral Services Hospital, Amravati for cancellation or upgradation/corrigendum of Quotation without any complaint by bidder	

Medical Superintendent,
Regional Referral Services Hospital,
Amravati

FORMAT OF QUOTATION TO BE ON SUPPLIER LETTER PAD (ENVELOPE-2)

Date:-

To,
Medical Superidentent
Regional Referral Services Hospital,
Amravati 444601

Sub:- Quotation of ----------
Ref:- Your Office Notice dated

With reference to above subject, We are here with submitting following Item rate for Govt. Purchase.

Item No.	Name of Item	Specification	Unit (Each)	Rate per Unit	Mfg By ISI/CE
1					
2					
3					
4					
5					
6					

Noted Before filling quotation Rate

1)Rates – Inclusive of All Taxes (GST and other, ETC)
2)Transport –Expenditure of Transport Including in given Rate
3)**Door Delivery – within 24 Hours. Twice in week.**

Your Faithfully

Supplier Stamp & Sign

FORMAT OF Affidavit No.1
(Rs.100/- Non Judicial Bond)

I ---------- (Name of Firm)
Under signed hereby certify that e rates quoted in quotation are not higher than DPCO,NPPA, or not higher than MRP or Current Market Rate. I accepted all terms & Conditions without any complaint.

Submitted all information & Documents are True

Your Faithfully

Supplier Stamp & Sign

FORMAT OF **Affidavit No.2**
(Rs.100/- Non Judicial Bond)

I---------- (Name of Firm) Under signed hereby certify that, the has not been found guilty of malpractices, misconduct or blacklisted / debarred for the quoted product by State Government/ Central Governments/ Govt Organization in on the date of submission quotation documents for the quoted items.

Your Faithfully

Supplier Stamp & Sign

List of ONCOLOGY MEDICINE for quotation

Sr No	Name of Drugs	Dose	Qty Required
1	5- Fluorouracil Inj	250mg	As per requirement of patient
2	5- Fluorouracil Inj	500mg	As per requirement of patient
3	ABEMACICLIB TAB	50 MG	As per requirement of patient
4	ABEMACICLIB TAB	100 MG	As per requirement of patient
5	ABEMACICLIB TAB	150 MG	As per requirement of patient
6	ABEMACICLIB TAB	200 MG	As per requirement of patient
7	Abiraterone Tab	250mg	As per requirement of patient
8	Abiraterone Tab	500mg	As per requirement of patient
9	ACALABRUTINIB TAB	100 MG	As per requirement of patient
10	Afatinib Dimaleate Tab	20mg	As per requirement of patient
11	Afatinib Dimaleate Tab	30mg	As per requirement of patient
12	Afatinib Dimaleate Tab	40mg	As per requirement of patient
13	Alectinib Cap	150mg	As per requirement of patient
14	Alpelisib Tab	50mg	As per requirement of patient
15	Alpelisib Tab	150mg	As per requirement of patient
16	Alpelisib Tab	200mg	As per requirement of patient
17	Amivantamab Inj	350 mg/7 mL (50 mg/mL)	As per requirement of patient
18	Anastrozole Tab	1mg	As per requirement of patient
19	Apalutamide Tab	60 mg	As per requirement of patient
20	Aprepitant Cap	125mg	As per requirement of patient
21	Aprepitant Cap	80 MG	As per requirement of patient
22	ARGATROBAN INJ	250 MG	As per requirement of patient
23	ARSENIC TRIOXIDE INJ	10 MG	As per requirement of patient
24	Asciminib Tab	20 mg	As per requirement of patient
25	Asciminib Tab	40 mg	As per requirement of patient
26	ATEZOLIZUMAB INJ	1200 MG	As per requirement of patient
27	Avelumab Inj	200 mg/10 mL (20 mg/mL)	As per requirement of patient
28	AXITINIB TAB	1 MG	As per requirement of patient
29	AXITINIB TAB	5 MG	As per requirement of patient
30	AZACTIDINE INJ	100 MG	As per requirement of patient
31	AZACTIDINE INJ	150 MG	As per requirement of patient
32	AZACTIDINE INJ	200 MG	As per requirement of patient
33	Belantamab Mafodotin Inj	100 mg	As per requirement of patient
34	BENDAMUSTINE INJ	100 MG	As per requirement of patient
35	BEVACIZUMAB INJ	100 MG	As per requirement of patient
36	BEVACIZUMAB INJ	400 MG	As per requirement of patient

37	BICALUTAMIDE TAB	50 MG	As per requirement of patient
38	BLEOMYCIN INJ	15 IU	As per requirement of patient
39	BLEOMYCIN INJ	30 IU	As per requirement of patient
40	BORTEZOMIB INJ	2 MG	As per requirement of patient
41	BORTEZOMIB INJ	2.5 MG	As per requirement of patient
42	BORTEZOMIB INJ	3.5 MG	As per requirement of patient
43	BOSUTINIB TAB	100 MG	As per requirement of patient
44	BOSUTINIB TAB	400 MG	As per requirement of patient
45	BOSUTINIB TAB	500 MG	As per requirement of patient
46	Brentuximab Vedotin Inj	50 mg	As per requirement of patient
47	Brigatinib Tab	30 mg	As per requirement of patient
48	Brigatinib Tab	90 mg	As per requirement of patient
49	Brigatinib Tab	180 mg	As per requirement of patient
50	BUSULFAN TAB	2 MG	As per requirement of patient
51	BUSULFAN INJ	60 MG	As per requirement of patient
52	CABAZITAXEL INJ	60 MG	As per requirement of patient
53	Cabozantinib (S)-Maleate Tab	20 mg	As per requirement of patient
54	Cabozantinib (S)-Maleate Tab	40 mg	As per requirement of patient
55	CAPECITABINE TAB	500 MG	As per requirement of patient
56	Capmatinib Tab	150 mg	As per requirement of patient
57	Capmatinib Tab	200 mg	As per requirement of patient
58	CARBOPLATIN INJ	150 MG	As per requirement of patient
59	CARBOPLATIN INJ	450 MG	As per requirement of patient
60	CARFILZOMIB INJ	60 MG	As per requirement of patient
61	Carmustine Inj	100 mg	As per requirement of patient
62	CERITINIB CAP	150 MG	As per requirement of patient
63	Cetuximab Inj	100 mg	As per requirement of patient
64	Cetuximab Inj	500 mg	As per requirement of patient
65	CHLORAMBUCIL TAB	2 MG	As per requirement of patient
66	CHLORAMBUCIL TAB	5 MG	As per requirement of patient
67	Clofarabine Inj	20 mg	As per requirement of patient
68	CISPLATIN INJ	10 MG	As per requirement of patient
69	CISPLATIN INJ	50 MG	As per requirement of patient
70	CLADRIBINE INJ	10 MG	As per requirement of patient
71	CRIZOTINIB CAP	200 MG	As per requirement of patient
72	CRIZOTINIB CAP	250 MG	As per requirement of patient
73	CYCLOPHOSPHAMIDE TAB	50 MG	As per requirement of patient
74	CYCLOPHOSPHAMIDE INJ	200 MG	As per requirement of patient
75	CYCLOPHOSPHAMIDE INJ	500 MG	As per requirement of patient
76	CYCLOPHOSPHAMIDE INJ	1 GM	As per requirement of patient

77	CYTARABINE INJ	100 MG	As per requirement of patient
78	CYTARABINE INJ	500 MG	As per requirement of patient
79	CYTARABINE INJ	1 GM	As per requirement of patient
80	Dabrafenib Cap	50 mg	As per requirement of patient
81	Dabrafenib Cap	75 mg	As per requirement of patient
82	DACARBAZINE INJ	200 MG	As per requirement of patient
83	DACARBAZINE INJ	500 MG	As per requirement of patient
84	DACOMITINIB TAB	15 MG	As per requirement of patient
85	DACOMITINIB TAB	30 MG	As per requirement of patient
86	DACOMITINIB TAB	45 MG	As per requirement of patient
87	DACTINOMYCIN INJ	0.5 MG	As per requirement of patient
88	DARATUMUMAB INJ	100 MG	As per requirement of patient
89	DARATUMUMAB INJ	400 MG	As per requirement of patient
90	Darolutamide Tab	300 mg	As per requirement of patient
91	DASATINIB TAB	50 MG	As per requirement of patient
92	DASATINIB TAB	70 MG	As per requirement of patient
93	DAUNORUBICIN INJ	20 MG	As per requirement of patient
94	DECITABINE INJ	30 MG	As per requirement of patient
95	DECITABINE INJ	50 MG	As per requirement of patient
96	DEGARELIX INJ	80 MG	As per requirement of patient
97	DEGARELIX INJ	120 MG	As per requirement of patient
98	DENOSUMAB INJ	60 MG	As per requirement of patient
99	DENOSUMAB INJ	120 MG	As per requirement of patient
100	DOCETAXEL INJ	20 MG	As per requirement of patient
101	DOCETAXEL INJ	80 MG	As per requirement of patient
102	DOCETAXEL INJ	120 MG	As per requirement of patient
103	DOXORUBICIN INJ	10 MG	As per requirement of patient
104	DOXORUBICIN INJ	50 MG	As per requirement of patient
105	DURVALUMAB INJ	120 MG	As per requirement of patient
106	DURVALUMAB INJ	500 MG	As per requirement of patient
107	ELTROMBOPAG TAB	25 MG	As per requirement of patient
108	ELTROMBOPAG TAB	50 MG	As per requirement of patient
109	ENZALUTAMIDE CAP	40 MG	As per requirement of patient
110	Tab Enzalutamide	40 MG	As per requirement of patient
111	Tab Enzalutamide 80mg	80mg	As per requirement of patient
112	Tab Enzalutamide 160mg	160mg	As per requirement of patient
113	EPIRUBICIN INJ	10 MG	As per requirement of patient
114	EPIRUBICIN INJ	50 MG	As per requirement of patient
115	EPIRUBICIN INJ	100 MG	As per requirement of patient
116	ERIBULIN INJ	0.88MG	As per requirement of patient

117	ERIBULIN INJ	1 MG	As per requirement of patient
118	ERLOTINIB TAB	100 MG	As per requirement of patient
119	ERLOTINIB TAB	150 MG	As per requirement of patient
120	ETANECEPT INJ	25 MG	As per requirement of patient
121	ETANECEPT INJ	50 MG	As per requirement of patient
122	ETOPOSIDE INJ	100 MG	As per requirement of patient
123	ETOPOSIDE CAP	50 MG	As per requirement of patient
124	EVEROLIMUS TAB	0.25 MG	As per requirement of patient
125	EVEROLIMUS TAB	0.5 MG	As per requirement of patient
126	EVEROLIMUS CAP	5 MG	As per requirement of patient
127	EVEROLIMUS CAP	10 MG	As per requirement of patient
128	EXEMESTANE TAB	25 MG	As per requirement of patient
129	FILGRASTIM INJ	300MCG	As per requirement of patient
130	FLUDARABINE INJ	50 MG	As per requirement of patient
131	FOSFESTROL TAB	120 MG	As per requirement of patient
132	FULVESTRANT INJ	250 MG	As per requirement of patient
133	GEFITINIB TAB	250 MG	As per requirement of patient
134	GEMCITABINE INJ	200 MG	As per requirement of patient
135	GEMCITABINE INJ	1 GM	As per requirement of patient
136	GEMCITABINE INJ	1.4 GM	As per requirement of patient
137	GOSERELIN INJ	3.6 MG	As per requirement of patient
138	GOSERELIN INJ	10.8 MG	As per requirement of patient
139	HYDROXYUREA CAP	500 MG	As per requirement of patient
140	IBANDRONIC ACID TAB	50 MG	As per requirement of patient
141	IBANDRONIC ACID TAB	150 MG	As per requirement of patient
142	IBANDRONIC ACID INJ	6 MG	As per requirement of patient
143	IBRUTINIB CAP	140 MG	As per requirement of patient
144	IDARUBICIN INJ	5 MG	As per requirement of patient
145	IFOSFAMIDE INJ	1 GM	As per requirement of patient
146	IFOSFAMIDE INJ	2 GM	As per requirement of patient
147	IMATINIB TAB/ CAP	400 MG	As per requirement of patient
148	IMATINIB TAB/ CAP	100 MG	As per requirement of patient
149	IMIPENEM+ CILASTATIN INJ	500 MG	As per requirement of patient
150	INTERFERON ALFA 2B INJ	3 MIU	As per requirement of patient
151	INTERFERON ALFA 2B INJ	5 MIU	As per requirement of patient
152	INTERFERON BETA 1A INJ	30 ug	As per requirement of patient
153	INTERFERON BETA 1A INJ	125 ug	As per requirement of patient
154	INTERFERON BETA 1A INJ	63/94 ug	As per requirement of patient
155	IRINOTECAN INJ	100 MG	As per requirement of patient
156	IRINOTECAN INJ	40 MG	As per requirement of patient

157	Inj Pegylated Liposomal Irinotecan	43mg	As per requirement of patient
158	LAPATINIB TAB	250 MG	As per requirement of patient
159	L-ASPARAGINASE INJ	5000 IU	As per requirement of patient
160	L-ASPARAGINASE INJ	10000 IU	As per requirement of patient
161	LENALIDOMIDE CAP	5 MG	As per requirement of patient
162	LENALIDOMIDE CAP	10 MG	As per requirement of patient
163	LENALIDOMIDE CAP	15 MG	As per requirement of patient
164	LENALIDOMIDE CAP	25 MG	As per requirement of patient
165	LENVATINIB CAP	10 MG	As per requirement of patient
166	LENVATINIB CAP	4 MG	As per requirement of patient
167	LETROZOLE TAB	2.5 MG	As per requirement of patient
168	LEUCOVORIN CALCIUM INJ	15 MG	As per requirement of patient
169	LEUCOVORIN CALCIUM INJ	50 MG	As per requirement of patient
170	LEUCOVORIN CALCIUM INJ	100 MG	As per requirement of patient
171	LEUCOVORIN CALCIUM INJ	200 MG	As per requirement of patient
172	LEUCOVORIN CALCIUM INJ	350 MG	As per requirement of patient
173	LEUPROLIDE INJ	3.75 MG	As per requirement of patient
174	LEUPROLIDE INJ	11.25 MG	As per requirement of patient
175	LEUPROLIDE INJ	22.5 MG	As per requirement of patient
176	LEUPROLIDE INJ	45 MG	As per requirement of patient
177	LORLATINIB TAB	25 MG	As per requirement of patient
178	LORLATINIB TAB	100 MG	As per requirement of patient
179	LUSPATERCEPT- AAMT INJ	25 MG	As per requirement of patient
180	LUSPATERCEPT- AAMT INJ	75 MG	As per requirement of patient
181	MEGESTROL TAB	40 MG	As per requirement of patient
182	MEGESTROL TAB	160 MG	As per requirement of patient
183	MELPHALAN TAB	2 MG	As per requirement of patient
184	MELPHALAN TAB	5 MG	As per requirement of patient
185	MELPHALAN INJ	50 MG	As per requirement of patient
186	MERCAPTOPURINE TAB	50 MG	As per requirement of patient
187	MESNA INJ	200 MG	As per requirement of patient
188	MESNA INJ	400 MG	As per requirement of patient
189	MESNA INJ	600 MG	As per requirement of patient
190	METHOTREXATE INJ	15 MG	As per requirement of patient
191	METHOTREXATE INJ	50 MG	As per requirement of patient
192	METHOTREXATE TAB	2.5 MG	As per requirement of patient
193	METHOTREXATE TAB	5 MG	As per requirement of patient
194	METHOTREXATE TAB	7.5 MG	As per requirement of patient
195	METHOTREXATE TAB	10 MG	As per requirement of patient
196	METHOTREXATE TAB	15 MG	As per requirement of patient

197	MINDOSTAURIN TAB	25 MG	As per requirement of patient
198	MITOMYCIN - C INJ	10 MG	As per requirement of patient
199	MITOMYCIN - C INJ	40 MG	As per requirement of patient
200	NANO PARTICLE PACLITAXEL INJ	100 MG	As per requirement of patient
201	NATALIZUMAB INJ	300 MG	As per requirement of patient
202	NILOTINIB CAP	150 MG	As per requirement of patient
203	NILOTINIB CAP	200 MG	As per requirement of patient
204	NIMOTUZUMAB INJ	50 MG	As per requirement of patient
205	NINTEDANIB CAP	100 MG	As per requirement of patient
206	NINTEDANIB CAP	150 MG	As per requirement of patient
207	NIVOLUMAB INJ	40 MG	As per requirement of patient
208	NIVOLUMAB INJ	100 MG	As per requirement of patient
209	OLAPARIB TAB	100 MG	As per requirement of patient
210	OLAPARIB TAB	150 MG	As per requirement of patient
211	OSIMERTINIB TAB	80 MG	As per requirement of patient
212	OXALIPLATIN INJ	50 MG	As per requirement of patient
213	OXALIPLATIN INJ	100 MG	As per requirement of patient
214	Inj Octreotide (Lyophilized) Long Acting Release	30 mg	As per requirement of patient
215	Inj Octreotide (Lyophilized) Long Acting Release	20 mg	As per requirement of patient
216	Inj Octreotide	100 mcg	As per requirement of patient
217	Inj Octreotide	50 mcg	As per requirement of patient
218	PACLITAXEL INJ (ALBUMIN BOUND NANOPARTICLE)	100 MG	As per requirement of patient
219	PACLITAXEL INJ	30 MG	As per requirement of patient
220	PACLITAXEL INJ	100 MG	As per requirement of patient
221	PACLITAXEL INJ	260 MG	As per requirement of patient
222	PACLITAXEL INJ	300 MG	As per requirement of patient
223	PALBOCICLIB CAP	75 MG	As per requirement of patient
224	PALBOCICLIB CAP	100 MG	As per requirement of patient
225	PALBOCICLIB CAP	125 MG	As per requirement of patient
226	PANITUMUMAB INJ	20 MG	As per requirement of patient
227	PAZOPANIB TAB	200 MG	As per requirement of patient
228	PAZOPANIB TAB	400 MG	As per requirement of patient
229	PEGASPAGASE INJ	3750 IU	As per requirement of patient
230	PEGFILGRASTIM INJ	6 MG	As per requirement of patient
231	PEMBROLIZUMAB INJ	100 MG	As per requirement of patient
232	PEMETREXED INJ	100 MG	As per requirement of patient
233	PEMETREXED INJ	500 MG	As per requirement of patient
234	PERTUZUMAB INJ	420 MG	As per requirement of patient

235	PLERIXAFOR INJ	24 MG	As per requirement of patient
236	POMALIDOMIDE CAP	1 MG	As per requirement of patient
237	POMALIDOMIDE CAP	2 MG	As per requirement of patient
238	POMALIDOMIDE CAP	3 MG	As per requirement of patient
239	POMALIDOMIDE CAP	4 MG	As per requirement of patient
240	POSACONAZOLE SYP	40 MG	As per requirement of patient
241	RAMUCIRUMAB INJ	100 MG	As per requirement of patient
242	RAMUCIRUMAB INJ	500 MG	As per requirement of patient
243	RASBURICASE INJ	1.5 MG	As per requirement of patient
244	REGORAFENIB TAB	40 MG	As per requirement of patient
245	RIBOCICLIB TAB	200 MG	As per requirement of patient
246	RITUXIMAB INJ	100 MG	As per requirement of patient
247	RITUXIMAB INJ	500 MG	As per requirement of patient
248	ROMIPLOSTIM INJ	125 MCG	As per requirement of patient
249	ROMIPLOSTIM INJ	250 MCG	As per requirement of patient
250	ROMIPLOSTIM INJ	500 MCG	As per requirement of patient
251	RUXOLITINIB TAB	5 MG	As per requirement of patient
252	RUXOLITINIB TAB	15 MG	As per requirement of patient
253	RUXOLITINIB TAB	20 MG	As per requirement of patient
254	SARGRAMOSTIM INJ	500 MCG	As per requirement of patient
255	SORAFENIB TAB	200 MG	As per requirement of patient
256	SUNITINIB CAP	12.5 MG	As per requirement of patient
257	SUNITINIB CAP	25 MG	As per requirement of patient
258	SUNITINIB CAP	50 MG	As per requirement of patient
259	TAMOXIFEN TAB	10 MG	As per requirement of patient
260	TAMOXIFEN TAB	20 MG	As per requirement of patient
261	TEGFUR+URACIL CAP	100MG+224MG	As per requirement of patient
262	TEMOZOLOMIDE CAP	20 MG	As per requirement of patient
263	TEMOZOLOMIDE CAP	100 MG	As per requirement of patient
264	TEMOZOLOMIDE CAP	250 MG	As per requirement of patient
265	THALIDOMIDE CAP	50 MG	As per requirement of patient
266	THALIDOMIDE CAP	100 MG	As per requirement of patient
267	TRASTUZUMAB INJ	150 MG	As per requirement of patient
268	TRASTUZUMAB INJ	375 MG	As per requirement of patient
269	TRASTUZUMAB INJ	440 MG	As per requirement of patient
270	ADO TRASTUZUMAB EMTASINE INJ	100 MG	As per requirement of patient
271	ADO TRASTUZUMAB EMTASINE INJ	160 MG	As per requirement of patient
272	TRIPTORELIN INJ	3.75 MG	As per requirement of patient
273	VENETOCLAX TAB	10 MG	As per requirement of patient
274	VENETOCLAX TAB	50 MG	As per requirement of patient

275	VENETOCLAX TAB	100 MG	As per requirement of patient
276	VINBLASTINE INJ	10 MG	As per requirement of patient
277	VINCRISTINE INJ	1 MG	As per requirement of patient
278	VINCRISTINE INJ	2 MG	As per requirement of patient
279	VINORELBINE INJ	10 MG	As per requirement of patient
280	VINORELBINE INJ	50 MG	As per requirement of patient
281	VORICONAZOLE TAB	50 MG	As per requirement of patient
282	VORICONAZOLE TAB	200 MG	As per requirement of patient
283	VORICONAZOLE INJ	200 MG	As per requirement of patient
284	ZOLEDRONIC ACID INJ	4 MG	As per requirement of patient
285	ZOLEDRONIC ACID INJ	5 MG	As per requirement of patient

NOTE : 1. Above mention items should be as per Technical Specification attached in Annexure I
2. Quantity may be change as per requirement of Hospital
3. It is compulsory to submit Sample Demonstration Report, sign by Competent Authority of Hospital by bidder in Technical Document (Envelope 1).

Issued by
Medical Superintendent,
Regional Referral Services Hospital,
Amravati