

स्वामी रामानंद तीर्थ ग्रामीण वैद्यकीय महाविद्यालय व रुग्णालय, अंबाजोगाई
SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE & HOSPITAL, AMBAJOGAI

Phone No. (02446) 245990

Phone No. (02446) 244887

Fax No. (02446) 247132

MEDICAL STORE

No. MedStore/SRTRMCHA/2484/021

Date: 24 / 05 / 2021

To,

M/s.

Website

to publish on notice board


Sub-Quotation for supply of Medicine/Drugs

Dear Sir,

Kindly intimate if you can supply the following Medicine required for use in this Hospital, if so please quote your price for each items so as to rich the ender signed on or before 07/06/21 in sealed over quoting our reference on working day between 10-30 to 4-00 PM.

TERMS AND CONDITIONS

- A. Unsealed or improperly sealed quotation will not bill considered.
- B. The rates should be quoted including taxes packing and forwarding charges, Octori etc. and FOR medical stores S.R.T.R. Medical College and Hospital, Ambajogai.
- C. The quotation received after.. 4-00 PM. ^{07/06} will not be considered.
- D. The quotation should be sent **BY DAK BOOK OR REGD. A/D ONLY.**
- E. Conditional quotations will not be accepted.
- F. The supply of goods will have to be made within 15 days from the date of receipt of out office orders. If the goods were not received within the stipulated supply period. The order will be treated as cancelled and no claim would be considered. In this case supply order will be given to next quoted firm without any intimation.
- G. Supplied goods must be standard IP Quality.
- H. Is mention to whom supply order is to given (i.e. name of supplier or distributors) If quotation is accepted.
- I. Goods should be not be of near expiry date.
- J. The invoice should mention the batch No. and manufacturer name as per the Supply.
- K. Invoice and challan should bear following certificate. The drugs supplied under this Challan and invoice is of pharmacological standerd and for away defect found in Future you are solely responsible.
- L. Quotation rules will be valid for a period of ^{six} ~~one~~ year from the date of opening them.
- M. If you fulfill above terms and conditions then only submit the quotation.

 25.05.2021
11:48am

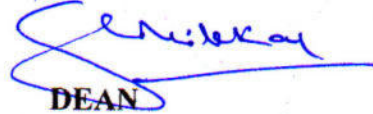
N. *This office preserves the right to cancel the order at any time without showing any Reasons. Only typed quotations will be accepted. Submit the attested photo copy of documents related to/-*

- a) *Sales tax clearance certificate.*
- g) *Bombay sales tax certificate.*
- h) *Central sale tax certificate.*
- i) *Drugs license no. certificate.*
- j) *Shop act establishment certificate of corporation.*
- k) *Income tax clearance certificate.*

Q. *The words QUOTATION FOR MEDICINES should be written on the postal cover Addressed to THE PROFESSOR AND HEAD, DEPARTMENT OF PHARMACOLOGY, S.R.T.R. MEDICAL COLLEGE AND HOSPITAL, AMBAJOGAI.*

Hand written quotations will be rejected.

Please quote per unit price i.e. per tablet / per vial / per bottle / per ampoule.

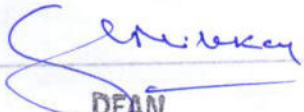


DEAN

S.R.T.R. MEDICAL COLLEGE &
HOSPITAL, AMBAJOGAI

requirement

PEDIATRIC REQUIREMENT	
Sr No	Name of Drug
1	Albumin 20% 100ml Bottle
2	Amphoterecin B Liposomal 50mg/vial
3	Budecort Respules(2ml pack of 5)
4	Dexamethasone 4mg/ml inj
5	Duolin Respules (2ml pack of 5)
6	Hepatitis B immunoglobulin100iu/ml
7	Inj 3% Sodium Chloride 100ml
8	Inj Levetiracetam 500mg/ 5ml
9	Inj Meropenem 1gm/vial
10	Inj Piperacilli & Tazobactam 4.5gm/vial
11	inj Sodium Valproate 500mg/5ml
12	Inj Vancomycin 500mg/vial& 1gm vial
13	Ipavent Respules (2ml pack of 5)
14	IV Immunoglobulin 5g/100ml
15	low mo wt Heparin 40mg(0.4ml)
16	Methyl Prednisolone 1gm/vial
17	Milrinone 10mg/10ml inj
18	Noradrenaline inj 4mg/2ml
19	Remdesivir 100mg inj
20	Surfactant 5ml (27mg/ml) inj
21	syp Cetirizine 5ml/5mg
22	syp Paracetamol 5ml/250
23	Syp vitamin D 1ml400iu
24	Syp Zinc 5ml/20mg
25	Tab Doxycycline 100mg
26	Tab Ivermectin 12mg
27	Tab Tamiflu 75mg
28	Tab Vitamin C 500mg


DEAN
S.R.T.R.Govt. Medical College,
Ambajogai