

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/<sup>/09</sup>  
3285

Date: 16 / 5 / 20 17

To,

M/s.

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 31/05/2017 in sealed over quoting our reference on working day between 10-30 to 4-00 PM.

website  
www.srtrmca.org

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. 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 one year from the date of opening them.
- M. If you fulfill above terms and conditions then only submit the quotation.

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.*

  
DEAN

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

SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE & HOSPITAL.  
AMBAJOGAI.

LIST OF DRUGS FOR QUOTATION.

SR. NO.	NAME OF DRUG
1.	Inj. Adenosine.3 mg/ml 2ml amp
2.	Inj.Adrenaline.1mg/ml
3.	Inj.Atropinesulphate 95ml.
4.	Inj.Anti—D 300mcg Vial.
5.	Inj.Acyclovir. 500 mg.Vial.
6.	Inj. Amikacin 500mg. Vial.
7.	Inj. Amiodarone50mg/ml.3ml.amp.
8.	Inj.Artisunate—60 mg.
9.	Inj.A.S.V.S. {Antivenom lyophilized polyvalent } 10ml vial
10.	Inj. Amoxicilline1gm + clavulanicacid200mg
11.	Inj.Azithromycine 500mg
12.	Anaesthetic ether.500ml Bots.
13.	Inj.Bupivacain Heavy. 4ml.
14.	Inj.Butorphanol 1mg/ml amp.
15.	Inj.Buprenorphine 0.3mcg/ml.
16.	Budacort (budesonide )0.5 mg. 2ml
17.	Betadine (Povidone iodine )Ointment 10gm
18.	Inj.ceftriaxone 500 mg
19.	Inj. Cefatoxime 500 mg
20.	Inj. Clonidine 150mcg/1ml Amp.
21.	Inj. Calcium gluconate.100mg/ml 10ml amp
22.	IV. Ciprofloxacin. 100ml
23.	Tab. Cefixime 200mg
24.	Chloramphenicol eye ointment.1%appli.
25.	IV.DEXTROSE5%500ml bottal
26.	IV.DEXTROSE10%500ml bottal

