



GOVERNMENT OF MAHARASHTRA  
**GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SINDHUDURG**  
 Near Civil Hospital, Oros, Taluka Kudal, Dist Sindhudurg - 416812 (MAHARASHTRA)

PHONE No. 02362-228355	Email : deangmcsindhudurg@gmail.com
Ref. No. GMCS/Hosp./Med.Store/2094 /2025	Date : 26/05/25

### Quotation on website

### NOTICE

**Subject : Submission of Quotation For the supply of medicines/ surgical items / disinfectant and others to the Dean GMCH Sindhudurg.**

**Reference : 1) Approved note sheet Dated – 24/04/2025**

**2) औषध व सर्जिकल खरेदी समितीची सभा दि. 23/05/2025.**

The Dean Government Medical College and Hospital Sindhudurg invites Quotation for the supply of medicines, surgical items & disinfectants for the use of Medicine stores and Surgical stores Government Medical College & Hospital Sindhudurg. Detail list of Medicine, Surgical and Disinfectants items is attached separately. Interested supplier may send their quotation in the form of hard copies to this institution as under submitted.

The hard copy of quotation should be submitted in sealed envelope by hand delivery or by post on or before 30/05/2025 upto 05.00 PM in the office of Dean, Government Medical College & Hospital, Sindhudurg.

Date and timing of opening of quotation (Technical Specifications) 02/06/2025 at 11.00 AM and Quotation (Price Specifications) 02/06/2025 at 11.00 AM in the college council hall at Government Medical College & Hospital Sindhudurg.

- 1) Quotation should be given in two separate envelopes. One for Quotation (Technical Specifications) & other Quotation (Price Specifications) for medicines, Surgical items and Disinfectant & others and "last date 30/05/2025 upto 05.00 PM." should be clearly written on cover.
- 2) Quotation received late, will not be accepted under any circumstances.
- 3) Rate should be for free delivery at Government Medical College & Hospital Sindhudurg premises only. Rate should be quoted including all charges (GST). Rates must be quote on letter head along with PAN, GST, TIN, CST Number.
- 4) Goods should be supplied strictly according to quotation terms and conditions.
- 5) After placing the order to lowest one rate, the order will have to be executed in full within five days for small supply and ten days for bulk supply. If the supplier fail to comply, within stipulated period after giving the order, it will be cancelled and he will be declared defaulter. His quotation offer will not be considered in future. In such case the Medicine will be purchased from other bidder.
- 6) The undersigned authority reserves the rights to accept or reject any or all quotation without any reason.
- 7) The quotation should be sent in the name of the Dean, Government Medical College and Hospital Sindhudurg.
- 8) The supply should be of very good quality.
- 9) Payment will be made by CMP. For the CMP purpose supplier should submit copy of PAN Card, Cancelled Cheque, One photograph and Bank details.
- 10) The rates of the items must be submitted in the same order of list enclosed here on the letter head.
- 11) The goods should be of standard Quality. Defective goods will be rejected and payment of entire consignment will not be made or payment already made will be recovered. Supplier shall have to replace entire quantity. Repeated such act may lead to the supplier getting black listed or debarred from future supplies.
- 12) Delivery of goods consignment/ bills will be in the name of Dean, Government Medical College & Hospital, Sindhudurg.

13) Quotation will be valid for a period of six months from the date of the opening of the quotation

14) **DOCUMENTS TO BE SUBMITTED**

The bidders should be required to submit documents to qualify for the quotation include:-

- A. Valid drug license issued by licensing authority.
  - B. Under taking that the bidder not currently under conviction under the drugs and cosmetic Act 1940 for supply of sub-standard drugs or any other ground. He has not been deregistered, debarred or black listed by any government or autonomous institute/ Hospital in India.
  - C. GST clearance certificate.
  - D. PAN Card photocopy/ Bank Account details/ E-mail id & UID Number.
  - E. No conflict of interest, with purchaser department or its members under taking.
  - F. Documents to be submitted after duly signed by supplier with rubber stamp of the firm.
  - G. No document shall be accepted after last date of submission. Documents are to be submitted along with certificate.
- 15) Quotation will be accepted in sealed envelope bearing our quotation number.
  - 16) The drugs and other items should be of long expiry and there should be door step delivery at drug store.
  - 17) Valid WHO GMP certificate and WHO GMP Product list or COPP for quoted Items.
  - 18) In House test report for purchased Item.
  - 19) National Accreditation Board for Testing and Calibration Laboratories (NABL test report.) Compulsary.
  - 20) Non conviction certificate issued from concern FDA for Manufacturer/Distributor.
  - 21) For Consumables : ISO 13485 (International Organisation for Standardisation), ISO 17025, ISO 15001, ISO 14001, GMP (Good Manufacturing Practices)/Schedule M, Quality Management System (QMS) for Medical Devices, Central Drugs Standard Control Organisation (CDSCO) approved MD License.
  - 22) Quote the rates in computerized printed format. Manual or Handwritten Quotation will not be accepted.

Sr. No.	Name of Item with specifications	Rate

26.05.2025

Dean

Government Medical College  
& Hospital Sindhudurg

**Govt. Medical College  
And Hospital, Sindhudurg**

To,

Shri. Pravin Vengurlekar (Stenographer),

Upload this notice on 26/05/2025 on GMCH Sindhudurg website.

**GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SINDHUDURG**  
**LIST OF MEDICINE ITEMS FOR CALLING QUOTATION**

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
1	INJ. ADRENALINE 1 ML	1 AMP	
2	INJ. AMIKACIN SULPHATE 500 MG	1 VIAL	
3	INJ. AMIKACIN SULPHATE 100 MG 2ML	1 VIAL	
4	INJ. AMINOPHYLLINE	1 AMP	
5	INJ. ANTI RABBIES SERUM	1 VIAL	
6	INJ. ANTI RABBIES VACCINE 1M	1 VIAL	
7	INJ. AMIODARONE 150 MG	1 AMP	
8	INJ. ATROPINE SULPHATE 1ML 0.6 MG	1 AMP	
9	INJ. ATRACURIUM BESYLATE	1 AMP	
10	INJ. BUPIVACAINE HCL IN DEXTROSE 4 ML	1 AMP	
11	INJ. BUPIVACAINE HCL 0.5% 20 ML	1 VIAL	
12	INJ. CALCIUM GLUCONATE 10 ML	1 AMP	
13	INJ. CARBOPROST 250 MG	1 AMP	
14	INJ. CEFTERIAXONE 1 GM	1 VIAL	
15	INJ. CEFTERIAXONE 500 MG	1 VAIL	
16	INJ. CEFOTOXIME 1 GM	1 VIAL	
17	INJ. CITICOLINE 2 ML	1 AMP	
18	INJ. CEFOPERAZONE + SALBACTUM 1.5 GM	1 VIAL	
19	INJ. CIPROFLOXACIN IV 100 ML	1 BOTT	
20	INJ. DEXAMETHASONE SODIUM 2 ML 4 MG	1 AMP	
21	INJ. DEXTROSE IV 25% 100 ML	1 BOTT	
22	INJ. DEXTROSE IV 10% 500 ML	1 BOTT	
23	INJ. DEXTROSE IV 5% 500 ML	1 BOTT	
24	INJ. DEXTROSE WITH NORMAL SALINE 5% 500 ML	1 BOTT	
25	INJ. DIAZEPAM 2 ML 5 MG	1 AMP	
26	INJ. DICLOFENAC SODIUM 3 ML 25 MG	1 AMP	
27	INJ. DICYCLOMINE 2 ML 10 MG	1 AMP	
28	INJ. DIGOXIN 0.25 MG	1 AMP	
29	INJ. DOBUTAMINE 250 MG	1 AMP	
30	INJ. ENOXAPARIN SODIUM 0.6 MG	1 AMP	
31	INJ. ETHAMSYLATE 2 ML 125 MG	1 AMP	
32	INJ. ETOPHYLLINE + THEOPHYLLINE	1 AMP	
33	INJ. DOPAMINE 40 MG 5 ML	1 AMP	
34	INJ. DROTOVARINE 40 MG 2 ML	1 AMP	
35	INJ. FENTANYL CITRATE 100 MG	1 AMP	
36	INJ. FRUSEMIDE 2 ML 10 MG	1 AMP	
37	IV FLUCONAZOLE 100 ML	1 BOTT	
38	INJ. GENTAMYCIN SULPHATE 2 ML 40 MG	1 AMP	
39	INJ. GLYCOPYROLLATE 1 ML	1 AMP	
40	1.5% GLYCINE IRRIGATION 3000 ML	1 BOTT	
41	INJ. HALOPERIDOL 5 MG 1 ML	1 AMP	
42	INJ. HYALURONIDASE 2 ML	1 VIAL	
43	INJ. HYDROCORTISONE SODIUM SUCCINATE 100 MG	1 VIAL	
44	INJ. IRON SUCROSE	1 AMP	
45	INSULIN SOLUBLE PLAIN 40 IU 10 ML (ACTRAPID)	1 VIAL	
46	INSULIN PREMIX 30 /70 ML (MIXTARD)	1 VIAL	

26/05/2025  
 Dean  
 Govt. Medical College  
 And Hospital, Sindhu

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
47	INJ. LABETALOL 20 MG 4 ML	1 AMP	
48	INJ. LEVOFLOXACIN IV 100 ML	1 BOTT	
49	INJ. LIGNOCAINE HCL 2 % 30 ML	1 VIAL	
50	INJ. LIGNOCAINE WITH ADRENALINE 30 ML	1 VIAL	
51	INJ. LINEZOLID IN 300 ML	1 AMP	
52	INJ. MAGNESIUM SULPHATE 2 ML	1 AMP	
53	INJ. MULTIVITAMIN INFUSION 10 ML	1 AMP	
54	INJ. MEROPENAM 1 GM	1 VIAL	
55	INJ. METRONIDAZOLE IV 100 ML	1 BOTT	
56	INJ. MEPHENTERAMINE SULPHATE 10 ML	1 VIAL	
57	INJ. METHYL PREDNISOLONE 500 MG	1 VIAL	
58	INJ. MULTIPLE ELECTROSYLATE & DEXTOSE 500 ML	1 BOTT	
59	INJ. METHYL ERGOMETRINE 1 ML	1 AMP	
60	INJ. MIDAZOLAM 10 ML	1 VIAL	
61	INJ. NEOSTIGMINE SULPHATE 0.5 ML	1 AMP	
62	INJ. NITROGLYCERINE 5 MG 5 ML	1 AMP	
63	INJ. NOR-ADRENALINE 2 ML 2 MG	1 AMP	
64	INJ. NORMAL SALINE IV 100 ML	1 BOTT	
65	INJ. NORMAL SALINE IV 0.9% 500 ML	1 BOTT	
66	INJ. NORMAL SALINE 3% 1000 ML	1 BOTT	
67	INJ. OCTREATIDE 100 MG	1 AMP	
68	INJ. OFLOXACIN IV 100 MG 100 ML	1 BOTT	
69	INJ. ONDANSETRON 2 MG 2 ML	1 AMP	
70	INJ. OPTINEURON FORTE 2 ML	1 AMP	
71	INJ. OROFER FCM 1 GM	1 AMP	
72	INJ. PRALIDOXIME CHLORIDE 500 MG	1 VIAL	
73	INJ. PAM 1 GM	1 VIAL	
74	INJ. PIPERACILLIN + TAZOBACTEM 4.5 GM	1 VIAL	
75	INJ. PIRACETAM	1 AMP	
76	INJ. PHENIRAMINE MALEATE	1 AMP	
77	INJ. PHENYTOIN SODIUM 2 ML	1 AMP	
78	INJ. POTASSIUM CHLORIDE 10 ML	1 AMP	
79	INJ. CON. RINGER LACTATE SOLUTION 25ML	1 AMP	
80	INJ. SODIUM BICARBONATE 7.5 %	1 AMP	
81	INJ. SUCCINYL CHOLINE 10 ML	1 VIAL	
82	INJ. PROMETHAZINE 25 MG 2 ML	1 AMP	
83	INJ. TETANIUS TOXOID VACCINE 0.5 ML	1 AMP	
84	INJ. TRANEXAMIC ACID	1 AMP	
85	INJ. TRYPAN BLUE 1 ML	1 AMP	
86	INJ. VANCOMYCIN 500 MG	1 VIAL	
87	INJ. VANCOMYCIN 1 MG	1 VIAL	
88	INJ. VICTOFOL 10 MG	1 VIAL	
89	INJ. TOPICAL LIGNOCAINE (XYLOCAINE) 4% 30ML	1 VIAL	
90	INJ. SERVOFLURANE	1 BOTT	
91	INJ. ISOFLURANE	1 BOTT	
92	INJ. DILTIAZEM 25 MG	1 VIAL	
93	INJ. ADENOSINE 6 MG	1 VIAL	
94	INJ. SODIUM VALPORATE 100 MG/ML 5 ML	1 VIAL	
95	INJ. N-ACETYLCYSTEINE	1 AMP	

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
96	INJ. DEGLUDEC INSULIN	1 VIAL	
97	TAB. ACETYL SALICYCLIC ACID 75 MG	1 TAB	
98	TAB. ALBENDAZOLE 400 MG	1 TAB	
99	TAB. AMLODEPINE 5 MG	1 TAB	
100	TAB. ACETYLCYSTEINE 600 MG	1 TAB	
101	TAB. ATORVASTATIN 10 MG	1 TAB	
102	TAB. AZITHROMYCIN 250 MG	1 TAB	
103	TAB. BISACODYL 5 MG	1 TAB	
104	TAB. CARBAMAZEPINE 200 MG	1 TAB	
105	TAB. CEFIXIME 200 MG	1 TAB	
106	TAB. CHLOROQUINE PHOSPHATE 600 MG	1 TAB	
107	TAB. CIPROFLOXACIN 500 MG	1 TAB	
108	TAB. CLOPIDOGREL 75 MG	1 TAB	
109	TAB. DIGOXIN 0.25 MG	1 TAB	
110	TAB. DEFERASIROX 250 MG	1 TAB	
111	TAB. DONEPEZIL 5 MG	1 TAB	
112	TAB. DOXYCYCLINE 100 MG	1 TAB	
113	TAB. DOMEPRIDONE 10 MG	1 TAB	
114	TAB. ENALAPRIL MALEATE 5 MG	1 TAB	
115	TAB. ESCITALOPRAM 10 MG	1 TAB	
116	TAB. FLUOXETINE 20 MG	1 TAB	
117	TAB. GLIBENCLAMIDE 5 MG	1 TAB	
118	TAB. IRON & FOLIC ACID 60 MG + 500 MG	1 TAB	
119	TAB. IBUPROFEN 400 MG	1 TAB	
120	TAB. ITRACONAZOLE 200 MG	1 TAB	
121	TAB. LOSARTAN POTASSIUM 50 MG	1 TAB	
122	TAB. LEVOFLOXACINE 250 MG	1 TAB	
123	TAB. LIV 52	1 TAB	
124	TAB. METFORMIN 500 MG	1 TAB	
125	TAB. NITRAZEPAM 5 MG	1 TAB	
126	TAB. NORFLOXACIN 400 MG	1 TAB	
127	TAB. PARACETAMOL 500 MG	1 TAB	
128	TAB. PHENOBARBITONE 30 MG	1 TAB	
129	TAB. PHENOBARBITONE 60 MG	1 TAB	
130	TAB. PHENYTOIN SODIUM 100 MG	1 TAB	
131	TAB. PANTOPRAZOLE 40 MG	1 TAB	
132	TAB. RANITIDINE HCL 150 MG	1 TAB	
133	TAB. SODIUM VALPORATE 200 MG	1 TAB	
134	TAB. SODIUM BICARBONATE 500 MG	1 TAB	
135	TAB. TRAMADOL	1 TAB	
136	TAB. TRPHEXPHENIDYL HCL 2 MG	1 TAB	
137	TAB. TRIFLUOPERAZINE + TRIHEXYPHENIDYL 5MG+2MG	1 TAB	
138	TAB. TELMISARTAN 40 MG	1 TAB	
139	TAB. TRYPSIN + CHYMOTRYPSIN	1 TAB	
140	TAB. VITAMIN B COMPLEX	1 TAB	
141	TAB. BETAHISTINE 16 MG	1 TAB	
142	TAB. DIETHYLCARBAMAZEPINE 100 MG	1 TAB	
143	TAB. CO-TRIMOXZOLE DS (SEPTRAN DS)	1 TAB	
144	TAB. LABETALOL	1 TAB	

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
145	TAB. PRIMAQUINE PHOSPHATE 7.5 MG	1 TAB	
146	TAB. THIAMINE 100 MG	1 TAB	
147	TAB. ACYCLOVIR 200 MG	1 TAB	
148	TAB. FOLIC ACID 5 MG	1 TAB	
149	TAB. DAPAGLIFLOZIN 10 MG	1 TAB	
150	SYP. AMOXYCILLIN 125 MG	1 BOTT	
151	SYP. AMOXYCILLIN + CLAVULAMIC ACID	1 BOTT	
152	SYP. ANTACID	1 BOTT	
153	SYP. ALBENDAZOLE	1 BOTT	
154	CAFFINE CITRATE ORAL SOLUTION	1 BOTT	
155	SUSP. CEFIXIME 30 ML	1 BOTT	
156	COUGH SYP. 100 ML	1 BOTT	
157	SYP. DISODIUM HYDROGEN CITRATE 100 ML	1 BOTT	
158	SYP. IBUPROFEN	1 BOTT	
159	SYP. IBUPROFEN + PARACETAMOL	1 BOTT	
160	SYP. IRON & FOLIC ACID	1 BOTT	
161	LACTOGEN NO. 1	1 UNIT	
162	LACTODEX HMF SACHET	1 UNIT	
163	SYP. LINEZOLID 30 ML	1 BOTT	
164	SUSP. METRONIDAZOLE 60 ML	1 BOTT	
165	MULTIVITAMIN DROP 15 ML	1 BOTT	
166	SYP. ONDANSETRON 30 ML	1 BOTT	
167	SYP. PARACETAMOL 60 ML	1 BOTT	
168	ORAL REHYDRATION SALT POWDER 20.5 GM	1 PKT	
169	TONOFERON DROOP (MULTIVITAMIN) 15 ML	1 BOTT	
170	CHLOROMPHENICOL EYE APPLICAPS (100 NO)	1 BOTT	
171	CIPROFLOXACIN + DEXA. EYE DROP 5 ML	1 BOTT	
172	MOXIFLOXACIN + PREDNISOLONE EYE DROP 5 ML	1 BOTT	
173	OCCUPOL-DX EYE OINT	1 UNIT	
174	SODIUM CHLORIDE EYE OINT	1 UNIT	
175	TROPICAMIDE + PHENYLEPHRINE HCL EYE DROP 5 ML	1 BOTT	
176	POVIDONE MOUTH GARGLE 2% 100 ML	1 BOTT	
177	TOBRAMYCIN EYE DROP 5 ML	1 BOTT	
178	SONOGRAPHY JELLY 250 GM	1 TUBE	
179	DICLOFENAC SUPPOSITORY 100 MG	1 NO	
180	PERMETHRIN CREAM 5% 30 GM	1 TUBE	
181	MUPIROCIN CREAM 2% 5 MG	1 TUBE	
182	OINT. CLOBETASOL PROPIORATE CREAM	1 TUBE	
183	ALCOHOL BASED HAND ANTISEPTIC SOLUTION (SANITIZER) 500 ML	1 BOTT	
184	BACILLOCID SOLUTION 500 ML	1 BOTT	
185	FORMALDEHYDE SOLUTION	1 BOTT	
186	HYDROGEN PEROXIDE 500 ML	1 BOTT	
187	GLYCERINE	1 BOTT	
188	BUDESONIDE + FREMETUROL ROTACAPS	1 ROTACAP	
189	CAP. PREGABALIN 75 MG	1 CAP	
190	CAP. TAMSULOSIN 0.4 MG + DUTASTERIDE 0.5 MG	1 CAP	
191	TAB. LEVODOPA 100 MG + CARBIDOPA 25 MG	1 TAB	
192	INJ. TENECTEPLASE 40 MG	1 VIAL	

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SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
193	TAB. CARBIMAZOLE 10 MG	1 TAB	
194	TAB. METHOTREXATE 7.5 MG	1 TAB	
195	TAB. SULPHASALAZINE 500 MG	1 TAB	
196	TAB. FEBUXOSFAT 40 MG	1 TAB	
197	TAB. HYDROXY CHLOROQUINE 200 MG	1 TAB	

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And Hospital, Sindhudurg

## GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SINDHUDURG

### LIST OF SURGICAL ITEMS FOR CALLING QUOTATION

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
1	GLUCOSE STRIPS FOR GLUCOMETER (100)	1 BOX	
2	LANCTES (100)	1 BOX	
3	GLUCOMETER	1 NO	
4	ABSORBANT COTTON WOOL 500 GM	1 UNIT	
5	CRAPE BANDAGE 15 CM	1 UNIT	
6	CRAPE BANDAGE 10 CM	1 UNIT	
7	ADHESIVE STICKING PLASTER COTTION BASE 7.5 CM	1 ROLL	
8	ELASTIC ADHESIVE TAPE 10 CM	1 UNIT	
9	ELASTIC ADHESIVE TAPE 15 CM	1 UNIT	
10	PERFORATED STICKING (MICROPORE TAPE) 2.5 CM	1 UNIT	
11	ADHESIVE PLASTER COTTON BASE 10 CM X 5 M	1 UNIT	
12	CRAPE BANDAGE 7.5 CM	1 UNIT	
13	BANDAGE CLOTH 100 CM X 20 CM	1 UNIT	
14	DISPO. SYRINGE WITH NEEDLE 5 ML	1 UNIT	
15	DISPO. SYRINGE WITH NEEDLE 10 ML	1 UNIT	
16	DISPO. SYRINGE WITH NEEDLE 2 ML	1 UNIT	
17	DISPO. SYRINGE WITH NEEDLE 50 ML	1 UNIT	
18	DISPO. SYRINGE WITH NEEDLE 20 ML	1 UNIT	
19	DIGITAL X-RAY FILMS 10 X 12 (150)	1 BOX	
20	DIGITAL X-RAY FILMS 8 X 10 (150)	1 BOX	
21	EXAMINATION GLOVES (MEDIUM) (100)	1 BOX	
22	EXAMINATION GLOVES (LARGE) (100)	1 BOX	
23	DISPO. HIV KIT	1 UNIT	
24	DISPO. N95 MASK	1 UNIT	
25	TRIPLE LAYER FACE MASK (50)	1 PKT	
26	EXTENSION LINE 10 CM	1 UNIT	
27	EXTENSION LINE 100 CM	1 UNIT	
28	ENODOTRACHEAL TUBE PLAIN NO. 2	1 UNIT	
29	ENODOTRACHEAL TUBE PLAIN NO. 2.5	1 UNIT	
30	ENODOTRACHEAL TUBE PLAIN NO. 3	1 UNIT	
31	ENODOTRACHEAL TUBE PLAIN NO. 3.5	1 UNIT	
32	ENODOTRACHEAL TUBE PLAIN NO. 4	1 UNIT	
33	ENODOTRACHEAL TUBE PLAIN NO. 4.5	1 UNIT	
34	ENODOTRACHEAL TUBE PLAIN NO. 5	1 UNIT	
35	ENODOTRACHEAL TUBE PLAIN NO. 5.5	1 UNIT	
36	ENODOTRACHEAL TUBE PLAIN NO. 6	1 UNIT	
37	ENODOTRACHEAL TUBE CUFF NO. 4	1 UNIT	
38	ENODOTRACHEAL TUBE CUFF NO. 4.5	1 UNIT	
39	ENODOTRACHEAL TUBE CUFF NO. 5	1 UNIT	
40	ENODOTRACHEAL TUBE CUFF NO. 5.5	1 UNIT	
41	ENODOTRACHEAL TUBE CUFF NO. 6	1 UNIT	
42	ENODOTRACHEAL TUBE CUFF NO. 6.5	1 UNIT	
43	ENODOTRACHEAL TUBE CUFF NO. 7	1 UNIT	
44	ENODOTRACHEAL TUBE CUFF NO. 7.5	1 UNIT	

  
 26.05.2015  
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SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
45	ENODOTRACHEAL TUBE CUFF NO. 8	1 UNIT	
46	ENODOTRACHEAL TUBE CUFF NO. 8.5	1 UNIT	
47	FOLLEY'S CATHETER THREE WAY NO. 22	1 UNIT	
48	TRIPLE LUMEN CATHETER	1 UNIT	
49	SUCTION CATHETER NO. 8	1 UNIT	
50	PLASTIC GLOVES NO.7	1 PAIR	
51	SKIN STAPLER	1 UNIT	
52	VENTILATOR TUBING ADULT	1 UNIT	
53	VENTILATOR TUBING CHILD	1 UNIT	
54	SUCTION CATHETER NO. 10	1 UNIT	
55	SUCTION CATHETER NO. 12	1 UNIT	
56	SUCTION CATHETER NO. 14	1 UNIT	
57	SUCTION CATHETER NO. 16	1 UNIT	
58	A.V. FISTULA NEEDLE NO. 16	1 UNIT	
59	CHOLESTOMY KIT	1 UNIT	
60	DISPO. NEEDLE NO. 22	1 UNIT	
61	DISPO. NEEDLE NO. 26	1 UNIT	
62	DISPO. NEEDLE NO. 23	1 UNIT	
63	ETHILON NO. 3-0 (NS3328)	1 FOIL	
64	PROLEN NO. 1-0 (NW846) ROUND BODY	1 FOIL	
65	PROLEN NO. 2-0 ( OS017)	1 FOIL	
66	PROLEN NO: 1 DOUBLE LOOP(NW 834)	1 FOIL	
67	PROLEN NO.6-0 DOUBLE NNEDLE (P8804)	1 FOIL	
68	ETHIBOND 2-0 ( W10B72)	1 FOIL	
69	ETHIBOND 5-0 (X698G)	1 FOIL	
70	MANKINTOSH 210 MM	1 ROLL	
71	EPIDURAL SET NO. 18	1 NOS	
72	PIG TAIL CATHETER NO. 14	1 NOS	
73	PIG TAIL CATHETER NO. 16	1 NOS	
74	SURGICAL DRAIN NO. 14	1 NOS	
75	SURGICAL DRAIN NO. 16	1 NOS	
76	CENTRAL LINE 7 FR	1 NOS	
77	DISPO. VENTILATOR CONNECTION TUBING (ALLEID VENTILATOR)	1 NOS	
78	BUBBLE CPAP CONNECTION TUBING (AVINA PAP)	1 NOS	
79	BUBBLE CPAP CONNECTION TUBING (AGNA PAP)	1 NOS	
80	P.M. SET KIT	1 KIT	

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