



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. GMCHS/Med.Store/ 2933 /2025	Date : 28/07/25

**Quotation on website**

**NOTICE**

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

**Reference : 1) Approved note sheet Dated – 24/07/2025**

**2) औषध व सर्जिकल खरेदी समितीची सभा दि. 22/07/2025.**

The Dean Government Medical College and Hospital Sindhudurg invites Quotation for the supply of medicines items & disinfectants for the use of Medicine stores Government Medical College & Hospital Sindhudurg. Detail list of Medicine 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 04/08/2025 upto 05.00 PM in the office of Dean, Government Medical College & Hospital, Sindhudurg.

Date and timing of opening of quotation (Technical Specifications) 05/08/2025 at 11.00 AM and Quotation (Price Specifications) 05/08/2025 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 items and Disinfectant & others and "last date 04/08/2025 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, 150 45001, 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



28-07-2025

Dean

Government Medical College  
& Hospital, Sindhudurg  
Govt. Medical College  
and Hospital, Sindhudurg

To,

Shri. Pravin Vengurlekar (Stenographer),

Upload this notice on 28/07/2025 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	I.V. GLYCINE 3000 ML	1 BOTT	
2	I.V. SODIUM CHLORIDE 0.9% 3000 ML	1 BOTT	
3	INJ. CYNOCOBALAMINE IP 500 mcg/ml	1 VIAL	
4	INJ. AMIKACIN SULPHATE IP 250 mg	1 VIAL	
5	INJ. THIAMINE HYDROCHLORIDE IP 100 mg /ml	1 AMP	
6	INJ. METOCLOPRAMIDE USP 5 mg/ml	1 AMP	
7	INJ. LIGNOCAINE HYDROCHLORIDE IP 2%	1 VIAL	
8	INJ. AMINODARONE STERILE CONCENTRATE 150MG/3ML	1 AMP	
9	INJ. CLINDAMYCINE 300 MG	1 VIAL	
10	INJ. OPTINEURON	1 AMP	
11	INJ. VITAMIN B COMPLEX WITH VITAMIN B 12	1 AMP	
12	IV DNS (SODIUM CHLORIDE 0.9 w/v & DEXTROSE 5% w/v 500 ml)	1 BOTT	
13	INJ. REMDESIVIR 100 mg/ml	1 VIAL	
14	INJ. ACYCLOVIR USP 500 mg	1 VIAL	
15	INJ. KINDAMYCIN	1 VIAL	
16	INJ. FOLIC ACID, CYNOCOBALAMIN & NICOTINAMIDE 10 mg	1 AMP	
17	HEPATITIS B VACCINE 10 mcg/ml	1 VIAL	
18	INJ. RANITIDINE IP 50 MG/2ML	1 AMP	
19	INJ. CLONIDINE HYDROCHLORIDE IP 150MCG/ML	1 AMP	
20	INJ. COLISTIMETHATE SODIUM 1 MIU	1 AMP	
21	INJ. COLISTIMETHATE SODIUM 2 MIU	1 AMP	
22	INJ. COLISTIMETHATE SODIUM 3 MIU	1 AMP	
23	TAB. PYRIDOXINE SUSTAINED RELEASE IP 100 mg	1 TAB	
24	TAB. URSODEOXYCHOLIC ACID IP 300 mg	1 TAB	
25	TAB. HYDROCHLORTHAIZIDE 25 MG	1 TAB	
26	TAB. VOGLIBOSE 0.2 MG	1 TAB	
27	TAB. PHENIRAMINE MALEATE IP 25 mg	1 TAB	
28	TAB. HALOPERIDOL 5 mg	1 TAB	
29	TAB. RANITIDINE HYDROCHLORIDE IP 150mg	1 TAB	
30	TAB. SPIRONOLACTONE IP 100 mg	1 TAB	
31	TAB. CARICA PAPAYA LEAF EXTRACT 1100 mg	1 TAB	
32	TAB. NIFEDIPINE SUSTAIN RELEASED IP 20 mg	1 TAB	
33	TAB. FOLIC ACID IP 5 mg	1 TAB	
34	TAB. CILOSTELZOL 50 MG	1 TAB	
35	TAB. PENTOXYPHYLLINE 400 MG	1 TAB	
36	TAB. ARTEMETHER & LUMEFANTRINE 480/80 MG	1 KIT	
37	TAB. RIFAXIMIN 400 MG	1 TAB	
38	LACTIC ACID BACILLUS WITH B-COMPLEX & ZINC CAPSULES	1 CAP	
39	PRE & PROBIOTIC CAPSULES	1 TAB	
40	IBUPROFEN & PARACETAMOL SUSPENSION, 60 ML	1 BOTT	

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
41	A COMBINATION OF COLLOIDAL IRON FOLIC ACID & VITAMIN B12 SYRUP	1 BOTT	
42	LINEZOLID FOR ORAL SUSPENSION 100mg/5ml	1 BOTT	
43	PAPAIN UREA OINTMENT 15 GM	1 TUBE	
44	DICLOFENAC SODIUM SUPPOSITORIES 100 mg	1 UNIT	
45	SALBUTAMOL SULPHATE SYRUP IP 100ml	1 BOTT	
46	TRETINOIN CREAM U.S.P. 0.025% W/W 20 GM	1 TUBE	
47	XYLOMETAZOLINE NASAL DROP IP 10 mg	1 BOTT	
48	SYP. OFLOXACINE	1 BOTT	
49	SYP. PHENOBARBITON	1 BOTT	
50	SIMYL-MCT - BOTTLE OF 100 ML OIL (94.5g)	1 BOTT	
51	GLYCERINE SUPPOSITORY	1 UNIT	
52	DIMETHICONE 20%w/w, ZINC OXIDE 7.5 %w/w, CALAMINE 1.5%w/w, CETRIMIDE 1.125%w/w CREAM	1 TUBE	
53	POTASSIUM CHLORIDE ORAL SOLUTION USP 20%	1 BOTT	
54	CHOLECALCIFEROL SACHET	1 PKT	
55	OINT. HYPERSOL 6 %	1 TUBE	
56	DICLOFENAC GEL	1 TUBE	
57	MUPIROCIN 2% w/w	1 TUBE	



28-07-2025  
 Dean  
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