



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/3913 /2025	Date : 17-11-25

**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 – 11/11/2025**

**2) औषध व सर्जिकल खरेदी समितीची सभा दि. 07/11/2025.**

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 24/11/2025 upto 05.00 PM in the office of Dean, Government Medical College & Hospital, Sindhudurg.

Date and timing of opening of quotation (Technical Specifications) 25/11/2025 at 11.00 AM and Quotation (Price Specifications) 25/11/2025 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 24/11/2025 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 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



17-11-2025  
Dean

Government Medical College  
& Hospital Sindhudurg

शासकीय वैद्यकीय  
महाविद्यालय व रुग्णालय  
सिंधुदुर्ग.

To,

Shri. Pravin Vengurlekar (Stenographer),

Upload this notice on 17/11/2025 on GMCH Sindhudurg website.

# GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SINDHUDURG

## LIST OF MEDICINE FOR CALLING QUOTATION

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
1	INJ. BAVINE LIPID EXTRACT SURFACTANT 5 MG	1 BOTT	
2	INJ. CARBOPROST 250 MG	1 AMP	
3	INJ. CEFTERIAXONE 1 GM	1 VIAL	
4	INJ. CEFTERIAXONE 500 MG	1 VAIL	
5	INJ. CEFOTOXIME 1 GM	1 VIAL	
6	INJ. CEFOPERAZONE + SALBACTUM 1.5 GM	1 VIAL	
7	INJ. ENOXAPARIN SODIUM 0.4 MG	1 AMP	
8	INJ. ENOXAPARIN SODIUM 0.6 MG	1 AMP	
9	IV FLUCONAZOLE 100 ML	1 BOTT	
10	1.5% GLYCINE IRRIGATION 3000 ML	1 BOTT	
11	INJ. HALOPERIDOL 5 MG 1 ML	1 AMP	
12	INJ. HYALURONIDASE 2 ML	1 VIAL	
13	INJ. HEPAMER (L-ORNITHINE + ASPARATATE) 10ML	1 UNIT	
14	INJ. PANTOPRAZOLE 40 MG	1 VIAL	
15	INJ. PARACETAMOL IV 100 ML	1 BOTT	
16	INJ. T.T. IMMUNOGLOBIN	1 VIAL	
17	INJ. CEFTAZIDIM 1 GM	1 VIAL	
18	INJ. LINEZOLID IN 300 ML	1 AMP	
19	INJ. NORMAL SALINE IV 100 ML	1 BOTT	
20	INJ. NORMAL SALINE IV 0.9% 500 ML	1 BOTT	
21	INJ. NORMAL SALINE 3% 1000 ML	1 BOTT	
22	INJ. OCTREATIDE 100 MG	1 AMP	
23	INJ. OPTINEURON FORTE 2 ML	1 AMP	
24	INJ. OROFER FCM 1 GM	1 AMP	
25	INJ. PRALIDOXIME 1 GM	1 VIAL	
26	INJ. PRALIDOXIME CHLORIDE 500 MG	1 VIAL	
27	INJ. PIPERACILLIN + TAZOBACTEM 4.5 GM	1 VIAL	
28	INJ. CON. RINGER LACTATE SOLUTION 25ML	1 AMP	
29	INJ RINGER LACTATE 500 ML	1 BOTT	
30	INJ. TRYPAN BLUE 1 ML	1 AMP	
31	INJ. VANCOMYCIN 500 MG	1 VIAL	
32	INJ. VICTOFOL 10 MG	1 VIAL	
33	INJ. SERVOFLURANE	1 BOTT	
34	INJ. ISOFLURANE	1 BOTT	
35	INJ. DILTIAZEM 25 MG	1 VIAL	
36	INJ. ADENOSINE 6 MG	1 VIAL	
37	INJ. SODIUM VALPORATE 100 MG/ML 5 ML	1 VIAL	
38	INJ. N-ACETYLCYSTEINE	1 AMP	
39	INJ. DEGLUDEC INSULIN	1 VIAL	
40	INJ. TENECTEPLASE 40 MG	1 VIAL	
41	TAB. ACETYLCYSTEINE 600 MG	1 TAB	
42	TAB. CARBAMAZEPINE 200 MG	1 TAB	
43	TAB. CHLOROQUINE PHOSPHATE 600 MG	1 TAB	
44	TAB. DIGOXIN 0.25 MG	1 TAB	
45	TAB. DOMEPRIDONE 10 MG	1 TAB	

17.11.2015  
**DEAN**  
 Government Medical College  
 Sindhudurg

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
46	TAB. GLIBENCLAMIDE 5 MG	1 TAB	
47	TAB. IBUPROFEN 400 MG	1 TAB	
48	TAB. TOPIRAMATE 100 MG	1 TAB	
49	TAB. ITRACONAZOLE 200 MG	1 TAB	
50	TAB. HYDROXY CHLOROQUINE 200 MG	1 TAB	
51	TAB. LEVOFLOXACINE 250 MG	1 TAB	
52	TAB. NITRAZEPAM 5 MG	1 TAB	
53	TAB. SULPHASALAZINE 500 MG	1 TAB	
54	TAB. FEBUXOSFAT 40 MG	1 TAB	
55	TAB. AMOXYCILLIN + CLAVULANIC ACID 625 MG	1 TAB	
56	TAB. ETHAMSYLATE 250 MG	1 TAB	
57	TAB. LASILACTONE 50 MG	1 TAB	
58	TAB. METOPROLOL 50 MG	1 TAB	
59	TAB. NICORANDIL	1 TAB	
60	TAB. NIFEDIPIN 10 MG	1 TAB	
61	TAB. SORBITRATE	1 TAB	
62	TAB. ZINC SULPHATE 20 MG	1 TAB	
63	TAB. RANITIDINE HCL 150 MG	1 TAB	
64	TAB. SODIUM VALPORATE 200 MG	1 TAB	
65	TAB. SODIUM VALPORATE 300 MG	1 TAB	
66	TAB. SODIUM VALPORATE 500 MG	1 TAB	
67	TAB. TRAMADOL	1 TAB	
68	TAB. TRPHEXPHE NIDYL HCL 2 MG	1 TAB	
69	TAB. TRIFLUOPERAZINE + TRIHEXYPHENIDYL 5 MG + 2 MG	1 TAB	
70	TAB. DIETHYLCARBAMAZEPINE 100 MG	1 TAB	
71	TAB. CO-TRIMOXZOLE DS (SEPTRAN DS)	1 TAB	
72	TAB. LABETALOL	1 TAB	
73	TAB. PRIMAQUINE PHOSPHATE 7.5 MG	1 TAB	
74	TAB. THIAMINE 100 MG	1 TAB	
75	TAB. ACYCLOVIR 200 MG	1 TAB	
76	TAB. FOLIC ACID 5 MG	1 TAB	
77	TAB. DAPAGLIFLOZIN 10 MG	1 TAB	
78	TAB. LEVODOPA 100 MG + CARBIDOPA 25 MG	1 TAB	
79	TAB. CARBIMAZOLE 10 MG	1 TAB	
80	TAB. METHOTREXATE 7.5 MG	1 TAB	
81	SYP. LACTULOSE	1 BOTT	
82	SYP. MULTIVITAMIN	1 BOTT	
83	SYP. NUTROLIN-B 60 ML	1 BOTT	
84	SYP. ANTACID	1 BOTT	
85	SYP. ALBENDAZOLE	1 BOTT	
86	CAFFINE CITRATE ORAL SOLUTION	1 BOTT	
87	SUSP. CALCIUM	1 BOTT	
88	SYP. DISODIUM HYDROGEN CITRATE 100 ML	1 BOTT	
89	SYP. IBUPROFEN	1 BOTT	
90	SYP. IBUPROFEN + PARACETAMOL	1 BOTT	
91	DICLOFENAC GEL	1 TUBE	
92	LACTOGEN NO. 1	1 UNIT	
93	LACTODEX HMF SACHET	1 UNIT	

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**Government Medical College**  
**Sindhudurg**

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
94	SYP. LINEZOLID 30 ML	1 BOTT	
95	SODIUM CHLORIDE GLYCERIN ENEMA 15%	1 BOTT	
96	MULTIVITAMIN DROP 15 ML	1 BOTT	
97	SYP. ONDANSETRON 30 ML	1 BOTT	
98	SYP. ZINC SULPHATE	1 BOTT	
99	CLOTRIMAZOLE DUSTING POWDER 30 GM	1 BOTT	
100	TONOFERON DROOP (MULTIVITAMIN) 15 ML	1 BOTT	
101	CHLOROMPHENICOL EYE APPLICAPS (100 NO)	1 BOTT	
102	CIPROFLOXACIN + DEXA. EYE DROP 5 ML	1 BOTT	
103	MOXIFLOXACIN + PREDNISOLONE EYE DROP 5 ML	1 BOTT	
104	OCCUPOL-DX EYE OINT	1 UNIT	
105	SODIUM CHLORIDE EYE OINT	1 UNIT	
106	TROPICAMIDE + PHENYLEPHRINE HCL EYE DROP 5 ML	1 BOTT	
107	POVIDONE MOUTH GARGLE 2% 100 ML	1 BOTT	
108	TOBRAMYCIN EYE DROP 5 ML	1 BOTT	
109	SONOGRAPHY JELLY 250 GM	1 TUBE	
110	CIDEX-GLUTERALDEHYDE SOLUTION	1 CAN	
111	PERMETHRIN CREAM 5% 30 GM	1 TUBE	
112	MUPIROCIN CREAM 2% 5 MG	1 TUBE	
113	OINT. CLOBETASOL PROPIORATE CREAM	1 TUBE	
114	ALCOHOL BASED HAND ANTISEPTIC SOLUTION (SANITIZER) 500 ML	1 BOTT	
115	BACILLOCID SOLUTION 500 ML	1 BOTT	
116	CAP. PREGABALIN 75 MG	1 CAP	
117	CAP.TAMSULOSIN 0.4 MG + DUTASTERIDE 0.5 MG	1 CAP	
118	CONC. HOMODIALYSIS FLUID 10 LIT	1 CAN	
119	OSELTAMIVIR ORAL SUSPENSION 125 ML	1 BOTT	
120	ASTHALINE 100 mcg INHALER	1 NOS	



17-11-2015  
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 सिंधुदुर्ग.