



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/4061 /2025	Date : 04/12/25

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 – 03/12/2025

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 12/12/2025 upto 05.00 PM in the office of Dean, Government Medical College & Hospital, Sindhudurg.

Date and timing of opening of quotation (Technical Specifications) 15/12/2025 at 11.00 AM and Quotation (Price Specifications) 15/12/2025 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 12/12/2025 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 14001, 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



04.12.2025
Dean
अधिष्ठाता
Government Medical College
& Hospital Sindhudurg
महाविद्यालय व रुग्णालय
सिंधुदुर्ग.

To,
Shri. Pravin Vengurlekar (Stenographer), Shri. Vilas Rathod (Stenographer),
Upload this notice on 04/12/2025 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. T.T. IMMUNOGLOBIN	1 VIAL	
16	INJ. CEFTAZIDIM 1 GM	1 VIAL	
17	INJ. LINEZOLIDIN 300 ML	1 AMP	
18	INJ. NORMAL SALINE 3% 1000 ML	1 BOTT	
19	INJ. OCTREATIDE 100 MG	1 AMP	
20	INJ. OPTINEURON FORTE 2 ML	1 AMP	
21	INJ. OROFER FCM 1 GM	1 AMP	
22	INJ. PRALIDOXIME 1 GM	1 VIAL	
23	INJ. PRALIDOXIME CHLORIDE 500 MG	1 VIAL	
24	INJ. PIPERACILLIN + TAZOBACTEM 4.5 GM	1 VIAL	
25	INJ. CON. RINGER LACTATE SOLUTION 25ML	1 AMP	
26	INJ. TRYPAN BLUE 1 ML	1 AMP	
27	INJ. VANCOMYCIN 500 MG	1 VIAL	
28	INJ. VICTOFOL 10 MG	1 VIAL	
29	INJ. SERVOFLURANE	1 BOTT	
30	INJ. ISOFLURANE	1 BOTT	
31	INJ. DILTIAZEM 25 MG	1 VIAL	
32	INJ. ADENOSINE 6 MG	1 VIAL	
33	INJ. SODIUM VALPORATE 100 MG/ML 5 ML	1 VIAL	
34	INJ. N-ACETYLCYSTEINE	1 AMP	
35	INJ. DEGLUDEC INSULIN	1 VIAL	
36	INJ. TENECTEPLASE 40 MG	1 VIAL	
37	TAB. ACETYLCYSTEINE 600 MG	1 TAB	
38	TAB. CARBAMAZEPINE 200 MG	1 TAB	
39	TAB. CHLOROQUINE PHOSPHATE 600 MG	1 TAB	
40	TAB. DIGOXIN 0.25 MG	1 TAB	
41	TAB. DOMEPRIDONE 10 MG	1 TAB	
42	TAB. GLIBENCLAMIDE 5 MG	1 TAB	
43	TAB. IBUPROFEN 400 MG	1 TAB	
44	TAB. TOPIRAMATE 100 MG	1 TAB	
45	TAB. ITRACONAZOLE 200 MG	1 TAB	

06.12.2015

SR. NO.	NAME OF MEDICINE & SPECIFICATION	PACKING SIZE	RATE
46	TAB. HYDROXY-CHLOROQUINE 200 MG	1 TAB	
47	TAB. LEVOFLOXACINE 250 MG	1 TAB	
48	TAB. NITRAZEPAM 5 MG	1 TAB	
49	TAB. SULPHASALAZINE 500 MG	1 TAB	
50	TAB. FEBUXOSFAT 40 MG	1 TAB	
51	TAB. AMOXYCILLIN + CLAVULANIC ACID 625 MG	1 TAB	
52	TAB. ETHAMSYLATE 250 MG	1 TAB	
53	TAB. LASILACTONE 50 MG	1 TAB	
54	TAB. METOPROLOL 50 MG	1 TAB	
55	TAB. NICORANDIL	1 TAB	
56	TAB. NIFEDIPIN 10 MG	1 TAB	
57	TAB. SORBITRATE	1 TAB	
58	TAB. ZINC SULPHATE 20 MG	1 TAB	
59	TAB. RANITIDINE HCL 150 MG	1 TAB	
60	TAB. SODIUM VALPORATE 200 MG	1 TAB	
61	TAB. SODIUM VALPORATE 300 MG	1 TAB	
62	TAB. SODIUM VALPORATE 500 MG	1 TAB	
63	TAB. TRAMADOL	1 TAB	
64	TAB. TRPHEXPHENIDYL HCL 2 MG	1 TAB	
65	TAB. TRIFLUOPERAZINE + TRIHEXYPHENIDYL 5 MG + 2 MG	1 TAB	
66	TAB. DIETHYLCARBAMAZEPINE 100 MG	1 TAB	
67	TAB. CO-TRIMOXZOLE DS (SEPTRAN DS)	1 TAB	
68	TAB. LABETALOL	1 TAB	
69	TAB. PRIMAQUINE PHOSPHATE 7.5 MG	1 TAB	
70	TAB. THIAMINE 100 MG	1 TAB	
71	TAB. ACYCLOVIR 200 MG	1 TAB	
72	TAB. FOLIC ACID 5 MG	1 TAB	
73	TAB. DAPAGLIFLOZIN 10 MG	1 TAB	
74	TAB. LEVODOPA 100 MG + CARBIDOPA 25 MG	1 TAB	
75	TAB. CARBIMAZOLE 10 MG	1 TAB	
76	TAB. METHOTREXATE 7.5 MG	1 TAB	
77	SYP. MULTIVITAMIN	1 BOTT	
78	SYP. NUTROLIN-B 60 ML	1 BOTT	
79	SYP. ANTACID	1 BOTT	
80	SYP. ALBENDAZOLE	1 BOTT	
81	CAFFINE CITRATE ORAL SOLUTION	1 BOTT	
82	SUSP. CALCIUM	1 BOTT	
83	SYP. DISODIUM HYDROGEN CITRATE 100 ML	1 BOTT	
84	SYP. IBUPROFEN	1 BOTT	
85	SYP. IBUPROFEN + PARACETAMOL	1 BOTT	
86	DICLOFENAC GEL	1 TUBE	
87	LACTOGEN NO. 1	1 UNIT	
88	LACTODEX HMF SACHET	1 UNIT	
89	SYP. LINEZOLID 30 ML	1 BOTT	
90	SODIUM CHLORIDE GLYCERIN ENEMA 15%	1 BOTT	
91	MULTIVITAMIN DROP 15 ML	1 BOTT	
92	SYP. ONDANSETRON 30 ML	1 BOTT	
93	SYP. ZINC SULPHATE	1 BOTT	

06-12-2017

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



04-12-2023
 अधिकाता
 शासकीय वैद्यकीय
 महाविद्यालय व रुग्णालय
 सिंधुदुर्ग.