



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/Med.Store/4583 /2026	Date : 01 /10/2026

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 – 18/08/2026

2) औषध खरेदी समितीची सभा दि.30/09/2026

The Dean Government Medical College and Hospital Sindhudurg invites Quotation for the supply of medicines & 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 13/10/2026 upto 05.00 PM in the office of Dean, Government Medical College & Hospital, Sindhudurg.

Date and timing of opening of quotation (Technical Specifications) 14/10/2026 at 11.00 AM and Quotation (Price Specifications) 14/10/2026 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 13/10/2026 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 one year 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




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

To,
Shri. Pravin Vengurlekar (Stenographer), Shri. Vilas Rathod (Stenographer)
Upload this notice on 01/10/2026 on GMCH Sindhudurg website.

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, SINDHUDURG

LIST OF MEDICINE FOR CALLING QUOTATION

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	RATE
1	ALCOHOL BASED HAND ANTISEPTIC SOLN (SANITIZER)	500 ML	1 BOTTLE	
2	SALBUTAMOL RESPIRATORY SOLUTION	15 ML	1 RESPULE	
3	BUDESONIDE RESPIRATORY SOLUTION (BUDECORT)	2 ML	1 RESPULE	
4	CAFFEINE CITRATE ORAL SOLUTION	100 ML	1 BOTTLE	
5	CAP. ITRACONAZOLE	100 MG	1 CAP	
6	CAP. ITRACONAZOLE	200 MG	1 CAP	
7	CAP. OMEPRAZOLE	20 MG	1 CAP	
8	CARBOXY METHYL CELLULOSE EYE DROP	0.5%/5 ML	1 NOS	
9	CHLORAMPHENICOL EYE APPLICAPS (100)		1 NOS	
10	CHOLECALCIFEROL SACHET (VIT D3)	1 GM	1 NOS	
11	CIPROFLOXACIN + DEXAMETHASONE EYE DROP	5 ML	1 NOS	
12	CIPROFLOXACIN EYE DROP	5 ML	1 NOS	
13	CITROSTERILE SOLUTION	5 LIT	1 CAN	
14	CLOTRIMAZOLE CREAM	1% 15 GM	1 TUBE	
15	CLOTRIMAZOLE DUSTING POWDER	100 GM	1 NOS	
16	CLOTRIMAZOLE EAR DROP	10 ML	1 NOS	
17	CONCENTRATED HAEMODILYSIS FLUID A SOLUTION	10 LIT	1 CAN	
18	DICLOFENAC GEL	30 GM	1 TUBE	
19	DICLOFENAC SUPPOSITORY	100 GM	1 NOS	
20	ECG JELLY	250 ML	1 BOTTLE	
21	6% STABILIZED & ENHANCED H2O2(EIROX)	5 LIT	1 CAN	
22	EUSOL SOLUTION	400 ML	1 CAN	
23	STABILIZED HYDROGEN PEROXIDE H2O2 (FLOOROX)	5 LIT	1 CAN	
24	FORMALDEHYDE SOLUTION	500 ML	1 CAN	
25	GLUTERALDEHYDE SOLUTION (CIDEX SOLUTION)	5 LIT	1 CAN	
26	GLYCERIN	100 ML	1 BOTTLE	
27	HYDROGEN PEROXIDE SOLUTION	500 ML	1 BOTTLE	
28	INJ SERVOFLURANE	25 ML	1 BOTTLE	
29	INJ. THAIMINE	2 ML	1 AMP	
30	INJ. ADRENALINE	1 ML	1 AMP	
31	INJ. ALBUMIN 20 %	100 ML	1 BOTTLE	
32	INJ. AMIKACIN SULPHATE	500 MG	1 VIAL	
33	INJ. AMINO ACID 10%	500 ML	1 BOTTLE	
34	INJ. AMINOPHYLLINE	100 ML	1 BOTTLE	
35	INJ. AMIODARONE	150 MG	1 AMP	
36	INJ. AMOXYCILLINE + CLAVULAMIC ACID	1.2 GM	1 VIAL	
37	INJ. ANTI RABBIES SERUM (ARS)	5 ML	1 VIAL	
38	INJ. ANTI RABBIES VACCINE (ARV)	1M	1 VIAL	
39	INJ. ANTITETONS HUMAN IMMUNOGLOBULIN	1 ML	1 VIAL	
40	INJ. ARTISUNATE	60 MG	1 AMP	
41	INJ. ATRACURIUM BESYLATE	1 AMP	1 AMP	
42	INJ. ATROPINE SULPHATE	1ML 0.6 MG	1 AMP	
43	INJ. BAVINE LIPID EXTRACT SURFACTANT	5 ML	1 VIAL	
44	INJ. BUPIVACAINE HCL 0.5%	20 ML	1 VIAL	
45	INJ. BUPIVACAINE HCL IN DEXTROSE	4 ML	1 AMP	
46	INJ. CAFFEINE CITRATE	20 MG	1 VIAL	
47	INJ. CALCIUM GLUCONATE	10 ML	1 AMP	
48	INJ. CARBOPROST	250 MG	1 VIAL	
49	INJ. CEFTRIAXONE	1 GM	1 VIAL	
50	INJ. CIPROFLOXACIN IV	100 ML	1 BOTTLE	
51	INJ. CON. RINGER LACTATE	10 ML	1 AMP	

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	RATE
52	INJ. DEXTROSE IV & SODIUM CHLORIDE (DNS)	500 ML	1 BOTTLE	
53	INJ. DEXTROSE IV 25%	100 ML	1 BOTTLE	
54	INJ. DEXTROSE IV 5 %	500 ML	1 BOTTLE	
55	INJ. DIAZEPAM 2 ML	5 MG	1 AMP	
56	INJ. DICLOFENAC SODIUM	3 ML 75 MG	1 AMP	
57	INJ. DICYCLOMINE	2 ML 10 MG	1 AMP	
58	INJ. DIGOXIN	0.25 MG	1 AMP	
59	INJ. DOBUTAMINE	250 MG	1 AMP	
60	INJ. DOPAMINE	40 MG 5 ML	1 AMP	
61	INJ. DROTOVARINE	40 MG 2 ML	1 AMP	
62	INJ. ENOXAPARIN SODIUM (LMW HEPARIN)	0.4 MG	1 NOS	
63	INJ. ENOXAPARIN SODIUM (LMW HEPARIN)	0.6 MG	1 NOS	
64	INJ. ERYTHROPOITEIN RECOMBINATION	4000 IU	1 NOS	
65	INJ. ETHAMSYLATE	2 ML 125 MG	1 AMP	
66	INJ. ETOPHYLLINE + THEOPHYLLINE (DERIPHYLLINE)	2 ML	1 AMP	
67	INJ. FACTOR VIII	500 IU	1 BOTTLE	
68	INJ. FENTANYL CITRATE	100 MG	1 VIAL	
69	INJ. FERRIC CARBOXYMALTOSE	1 VIAL	1 VIAL	
70	INJ. FRUSEMIDE	2 ML 10 MG	1 AMP	
71	INJ. GENTAMYCIN SULPHATE	2 ML 40 MG	1 AMP	
72	INJ. GLYCOPYROLLATE	1 ML	1 AMP	
73	INJ. HALOPERIDOL	5 MG 1 ML	1 AMP	
74	INJ. HEPAMERZ (L-ORNITHINE + ASPARATATE)	10ML	1 AMP	
75	INJ. HEPARIN SODIUM	5 ML 25000/5 ML	1 VIAL	
76	INJ. HYDROCORTISONE SODIUM SUCCINATE	100 MG	1 VIAL	
77	INJ. HYOSCINE BUTYL BROMIDE	1 ML	1 AMP	
78	INJ. INSULIN PREMIX (MIXTARD)	30 /70 ML	1 VIAL	
79	INJ. INSULIN SOLUBLE PLAIN (ACTRAPID)	40 IU 10 ML	1 VIAL	
80	INJ. IOHEXOL	350 MG 100 ML	1 BOTTLE	
81	INJ. IRON SUCROSE	2.5 ML	1 AMP	
82	INJ. ISOXSUPRINE HCL (DUVADILAN)	2 ML	1 AMP	
83	INJ. KETAMINE HCL	10 ML 10 MG	1 VIAL	
84	INJ. LABETALOL	20 MG 4 ML	1 AMP	
85	INJ. LEVETIRACETAM (LEVIPIL)	100 MG	1 VIAL	
86	INJ. LEVOFLOXACIN IV	100 ML	1 BOTTLE	
87	INJ. LIGNOCAINE HCL 2 %	30 ML	1 VIAL	
88	INJ. LIGNOCAINE WITH ADRENALINE	30 ML	1 VIAL	
89	INJ. LINEZOLID IN	300 ML	1 BOTTLE	
90	INJ. LORAZEPAM	2 MG	1 AMP	
91	INJ. MAGNESIUM SULPHATE	2 ML	1 AMP	
92	INJ. MANNITOL IV	100 ML	1 BOTTLE	
93	INJ. MEPHENTAMINE SULPHATE	10 ML	1 AMP	
94	INJ. MEROPENAM	1 GM	1 VIAL	
95	INJ. METHYL ERGOMETRINE MALEATE	1 ML	1 AMP	
96	INJ. METHYL PREDNISOLONE 500 MG	500 MG	1 VIAL	
97	INJ. METOCLOPROMIDE	5 MG	1 AMP	
98	INJ. METRONIDAZOLE IV	100 ML	1 BOTTLE	
99	INJ. MIDAZOLAM	10 ML	1 AMP	
100	INJ. MULTIPLE ELECTROSYLATE & DEXTOSE	500 ML	1 BOTTLE	

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	RATE
101	INJ. MULTIVITAMIN INFUSION (MVI)	10 ML	1 AMP	
102	INJ. NEOSTIGMINE SULPHATE	0.5 ML	1 AMP	
103	INJ. NITROGLYCERINE	5 MG 5 ML	1 AMP	
104	INJ. NOR-ADRENALINE	2 ML 2 MG	1 AMP	
105	INJ. NORMAL SALINE IV (NS)	100 ML	1 BOTTLE	
106	INJ. NORMAL SALINE IV (NS)	500 ML	1 BOTTLE	
107	INJ. NORMAL SALINE IV (NS)	3 L	1 BOTTLE	
108	INJ. NORMAL SALINE IV 3% (NS)	100 ML	1 BOTTLE	
109	INJ. OCTREATIDE	100 MCG	1 AMP	
110	INJ. ONDANSETRON	2 MG 2 ML	1 AMP	
111	INJ. VIT. B1 VIT. B6 VIT. B12, NIACINAMIDE, RIBOFLAVIN & D-PANTHENOL	2 ML	1 AMP	
112	INJ. OXYTOCIN	1 ML	1 AMP	
113	INJ. PANTOPRAZOLE	40 MG	1 VIAL	
114	INJ. PARACETAMOL IV	100 ML	1 BOTTLE	
115	INJ. PENTAZOCINE 1 ML	30 MG	1 AMP	
116	INJ. PHENIRAMINE MALEATE	2 ML	1 AMP	
117	INJ. PHENOBARBITONE SODIUM	60 MG	1 AMP	
118	INJ. PHENYTOIN SODIUM	2 ML	1 AMP	
119	INJ. PILOCARPINE NITRATE	1 VIAL	1 VIAL	
120	INJ. PIPERACILLIN + TAZOBACTEM (PIPTAZ)	4.5 GM	1 VIAL	
121	INJ. PIRACETAM	15 ML	1 AMP	
122	INJ. PLERIXAFOR	24 MG/1.2ML	1 AMP	
123	INJ. POTASSIUM CHLORIDE	10 ML	1 AMP	
124	INJ. PRALIDOXIME CHLORIDE (PAM)	500 MG/10 ML	1 AMP	
125	INJ. PROMETHAZINE 25 MG	2 ML	1 AMP	
126	INJ. PROPOFOL 1%	20 ML	1 VIAL	
127	INJ. RINGER LACTATE IV (RL)	500 ML	1 BOTTLE	
128	INJ. SILDENAFIL	10 MG	1 AMP	
129	INJ. SODIUM BICARBONATE 7.5 %	10 ML	1 AMP	
130	INJ. STREPTOKINASE	15 LAC	1 VIAL	
131	INJ. SUCCINYL CHOLINE	10 ML	1 AMP	
132	INJ. TETANUS TOXOID	0.5 ML	1 AMP	
133	INJ. TOPICAL LIGNOCAINE (XYLOCAINE) 4%	30ML	1 VIAL	
134	INJ. TRAMADOL	50 MG 2 ML	1 AMP	
135	INJ. TRANEXAMIC ACID (PAUSE)	5 ML	1 AMP	
136	INJ. VANCOMYCIN	500 MG	1 VIAL	
137	INJ. VECURONIUM BROMIDE	4 MG	1 AMP	
138	INJ. VICTOFOL	10 MG	1 VIAL	
139	INJ. VITAMIN K (MENADIONE)	10 MG	1 AMP	
140	INJ. VITAMIN K1 (PHYTONADIANE)	1 MG	1 AMP	
141	INJ. WATER FOR INJECTION	5 ML	1 NOS	
142	INJ.ADENOSIN	6 MG	1 AMP	
143	INJ.ANTI D IMMUNOGLOBIN	1 ML	1 VIAL	
144	INJ.DEXAMETHASONE SODIUM	2ML/4MG	1 AMP	
145	INJ.IMMUNOGLOBULIN (RABISHIELD)	2.5 ML	1 VIAL	
146	INJ.ISOFLURANE	100 ML	1 BOTTLE	
147	INJ.SODIUM VALPORATE	100MG	1 AMP	
148	INJ.THIOFENTONE SODIUM	500 MG	1 AMP	
149	IPRATOPIUM BROMIDE SOLUTION (DUOLIN)	2 ML	1 NOS	

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	RATE
150	LACTODEX HMF SACHET	1 PKT	1 NOS	
151	LIGNOCAINE GEL 2%	30 GM	1 NOS	
152	LIGNOCAINE HYDROCHLORIDE SOLUTION	4%	1 VIAL	
153	LIQUID PARAFFIN	100 ML	1 BOTTLE	
154	MAGNESIUM SULPHATE POWDER	20 GM	1 NOS	
155	METHYLATED SPIRIT (BLUE SPIRIT)	1 LIT	1 BOTTLE	
156	MICONAZOLE CREAM	2% 15 GM	1 TUBE	
157	MOXIFLOXACIN EYE DROP	0.50%	1 NOS	
158	MOXIFLOXACIN + PREDNISOLONE EYE DROP	5 ML	1 NOS	
159	MULTIVITAMIN DROP	15 ML	1 BOTTLE	
160	MUPIROCIN OINTMENT	5 GM	1 TUBE	
161	NASAL DROP (XYLOMETAZOLINE)		1 BOTTLE	
162	OCCUPOL-DX EYE OINTMENT		1 NOS	
163	ORAL REHYDRATION SALT POWDER (ORS)	20.5 GM	1 PACKET	
164	POTASSIUM PERMANGNATE POWDER	500 GM	1 PACKET	
165	POVIDINE IODINE QINT	15 GM	1 NOS	
166	POVIDINE IODINE SOLUTION 500 ML	5%	1 BOTTLE	
167	PROTEIN POWDER (500 GM)	1 JAR	1 NOS	
168	RENACLEAN SOLUTION	5 LIT	1 CAN	
169	SEVOFLURANE SOLUTION	250 ML	1 BOTTLE	
170	SILVER NITRATE + HYDROGEN PEROXIDE	1 LIT	1 CAN	
171	SILVER SULFADIAZINA CREAM	25 GM	1 NOS	
172	SILVER SULFADIAZINA CREAM	500 GM	1 NOS	
173	SODIUM CHLORIDE EYE OINTMENT 6%		1 NOS	
174	SODIUM HYPOCHLORIDE SOLUTION	500 ML / 5 LIT	1 CAN	
175	SONOGRAPHY JELLY	250 GM	1 BOTTLE	
176	SUCRALFATE SUSPENSION	100 ML	1 BOTTLE	
177	SURGICAL SPIRIT	500 ML	1 BOTTLE	
178	SUSP.OSALTEMIVIR SOLUTION	75 ML	1 BOTTLE	
179	SYP.ALBENDAZOLE	10 ML	1 BOTTLE	
180	SYP.AMOXICILLIN	125 MG	1 BOTTLE	
181	SYP.AMOXICILLIN + CLAVULANATE	30 ML	1 BOTTLE	
182	SYP.AZITHROMYCIN	15 ML	1 BOTTLE	
183	SYP.CETRIZINE	5 MG 30 ML	1 BOTTLE	
184	SYP.DISODIUM HYDROGEN CITRATE (CITAL)	100 ML	1 BOTTLE	
185	SYP.IRON & FOLIC ACID	200 ML	1 BOTTLE	
186	SYP.LACTULOSE	100 ML	1 BOTTLE	
187	SYP.MULTIVITAMIN	200 ML	1 BOTTLE	
188	SYP. LACTIC ACID BACILUS WITH B6 & B3 ORAL POWDER	60 ML	1 BOTTLE	
189	SYP.ONDANSETRON	30 ML	1 BOTTLE	
190	SYP.PARACETAMOL	60 ML	1 BOTTLE	
191	SYP.POTASSIUM CHLORIDE	300 ML	1 BOTTLE	
192	SYP.SALBUTAMOL (100 ML)	1 BOTTLE	1 BOTTLE	
193	SYP.ZINC SULPHATE	60 ML	1 BOTTLE	
194	SYRUP DEXTROMETHORPHAN HBR,CPM ,GUAIPHENESIN COUGH SYRUP	100 ML	1 BOTTLE	
195	TAB. ACETYL CYSTEINE	600MG	1 TAB	
196	TAB. ALBENDAZOLE	400 MG	1 TAB	
197	TAB. ALPRAZOLAM	0.25 MG	1 TAB	
198	TAB. AMITRYPTYLINE HCL	25 MG	1 TAB	

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	RATE
199	TAB. AMLODIPINE BESILATE	5 MG	1 TAB	
200	TAB. AMOXYCILLINE + CLAVULANIC ACID	625 MG	1 TAB	
201	TAB. ASCORBIC ACID VIT.C	500 MG	1 TAB	
202	TAB. ATENOLOL	50 MG	1 TAB	
203	TAB. ATROVASTATIN	10 MG	1 TAB	
204	TAB. ATROVASTATIN	20 MG	1 TAB	
205	TAB. AZITROMYCIN	250 MG	1 TAB	
206	TAB. AZITROMYCIN	500 MG	1 TAB	
207	TAB. BETAHISTINE	16 MG	1 TAB	
208	TAB. BISACODYL	5 MG	1 TAB	
209	TAB. CALCIUM CARBONATE + VIT D3	500 MG	1 TAB	
210	TAB. CARBAMZEPIN	200 MG	1 TAB	
211	TAB. CEFIXIME	200MG	1 TAB	
212	TAB. CETRIZINE	10 MG	1 TAB	
213	TAB. CHLORTHALIDONE	6.25 MG	1 TAB	
214	TAB. CHLORTHALIDONE	12.5 MG	1 TAB	
215	TAB. CIPROFLOXACIN	500 MG	1 TAB	
216	TAB. CLOBAZAM	10 MG	1 TAB	
217	TAB. CLONAZEPAM	0.5 MG	1 TAB	
218	TAB. CLOPIDOGREL	75 MG	1 TAB	
219	TAB. DEFERASIROX	250MG	1 TAB	
220	TAB. DEFERASIROX	500 MG	1 TAB	
221	TAB. DIAZEPAM	5 MG	1 TAB	
222	TAB. DICLOFENAC SODIUM	50 MG	1 TAB	
223	TAB. DICYCLOMINE HCL	10 MG	1 TAB	
224	TAB. DIETHYL CARBAMAZEPINE	100 MG	1 TAB	
225	TAB. DIGOXIN	0.25MG	1 TAB	
226	TAB. DONEPEZIL	5 MG	1 TAB	
227	TAB. DOXYCYCLINE	100 MG	1 TAB	
228	TAB. ENALAPRIL MALEATE	5 MG	1 TAB	
229	TAB. ESCITALOPRAM OXALATE	10 MG	1 TAB	
230	TAB. ETAMSYLATE	500 MG	1 TAB	
231	TAB. ETOPHYLLINE + THEOPHYLLINE	300 MG	1 TAB	
232	TAB. FLUOXETINE	20 MG	1 TAB	
233	TAB. FRUSEMIDE	40 MG	1 TAB	
234	TAB. FRUSEMIDE + SPIRONOLACTONE	50 + 20 MG	1 TAB	
235	TAB. FURAZOLIDONE	100 MG	1 TAB	
236	TAB. GLIBENCLAMIDE	5 MG	1 TAB	
237	TAB. GLICLAZIDE	80 MG	1 TAB	
238	TAB. GLIMEPIRIDE	2 MG	1 TAB	
239	TAB. HALOPERIDOL	5MG	1 TAB	
240	TAB. HYDROCHLOROTHAZIDE(HCT)	25 MG	1 TAB	
241	TAB. IRON AND FOLIC ACID	100+0.5 MG	1 TAB	
242	TAB. ISOSORBIDE DINITRATE	10 MG	1 TAB	
243	TAB. ISOSUPRIME (DUVADILAN)	10MG	1 TAB	
244	TAB. LABETALOL HCL (LABETOL)	100 mg	1 TAB	
245	TAB. LEVETIRACETAM	500 MG	1 TAB	
246	TAB. LEVOCETRIZINE DIHYDROCHLORIDE	5 mg	1 TAB	
247	TAB. LITHIUM CARBONATE	300 MG	1 TAB	

SR. NO.	NAME OF THE ITEM	STRENGTH	PACKING SIZE	DATE
248	TAB. LORAZEPAM	2 MG	1 TAB	
249	TAB. LOSARTAN POTASSIUM	50 MG	1 TAB	
250	TAB. METFORMIN	500 MG	1 TAB	
251	TAB. METOPROLOL SUCCINATE	50 MG	1 TAB	
252	TAB. METRONIDAZOLE	400 MG	1 TAB	
253	TAB. MTP KIT (MISOPRASTOL+ MIFEPRISTONE)	200 + 200	1 TAB	
254	TAB. NICORANDIL	5 MG	1 TAB	
255	TAB. NIFEDIPINE	20 MG	1 TAB	
256	TAB. NITRAZEPAM	5 MG	1 TAB	
257	TAB. NORTHISTERON (PRIMOLUT N)	5 MG	1 TAB	
258	TAB. OLANZAPINE	5 MG	1 TAB	
259	TAB. ONDANSETRON	4 MG	1 TAB	
260	TAB. OSELTAMIVIR PHOSPHATE	75 MG	1 TAB	
261	TAB. OXCARBAZEPINE	300 MG	1 TAB	
262	TAB. PANTOPRAZOLE	40 MG	1 TAB	
263	TAB. PARACETAMOL	500 MG	1 TAB	
264	TAB. PHENOBARBITONE	30 MG	1 TAB	
265	TAB. PHENOBARBITONE	60 MG	1 TAB	
266	TAB. PHENYTOIN SODIUM	100 MG	1 TAB	
267	TAB. PREDNISOLONE	10 MG	1 TAB	
268	TAB. PRIMAQUINE PHOSPHATE	7.5 MG	1 TAB	
269	TAB. QUETIAPINE	50 MG	1 TAB	
270	TAB. RESPERIDONE	2 MG	1 TAB	
271	TAB. SERTRALINE	50 MG	1 TAB	
272	TAB. SITAGLIPTIN PHOSPHATE	100 MG	1 TAB	
273	TAB. SODIUM BICARBONATE	500 MG	1 TAB	
274	TAB. SODIUM VALPORATE	200 MG	1 TAB	
275	TAB. SODIUM VALPROATE & VALPROIC ACID CR	300 MG	1 TAB	
276	TAB. SODIUM VALPROATE & VALPROIC ACID CR	500 MG	1 TAB	
277	TAB. TAMSULOSIN + DUTOSTERIDE	0.4 MG+0.5 MG	1 TAB	
278	TAB. TAMSULOSIN HCL	0.4 MG	1 TAB	
279	TAB. TELMISARTAN	40 MG	1 TAB	
280	TAB. THIAMINE	100 MG	1 TAB	
281	TAB. THYROXINE SODIUM	25 MG	1 TAB	
282	TAB. TRANEXAMIC ACID	500 MG	1 TAB	
283	TAB. TRIFLUOPERAZINE HCL + TRIHEXYPHENIDYL	5 + 2 MG	1 TAB	
284	TAB. TRIHEXYPHENIDYL HCL	2 MG	1 TAB	
285	TAB. TRYPSIN + CHYMOTRYPSIN	5.575 MG	1 TAB	
286	TAB. VITAMIN B COMPLEX	1 TAB	1 TAB	
287	TAB. VOGLIBOSE	0.2 MG	1 TAB	
288	TAB. ZINC SULPHATE	20 MG	1 TAB	
289	TINCTURE BENZOIN	500 ML	1 BOTTLE	
290	TURPENTINE OIL	500 ML	1 BOTTLE	
291	VITAMIN D3 ORAL DROP	30 ML	1 BOTTLE	