

GOVERNMENT OF MAHARASHTRA
Office of the Civil Surgeon, District Hospital Jalna
In front of Collector Office
Jalna Pin Code -431203.

Quotation Notice Year - 2024-25

Rates for NABL Testing of drugs & Consumables

Notice No.01/Med Store/2024-25/ 27655 Date - 16 /12/2024

Civil Surgeon Jalna is inviting quotations from NABL Approved Laboratories for the testing of " **Drugs & Consumable (Finished product) – content uniformity strength as per standard by respective pharmacopeia** "

- ❖ **Last Date for Submission 24 /12/2024, at 15.00hr (3.00pm)**
- ❖ **List of Drugs & Consumables for Testing is at quotation format attached herewith.**
- ❖ **Interested eligible laboratories, please Submit sealed original quotation with required documents.**
 - 1 Quotation – Rate Offer for testing of drugs for each Batch (Finished product)
 - 2 List of Sampling criteria & Quantity required for testing drugs, required Testing period (days) and expected period for to issue reports.
 - 3 Valid NABL Certificate with List of scope of work.
 - 4 FDA Registration Certificate
 - 5 Valid Shop & establishment License or MSME/Udyog Aadhar.
 - 6 GST registration Certificate, latest GST Paid challan.
 - 7 PAN Card
 - 8 Details of Bank account.
 - 9 निविदाकाराचे हमीपत्र (Format Given)

Terms Condition:-

- Rate - Inclusive of all taxes (GST, IT) & levies for each Drugs.
- After testing soft copy of report should be submit on email to this office immediately and hard copy should be submit through courier (No charges will paid by this office) must reach within 2 days to this office.
- The payment will be made by Civil Surgeon, District Hospital Jalna , after receiving the NABL test report and submission of three copy of invoice Bill .

Note: - There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.

The under signed authority has been reserved the right, to increase or decrease in the Items quantity to be tested and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.


(Dr. R. S. Patil)

Civil Surgeon
District Hospital Jalna

To be submitted on Original Letter head/pad

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भाग III /उद्योग-४, दि.१ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही-----

या हमीपत्राव्दारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक .
स्थळ .

दरपत्रक सादर करणाऱ्याची स्वाक्षरी
Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	

Above information is correct as per our record.

Date:

Seal:

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Format For Quotation

(Bidder should Submit Sealed quotation on her/his own letter pad)

Date-

To,

Civil Surgeon,
District Hospital, Jalna .

Sub :- Submission of Quotations .

(Rates for testing drugs & Consumables –finished products)

Ref :- Your Office Notice 01 /2024-25, Dated /12/2024.

Respected Sir,

As per above reference, I/we (NABL Approved Laboratory Name).....are interested to testing the drugs & consumables for following. Herewith submitting Information regarding testing rates (Rs), quantity required for test, expected period required for test & to issue report.

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
1	Inj. Lignocaine HCl I.P 2 % 30 ml Vial				
2	Inj. Topical Lignocaine (Xylocaine) 4 % 30 ml Vial				
3	Inj. Lignocaine with Adrenaline 20 mg + 0.01 mg 30 ml Vial				
4	Inj. Bupivacaine Hydrochloride 0.5% 10 ml Vial				
5	Inj. Bupivacaine Heavy mixed with glucose solution 0.5% + 7.5% 4 ml Amp				
6	Inj. Thiopentone Sodium 1000 mg powder Vial				
7	Inj. Ketamine Hydrochloride 50 mg /ml 10 ml Vial				
8	Inj. Propofol 1 % (10 mg) 20 ml Vial				
9	Inj. Propofol 2% (10 mg) 10 ml Vial				
10	Inj. Glycopyrolate 0.2 mg/ml 1 ml Amp				
11	Inj. Mephenteramine Sulphate 30mg/ml 10ml Vial				
12	Inj. Adrenaline 1 mg/ ml 1 ml Amp				
13	Inj. Pheniramine Maleate 22.75mg/ ml 2 ml Amp				
14	Inj Cyanocobalamine 1000 mcg/ml 10 ml Vial				
15	Inj. Nitroglycerine 5 mg 5 ml Amp				
16	Inj. Atropine 0.6 mg/ml 1 ml Amp.				
17	Inj. Amoxicillin + Clavulanic Acid 500 mg + 100 mg Vial				
18	Inj. Amoxicillin + Clavulanic Acid 1000 mg + 200 mg Vial				
19	Inj. Ceftriaxone 500 mg Vial				
20	Inj. Ceftriaxone 1 gm Vial				
21	Inj. Cefotaxime 250 mg Vial				
22	Inj. Cefotaxime 500 mg Vial				
23	Inj. Cefotaxime 1 gm Vial				
24	Inj. Meropenam 1 gm Vial				
25	Inj. Gentamycine 40 mg/ml 2 ml Amp.				
26	Inj. Amikacin 100 mg 2 ml				
27	Inj. Amikacin 250 mg 2 ml				
28	Inj. Amikacin 500 mg 2 ml				

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
29	I.V. Inj. Ciprofloxacin 200 mg 100 ml Bottle				
30	Inj. Linezolid 100 mg/ml 100 ml				
31	I.V. Inj. Metronidazole 500 mg 100 ml Bottle				
32	Inj. Cefoperazone and Sulbactam for 1 gm + 1 gm Vial				
33	Inj. Heparin sodium 5000 IU/ml - 5 ml vial				
34	Inj. Low molecular weight heparin (Parnaparin) 0.6 IU PFS				
35	Inj. Pralidoxime chloride 500 mg (PAM) 20 ml Amp				
36	Inj. Pralidoxime chloride 1 gm (PAM) 20 ml Vial				
37	Inj. N- acetylcysteine 200 mg/2ml Amp.				
38	Inj. Ondansetron 2 mg/ml 2 ml Amp				
39	Inj. Promethazine 25 mg/ml 2 ml Amp .				
40	Inj. Levetiracetam 500mg 5 ml Vial				
41	Inj. Phenytoin 50 mg/ml 2 ml Amp.				
42	Inj. Frusemide 10 mg/ml 2 ml Amp.				
43	Inj. Artesunate 60 mg Vial				
44	Inj. Pantoprazole 40 mg / ml 10 ml Vial				
45	Inj. Paracetamol IV 1gm, 100ml				
46	Inj. Drotaverine 40mg, 2ml				
47	Inj. Dicyclomine Hydrochloride 10 mg/ml 2 ml				
48	Inj. Neostigmine 0.5 mg / ml 1 ml Amp				
49	Inj. Tranexemic Acid 500mg / 5 ml				
50	Inj. Ethamsylate 125 mg/ml 2 ml				
51	Inj. Phytomenadion (Vitamin K)1mg/1 ml ampoule				
52	Inj. Dopamine 40 mg/ml 5 ml				
53	Inj. Dobutamine 50mg/ml-5ml Ampoule (i.e.250mg)				
54	Inj. Insulin Soluble plain (Human) 40 IU/ml 10 ml Vial				
55	Inj. Premix Insulin 30:70 10 ml Vial				
56	Inj. Suxamethonium Hydrochloride 50 mg 10 ml Vial				
57	Inj. Vecuronium Bromide 4 mg 2 ml Amp				
58	Inj. Paracetamol 150 mg/ml 2 ml Amp				
59	Inj. Diclofenac Sodium 25 mg/ml 3 ml Amp				
60	Inj. Diclofenac sodium 75 mg/ml Pack size - 1 ml I V Bolus Injection				
61	Inj. Calcium Gluconate 100 mg/ml 10 ml				
62	Inj. Iron Sucrose 50 mg in 2.5ml Amp (Parenteral Iron)				
63	Inj. Anti-D Immunoglobulin Mono/Polyclonal 300 mcg PFS				
64	Inj. Magnesium sulphate 50 % w/v - 2 ml				
65	Inj. Methyl Ergometrine 0.2 mg/ml 1 ml				
66	Inj. Oxytocin 5 IU 1 ml				
67	Inj. Carboprost 250 mcg /1 ml				
68	Inj. Tramadol 50 mg 2 ml Amp				
69	Inj. Pentazocine 30 mg/ 1 ml Amp				
70	Inj. Human Albumin 20% (Low Salt) 50 ml bottle				
71	Inj. Hydroxyethyl Starch (Hetastarch) 6 % 500 ml Bottle				
72	Inj. Midazolam 1 mg / ml 10 ml				
73	Inj. Diazepam 5 mg 2 ml Amp				
74	Inj. Etophylin + Theophylline 169.4 mg + 50.6 mg 2 ml				
75	Inj. Aminophylline 25 mg/ml 10 ml				
76	Inj. Antisnake Venom Serum 10 ml Vial				
77	Inj. Rabies immunoglobulin - Anti Rabies Serum 5 ml				
78	Inj. I.V. Sodium Chloride - Normal Saline 0.9% 100ml bottle				

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
79	I.V. Sodium Chloride (Normal saline) 0.9% 500 ml Bottle				
80	I.V. Dextrose 5 % 500 ml Bottle				
81	I.V. Dextrose 10 % 500 ml Bottle				
82	I.V. Dextrose 25 % 100 ml bottle				
83	I.V. Dextrose with Normal Saline 5% 500 ml Bottle				
84	I.V. Ringer Lactate 500 ml Bottle				
85	Injection Multiple Electrolytes and Dextrose Type I IP for Pediatric use 500 ml Bottle				
86	Inj. Mannitol 100 ml bottle				
87	Inj. Hepatitis B Immunoglobulin 100 i. u.				
88	Inj. Atracurium Besylate 10 mg 2.5 ml				
89	Water for injection 5 ml				
90	Water for injection 10 ml				
91	Inj. Sodium bicarbonate 7.5 % 10 ml				
92	Inj. Methyl Prednisolone 40 mg/ml 1 ml				
93	Inj. Hydrocortisone Sodium Succinate 100 mg Vial				
94	Inj. Dexamethasone 4 mg 2 ml				
95	Inj. Piperacillin+Tazobactam 4.5mg Vial				
96	Inj. Streptokinase 15 Lac IU Vial				
97	Inj. Anti Rabies Vaccine ID (Human Tissue culture) 1 ml				
98	Inj. Anti Rabies Vaccine IM (Human Tissue culture) 0.5 ml				
99	Inj. Tetanus Toxoid 40 Adsorbed 41 I.P.				
100	Inj. Noradrenaline 2 mg/ml 2 ml				
101	Inj. B complex 10 ml vial				
102	Inj. Ferric Carboxy Maltose 500mg/10 ML Vial				
103	Inj. Caffeine Citrate 20mg / ml				
104	Anti Hemophilic Factor VIII with Wille brands Factor 250 IU				
105	Recombinant Factor VIII 500 IU				
106	Recombinant Factor VIII 250 IU				
107	Cap. Amoxicillin Trihydrate 250 mg				
108	Cap. Amoxicillin Trihydrate 500 mg				
109	Cap. Doxycycline 100 mg				
110	Cap Itraconazole 100 mg				
111	Cap. Omeprazole 20 mg				
112	Tab. Cetrizine Hydrochloride 10 mg				
113	Tab. Chlorpheniramine Maleate 4 mg				
114	Tab. Levocetizine Dihydrochloride 5 mg				
115	Tab. Levocetizine Dihydrochloride 10 mg				
116	Tab Folic acid 5 mg				
117	Tablet Iron + Folic Acid (100 mg + 0.5 mg) (WIFS)				
118	Tablet IFA (Iron 60mg + Folic Acid 500mcg)				
119	Tablet Iron 45 mg + Folic Acid 400 mcg Sugar Coated (Junior)				
120	Tab Isosorbide Dinitrate 5 mg				
121	Tab Isosorbide Dinitrate 10 mg				
122	Tab. Amoxicillin + Clavulanic acid 500 mg +125 mg				
123	Tab. Amoxicillin + Clavulanic acid 250 mg + 125 mg				
124	Tab. Cefixime 200 mg				
125	Tab. Ciprofloxacin 250 mg				
126	Tab. Ciprofloxacin 500 mg				
127	Tab. Azithromycin 250 mg				
128	Tab. Azithromycin 500 mg				

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
129	Tab. Ofloxacin 200 mg				
130	Tab. Metronidazole 200 mg				
131	Tab. Metronidazole 400 mg				
132	Tab. Norfloxacin 400 mg				
133	Tab. Metformin 500 mg				
134	Tab. Glimiperide 2 mg				
135	Tab. Glimiperide 1mg				
136	Tab. Metformin SR 500mg				
137	Tab. Zinc sulphate DT 20 mg				
138	Tab. Furazolidone 100 mg				
139	Tab. Domperidone Mouth Dissolving 10 mg				
140	Tab. Ondansetron 4 mg				
141	Tab. Sodium Valporate 500mg				
142	Tab. Phenobarbitone 60 mg				
143	Tab. Phenytoin Sodium 100 mg				
144	Tab. Sodium Valporate 200 mg				
145	Tab. Levetiracetam 250 mg				
146	Tab. Lorazepam 2 mg				
147	Tab. Clobazam 10 mg				
148	Tab. Clotrimazole vaginal Pessaries with applicator 100 mg				
149	Tab. Flucanazole 150 mg				
150	Tab. Albendazole 400 mg				
151	Tab Telmistrain 80mg				
152	Tab. Telmisartan 40mg				
153	Tab. Amlodepine 5 mg				
154	Tab. Metoprolol 50 mg				
155	Tab. Atenelol 50 mg 14 Tab				
156	Tab. Frusemide 40 mg				
157	Tab. Seratiopeptidase 10mg				
158	Tab. Chloroquine base 250 mg				
159	Tab. Trihexyphenidyl Hydrochloride 2 mg				
160	Tab. Pantoprazole 40 mg				
161	Tab. Acetyl Salicylic Acid 75 mg				
162	Tab. Clopidogrel 75 mg				
163	Tab. Escitalopram 10 mg				
164	Tab. Clonazepam 0.5 mg				
165	Tab. Clonazepam 2 mg				
166	Tab. Amitryptillin Hydrochloride 25 mg				
167	Cap. Fluoxetine 20 mg				
168	Tab. Imipramine 25 mg				
169	Tab. Sertraline 50 mg				
170	Tab. Divalproex Sodium 500 mg				
171	Tab. Lithium Carbonate 300 mg				
172	Tab. Haloperidol 5 mg				
173	Tab. Donepezil 5 mg				
174	Tab. Olanzapine 5 mg				
175	Tab. Olanzapine 10 mg				
176	Tab. Risperidone 2 mg				
177	Tab. Trifluoperazine + Trihexyphenidyl 5 mg + 2 mg				
178	Tab. Dicyclomine Hydrochloride 10 mg				
179	Tab. Tranexemic Acid 500 mg				
180	Tab. Ethamsylate 250 mg				

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
181	Tablet Thyroxine Sodium IP 50 mcg				
182	Tab. Thyroxine Sodium 0.1 mg				
183	Tab. Atorvastatin 10 mg				
184	Tab. Thiocolchicoid 4 mg				
185	Tab .Paracetamol 500 mg				
186	Tab. Diclofenac Sodium 50 mg				
187	Tab.Calcium Carbonate + vit D3 1.25 gm				
188	Tab.Isoxsuprine 10 mg				
189	Tab.Misoprostol 200 mcg				
190	Tab. Doxylamine succinate				
191	Tab. Diazepam 5 mg				
192	Tab. Etophylin + Theophyllin SR 231 mg + 69 mg				
193	Tab. Salbutamol 4 mg				
194	Tab. Prednisolone 5 mg				
195	Tab. Prednisolone 10 mg				
196	Tab. Vitamine B Complex N F I				
197	Tab. Ascorbic acid (Vitamin C) 500 mg				
198	Tab. Trypsin + Chemotrypsin 1 Lac IU				

Note :- Above quoted rates are inclusive of all Taxes.

Certificate

I under signed hereby certified that, above rates are required to perform the test required as per Pharmacopeia and as per SOP of NABL. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

I will submit all report immediately to Civil Surgeon, District Hospital Jalna (MS).

**Sign & Stamp Of Bidder
NABL Approved
Laboratory**