

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH
OFFICER, DEOGARH**

TENDER CALL NOTICE

No. 4290 /C.S Dt. 29.10.2022

Sealed tenders are invited from registered firms / dealers / agencies for supply of Drugs, consumables, Laboratory reagent & BCL Items for Deogarh District for the year 2022-23. The details, Term & condition Guideline etc. including tender paper format can be downloaded from the district web site www.deogarh.nic.in or collected from Central Store, D.H.H., Deogarh in official working hour by depositing tender paper cost of Rs.2,000/- (non-refundable) in shape of D.D. in favour of R.K.S., DHH, Deogarh payable at SBI, Deogarh .The tenders in the prescribed format along with all relevant documents should reach the office of the undersigned by 19.11.2022, 5:00PM through Regd. Post / Speed Post / Courier only and the same will be opened on 21.11.2022 at 04:00 P.M. The undersigned reserves the right to accept or reject any or all tenders without assigning any reason thereof.

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Deogarh.**

Handwritten signature and date: 29/11/22

**TENDER DOCUMENT FOR SUPPLY OF DRUGS,
CONSUMABLES, LABORATORY REAGENT, CHEMICALS
& BCL ITEMS FOR THE YEAR 2022-23**

**CHIEF DISTRICT MEDICAL&PUBLIC HEALTH OFFICER, DEOGARH
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)**

Bid Reference No. 4290 Dated 29.10.2022/CDM&PHO/Deogarh/2022-23

DATE OF COMMENCEMENT OF THE BID DOCUMENT: 30.10.2022

LAST DATE & TIME OF RECEIPT OF BID DOCUMENT : 19/11/2022 up to 5 P.M

DATE & TIME OF OPENING OF COVER-A (Technical Bid) : 21/11/2022 at 04 P.M

DATE OF OPENING OF COVER-B (Price Bid): Will be intimated later on after 21.11.2022.

PLACE OF OPENING OF BID DOCUMENTS: Office Chamber, CDM &PHO, DEOGARH

ADDRESS FOR COMMUNICATION: Chief District Medical & Public Health Officer
O/o Chief District Medical & Public Health Officer
Deogarh-768108
Tel: **06641-226428** e-mail: cdmodeogarh@gmail.com


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SECTION -I

TERMS AND CONDITIONS FOR SUPPLY OF DRUGS, CONSUMABLES, LABORATORY REAGENT, CHEMICALS & BCL ITEMS UNDER CDM & PHO, DEOGARH FOR A PERIOD OF ONE YEAR

1. Sealed tenders for PURCHASE OF DRUGS, CONSUMABLES AND OTHER REQUIREMENTS should reach at O/o The Chief District Medical & Public Health Officer, Deogarh latest by dated 19/11/2022 up to 5.00 PM. Any tender received after the due date & time will be rejected / returned to the bidder unopened. **The tenders will be received through Regd. Post / Speed Post/ Courier only. The bidder(s) are to submit their tenders in separate sealed covered envelopes for technical bid and price bid by super scribing Cover "A" (Technical Bid) & Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover, which should be super-scribed as "TENDER FOR SUPPLY OF DRUGS, CNSUMABLES, LABORATORY REAGENT, CHEMICALS & BCL ITEMS UNDER CDM & PHO, DEOGARH".**
2. The Sealed tenders "Cover A" (Technical Bid) submitted by the bidders will be opened by the C.D.M.&P.H.O., Deogarh in the office chamber of the C.D.M.&P.H.O., Deogarh at 04 P.M. on dated 21.11.2022. The bidders or their duly authorized representatives are allowed to be present during opening of the tenders if they so like.
3. Valid manufacturing license of the manufacturer or duly acknowledge renewal application with old license issued by the state licensing authority/central licensing approving authority.
4. Manufacture shall have valid GMP/ISO/BIS Certificate.
5. Proof of annual turnover of the Manufacturing Firm/Authorized Distributer/Supplier of Rs.3Crore or more in each three (3) financial years. i.e. 2018-19, 2019-20 & 2020-21.
6. Bidder must be registered under GST Act.
7. Bidder/Manufacturer/Supplier unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender.
8. End user certificate of three different districts consequently supported by 10 (Ten) work order copies in each year during last 3 years 2018-19, 2019-20 & 2020-21.
9. Cover -B (Price Bid) will be opened only of the bidders those who qualify in Technical Bid (cover-A).
10. The price of the items should be quoted inclusive FOR destination. The GST/ VAT and entry tax charges (if any) should be quoted in a separate column. The rate should be quoted for *each item* both in figures and words. **In case of difference in words and figures, words will be taken into consideration for evaluation.**
11. An amount of **Rs.2,000/- (Rupees Two Thousand)** only towards **tender document cost** is to be deposited in shape of Demand Draft in favour of RKS, DHH, DEOGARH from any nationalised bank payable at Deogarh which is Non-Refundable.
12. An amount of **Rs.20,000/- (Rupees Twenty Thousand)** (refundable) only towards EMD money is to be deposited in shape of Demand Draft in favour of RKS, DHH, DEOGARH from any nationalised bank payable at Deogarh which will be kept as


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- security money for successful bidders and will be refunded after completions of the Tender validity period.
13. All documents should be typewritten or computerized and any correction in the tender should invariably be attested with signature by the tenderer with date before submission, failing which the tender will not be eligible for further consideration. Rates inclusive F.O.R. destination (*door delivery basis*). The rates quoted should be in **Indian Rupees only**.
 14. In the event of the date being declared as a holiday by Govt. of Odisha, the due date of submission of bids and opening of bids will be the following working day at the declared place & time.
 15. To ensure sustained supply without any interruption the tender inviting authority reserves the right to split orders for supplying the requirements among more than one tenderer if the lowest eligible bidder fails to supply in scheduled time and L₂ & L₃ firms agrees to supply matching with the L₁ rate.
 16. No tenderer shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error / typographical error, etc. committed by the bidders in the tender forms shall not be considered after opening of tenders.
 17. If at any time during the period of contract, the price of tendered item is reduced or brought down by any law or act of the Central or State Government or the tenderer, the tenderer shall be morally and statutorily bound to inform the CDM & PHO, Deogarh immediately about such reduction in the contracted price. The CDM & PHO, Deogarh, Odisha is empowered to unilaterally effect such reduction in rate in case the tenderer fails to notify or fails to agree for such reduction of rate.
 18. Approved rate with terms, conditions & the quoted price of the tender shall remain valid for a period of 12 months from the date of approval of the Comparative Statement.
 19. If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage, the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm.
 20. Both Cover-A and Cover-B should have an **index and page number** of all the documents to be submitted inside that cover.
 21. In the event of any dispute arising out of the tender, such disputes would be subject to the jurisdiction of the Civil Court Dist. Deogarh or Odisha High Court.
 22. The CDM & PHO, Deogarh, Odisha reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
 23. The CDM & PHO, Deogarh Odisha will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
 24. The supply should be completed within 15 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 30 days or 45 days with liquidated damage from the date of issue of the purchase orders from the CDM & PHO, Deogarh such orders will stand cancelled automatically without further notice. The approved firm shall also suffer forfeiture of the EMD.
 25. If the approved supplier fails to execute the supply within the stipulated time, the CDM & PHO, Deogarh is empowered to purchase the same items from L₂ or L₃ tenderer if they match the L₁ rate.


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26. The supplier submits the testing report at the time of supply of medicines.
27. The supply of items shall be made immediately according to the volume after place of supply order from CDM & PHO, Deogarh and submit the bill for payment at the approved rate. The transportation of items is the sole responsibility of the supplier on door delivery basis.
28. Under no circumstances the supplier shall appoint any sub-contractor or sub-lease the contract. If found violated, the security deposit will be forfeited.
29. **Sample of BCL & consumable items shall be submitted at the time of opening of price bid, otherwise the rate quoted shall be disqualified.**
30. **All the documents submitted by the bidders in Cover –A & cover-B should be self-attested with their seal.**

LIQUIDATED DAMAGE:

1. The CDM & PHO, Deogarh may allow extension for a maximum period of 2 (two) weeks (15 days), after the stipulated date of supply (i.e. 15 days) with a penalty of 0.5% which will be deducted from the purchase order value as "Liquidated Damage", for each week (7 days) up to a maximum 2% on the value of the goods.
2. If the supplier fails to complete the supply within the extended period, i.e. 30 days after being allowed by the CDM & PHO, Deogarh and no further purchase order will be placed to the firm for the said item.

TERMS OF PAYMENT:

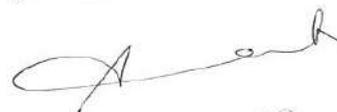
1. No advance payments towards items shall be made to the qualified Bidders.
2. No claims shall be made against the CDM & PHO, Deogarh, Odisha in respect of interest on security deposit or any delayed payment.
3. Payments in shape of Draft or e-payment / on-line transfer or may be handed over to the authorized person of the supplier.


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SECTION –II

Documents is to be submitted in technical bid (cover-A)

1. Checklist with detail of the documents enclosed in **Cover "A"** with page number. The document should be *serially arranged* as per **Annexure-1** should be securely tied and bound.
2. List of items quoted with name of the manufacturers & Suppliers (**Annexure-2**)
3. Tender document & processing fee of Rs.2, 000/- in shape of Demand Draft.
4. Earnest Money Deposit of Rs 20,000/- in shape of Demand Draft.
5. Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor/Suppliers (**Annexure - III**).
6. The declaration form in **Annexure - IV** duly signed by the tenderer before Notary Public / Executive Magistrate.
7. Original in sign Manufacturer's Authorization Format .(**Annexure- V**)
8. Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure –VI**) that the annual turnover of the manufacturing firm/bidder/supplier /distributor is Rs.3 Crores or more in each three (3) financial years. i.e 2018-19,2019-20 & 2020-21.
9. End user certificate of three (3) different districts consequently supported by 5 (Five) Purchase order copies of each year for last 3 years i.e. 2018-19, 2019-20 & 2020-21. (All the End user & work order copies will be crosschecked from concern authority through phone or mail at the time of opening of bid and if found any false document his EMD money will be forfeited without assigning any reasons thereof and his bid will be cancelled).The copy of Purchase orders and certificates from the end users should be furnished in support of the information provided in the performance statement (**Annexure - VII**).
10. Copy of ISO/BIS and any other certificates in case of supplier.
11. Copy of Valid GMP /ISO and any other Certificate in case of manufacturer.
12. Copy of Valid Manufacturing License of the manufacturer for each quoted product by the drug licensing authority.
13. Copy of GST Registration Certificate.
14. Copy of valid PAN card.
15. Copy of valid Drug License.
16. Copy of Income Tax Return for last 3 assessment years i.e. 2019-20, 2020-21 & 2021-22
17. Copy of Audit reports for last three financial years i.e. 2018-19, 2019-20 & 2020-21.
18. The Original Tender Book with conditions and the schedules to be signed by the tenderer at the bottom of each page with his official seal duly affixed.


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SECTION -III
ANNEXURES

ANNEXURE -I

(Refer Clause No. 3.1)

CHECK LIST

(To be submitted in Technical Bid)

Note: The documents have to be arranged serially as per the order mentioned in the check list. Please put the Page No. & ✓ in the respective box for DOCUMENTS SUBMITTED OR NOT

COVER – A (TECHNICAL BID)

- | | | | | | | |
|---|---------|--|-----|--|----|--|
| 1. List of Item (s) – Annexure II | Page No | | Yes | | No | |
| 2. Tender document Fee | Page No | | Yes | | No | |
| 3. Earnest Money Deposit | Page No | | Yes | | No | |
| 4. Details of Manufacturing Unit/
Contact person/Liasoning agent (Annexure III) | Page No | | Yes | | No | |
| 5. Declaration form (Annexure -IV) signed by Tenderer &
the affidavit before Notary Public / Executive
Magistrate | Page No | | Yes | | No | |
| 6. Signed Manufacturer's Authorization in original | Page No | | Yes | | No | |
| 7. Proof of Annual turnover of Rs.3Crore
or more in each preceding 3 financial years
2018-19, 2019-20 & 2020-21 (Annexure - VI) | Page No | | Yes | | No | |
| 8. Performance Statement (Item Wise) during the
Preceding 3 financial years 2018-19, 2019-20 &
2020-21 (Annexure -VII) | Page No | | Yes | | No | |
| 9. Copy of valid ISO/BIS Certificate (supplier) | Page No | | Yes | | No | |



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10. Copy of valid GMP/ISO Certificate (manufacturer)

Page No		Yes		No	
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11. Copy of Manufacturing License

Page No		Yes		No	
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12. Copy of GST Regd. Certificate

Page No		Yes		No	
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13. Copy of PAN Card

Page No		Yes		No	
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14. Photo copy of Valid Drug licence

Page No		Yes		No	
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15. Copy of Income tax return of preceding 3 Assessment years 2019-20, 2020-21 & 2021-22

Page No.		Yes		No	
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16. Copy of Audit Report for last three financial years 2018-19, 2019-20 & 2020-21.

Page No.		Yes		No	
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17. Original Tender Book with Conditions and the schedules to be signed by the tenderer

Page No.		Yes		No	
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Signature of the Tenderer:

Date:

Official Seal:


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Annexure II
(To be submitted in Cover A -Technical Bid)

LIST OF ITEM(S) QUOTED

Sl. No.	Name of Item (s)	Specification	Name of Manufacturer	Remarks

Signature of the Tenderer:

Date:

Official Seal:



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ANNEXURE – III

(To be submitted in Cover A -Technical Bid)

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Office .
Name & Full Address		
Landline Telephone Nos.		
Mobile		
Fax		
E – Mail		

Signature of the Tenderer:

Date:

Official Seal:



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ANNEXURE – IV

(To be submitted in Cover A -Technical Bid)

DECLARATION FORM

I / Wehaving My / our
.....office at..... do
hereby declare that I / We have carefully read all the terms & conditions of tender of the
....., Orissa for the supply of medicines and consumables. The approved rate will
remain valid for a period of one year from the date of approval. I will abide with **all the terms &**
conditions set forth in the **Tender Reference no.**

I/We do hereby declare I/We have not been de-recognized / black listed by any State Govt. /
Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply of Not
of Standard Quality (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and
blacklist me/us for a period of 2 years if, any information furnished by us proved to be false at the
time of inspection / verification and not complying with the Tender terms & conditions.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary.



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ANNEXURE – V

(To be submitted in Cover A -Technical Bid)

MANUFACTURER'S AUTHORISATION FORMAT

To

The CDM&PHO, Deogarh,
Deptt.of Health & Family
Welfare Govt. of Orissa.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We, _____ are the manufacturers of
_____ (name of Medicines/ Medical consumables) having factories
at _____.

1. M/s _____ (name and address of the agent) is our authorized agent for sale and of _____ (name of Medicines/ Medical consumables).
2. We confirm that M/s _____ (name of the above agent) is authorized to submit a tender, and enter into a contract with for the above items manufactured by us.
3. We will provide test reports of supply items, if required by the purchaser.

Yours faithfully,

Seal

(Signature with date, name and designation)

For and on behalf of M/s _____
(Name & address of the manufacturers)

Note :

1. This letter should be on the **letterhead** of the **manufacturer** and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached with the technical bid.
3. Supplier/Distributor/Manufacturer must submit in sign original manufacturing authorization.


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(To be submitted in **Cover A -Technical Bid**)
ANNEXURE – VI
(To be furnished in the letter head of the Chartered Accountant)
ANNUAL TURN OVER STATEMENT

The Annual Turnover for products of M/s _____ who is a Manufacturer/Distributor/Supplier for the last 03 years are given below and certified that the statement is true and correct.

Sl. No.	Year	Turnover in Crores (Rs.)
1	2018-19	
2	2019-20	
3	2020-21	
<i>Average Annual Turnover</i> (for the above three years) in Crores (Rs.)		

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-
Registration No. of Firm

Note:

- a) To be issued in the **letter head** of the Auditor.
- b) **Separate certificates** should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers.



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ANNEXURE-VIII
(PRICE SCHEDULE)

Sl. No.	Name of the Items	Specification/ Strength	Name of the Mfd. firm	Unit Rate	GST/ VAT/ Entry tax if any	Total Price

Seal:

Signature of the bidder

Date :

Place:

Name of Manufacturer/Supplier/Distributor

Rates should be quoted both in figures & words and if there is any discrepancy, the quoted rates in words will be taken for evaluation.

N.B.:

1. All the rates need to be written in the final columns taking into account all the taxes for easier evaluation of price bid.

2 It is being informed to all the bidders those who are applying the tender, if any document is found incorrect (End user, order copy, drug license, manufacturing authorization etc.) during the opening of technical bid or after, that his bid will be cancelled and his EMD money will be forfeited without any discussion with the bidder. All the documents may be crosschecked with the authority of other district through phone or e-mail for confirmation during the opening of technical bid.



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Drugs, Consumables & Laboratory Reagents of Deogarh District F.Y 2022-23

Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	Inj. Adrenallin	1 ml	Amp				
2	Inj. Acyclovir	500 mg	Vial				
3	Inj. Ampicillin+Cloxacilin	250 mg	Per vial				
4	Inj. Ampicillin+Cloxacilin	500 mg	Per vial				
5	Inj. Ampicillin+Cloxacilin	1 gm	per vial				
6	Inj. Artisunate	60 mg	Vial				
7	Inj. Artether	2ml	Amp				
8	Inj. Amikacin	100 mg	Vial				
9	Inj. Amikacin	500 mg	Vial				
10	Inj. Amikacin	250 mg	Vial				
11	Inj. Ampicillin	100 mg	Vial				
12	Inj. Ampicillin	250 mg	Vial				
13	Inj. Ampicillin	500 mg	Vial				
14	Inj. Ampicillin	1gm	Vial				
15	Inj. Aminophyllin	10ml	Amp				
16	Inj. ASV	10 ml	Vial				
17	Inj. ARV	10 ml	Vial				
18	Inj. Atropine	0.5 ml	Amp				
19	Inj. Anti-D	2 ml	Vial				
20	Inj. B1, B6, B12	3 ml.	Amp				
21	Inj. Betamethasone	2 ml	Amp				
22	Inj. Bupivacine heavy	4 ml	Amp				
23	Inj. Bupivacine plain	10 ml	Vial				
24	Inj. Botropase	2 ml	Amp				
25	Inj. Cefotaxim	125 mg	per vial				
26	Inj. Cefotaxim	250 mg	per vial				
27	Inj. Cefotaxim	500 mg.	per vial				
28	Inj. Cefotaxim	1 gm	per vial				
29	Inj. Cefotaxim+ Sulbactum	1.5gm	per vial				
30	Inj. Ceftriaxone	125 mg	Vial				
31	Inj. Ceftriaxone	250 mg	Vial				
32	Inj. Ceftriaxone	500 mg	Vial				
33	Inj. Ceftriaxone	1 gm	Vial				
34	Inj. Ceftriaxone+salbactum	1.5 gm	Vial				
35	Inj. Ceftriaxone+ Tazobactum	1.5 gm	Vial				
36	Inj. Carboprost	1 ml	Amp				
37	Inj. Calcium Gluconate	10 ml	Amp				
38	Inj. Ciprofloxacin I.V.	100 ml	per bot				
39	Inj. Caffine Citrate	10 ml	Vial				
40	Inj. Cefipime	500 mg	Vial				
41	Inj. Cefipime	1 gm	Vial				
42	Inj. Cefoperazone + Sulbactum	1.5 gm	Vial				
43	Inj. Dicyclomine	2 ml	Per amp				
44	Inj. Dexamethasone	2 ml	Per amp				
45	Inj. Dextrose 10%	500 ml	bott				
46	Inj. Dextrose 5%	500 ml	Bott				
47	Inj. DNS	500 ml	Bott				
48	Inj. Dextrose 25%	25 ml	Amp				
49	Inj. Diclofenac	3 ml.	Per Amp.				
50	Inj. Dopamine	5 ml	Amp				
51	Inj. Dobutamine	2 ml	Amp				
52	Inj. Diazepam	2 ml	Amp				
53	Inj. Drotavarin	2 ml	Amp				
54	Inj. Ephedrine Hydrochloride	2 ml	Amp				
55	Inj. Ethamsylate	2 ml	Amp				
56	Inj. Etophylline+ Theophylline	2 ml	Amp				
57	Inj. Frusemide	2 ml	Amp				
58	Inj. Gentamicin	80 mg	Vial				
59	Inj. Gentamicin	20 mg	Vial				
60	Inj. Haloperidol	1 ml	Amp				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	2	3	4				
61	Inj. Hyoscimine Hydrochloride	2 ml	Amp				
62	Inj. Hydroxyprogesteron	2 ml	Amp				
63	Inj. Hydrocortisone	100mg	Vial				
64	Inj. Hydrocortisone	200mg	Vial				
65	Inj. Isoxsuprine Hydrochloride (Duvadilon)	2 ml	Amp				
66	Inj. Ironsucrose	10 ml	Amp				
67	Inj. Isoprenaline	2 mg	Amp				
68	Inj. Keterolac	1 ml	Amp				
69	Inj Ketamine	10 ml	Vial				
70	Inj Labtalol	4ml	Amp				
71	Inj. Lorazapam	2 ml	Amp				
72	Inj. Magnesium Sulphate	2 ml	Amp				
73	Inj. Medazolam	2 ml	Amp				
74	Inj. Mephentamine	2ml	Amp				
75	Inj. Metochlorpropamide	2 ml	Amp				
76	Inj Mephentamine	10 ml	Vial				
77	Inj. Methyl Ergometrine	2 ml	Amp				
78	Inj. Methyl Cobalamine	2ml	Amp				
79	Inj. Metron I.V.	100 ml	per bot				
80	Inj. MVI	10 ml	Amp				
81	Inj. Netromycin (20)		Amp				
82	Inj. Neostigmine	1 ml	Amp				
83	Inj. 3 % Normal saline	100 ml	Bot				
84	Inj. Normal saline	500 ml	Bot				
85	Inj. Noradrenaline	1 ml	Amp				
86	Inj. Ondansetron	2 ml	Amp				
87	Inj. Oxytocin	1ml	Amp				
88	Inj. Ofloxacin IV	100 ml	Bot				
89	Inj Piroxicam	2 ml	Amp				
90	Inj. Pantoprazole	40 mg	Vial				
91	Inj. Paracetamol	2ml	Amp				
92	Inj. Paracetamol IV	100 ml	Vial				
93	Inj. Phenyton sodium	2ml	Amp				
94	Inj. Pheniramine maleate	2 ml	Amp				
95	Inj. Pentazocin	1 ml	Amp				
96	Inj. Piperacillin+Tazobactum (2.25mg)	2.25 gm	vial				
97	Inj. Piperacillin+Tazobactum	4.5 gm	Amp				
98	Inj. Piperacillin + Tazobactum	1.25 mg	Vial				
99	Inj. Pralidoxime Chloride(500mg)	10 ml	Amp				
100	Inj. Promethazine	2 ml	Amp				
101	Inj. Plasma Expander	500 ml	Bot				
102	Inj. Phytomenadyne	1 ml	Amp				
103	Inj Phenobarbitone	2 ml	Amp				
104	Inj. Quinine	2 ml	Amp				
105	Inj. Rabeprazole IV	10 ml	vial				
106	Inj. Ranitidine	2 ml	Amp				
107	Inj. Ringer's Lactate	500 ml	Bott				
108	Inj. Sodium Bicarbonate	10 ml	Amp				
109	Inj. Titanus Toxid	0.5 ml	Amp				
110	Inj. Tramadol	2 ml	Amp				
111	Inj. Tranexamic acid	10 ml	Amp				
112	Inj. Vit. K. (Phytomenadione)	2 ml	Amp				
113	Inj. Xylocaine 2%	30 ml	Vial				
114	Inj. Xylocain & Adrenaline	30 ml	Vial				
115	Tab Acelofenac	100 mg	10 tab				
116	Tab Acelofenac+Paracetamol	100+500 mg	10 tab				
117	Tab Alprazolam	0.25 mg	10 tab				
118	Tab Amlodipine	5 mg.	10 tab				
119	Tab Amlodipine AT	5+50mg	10 tab				
120	Tab Amoxycillin	250 mg	10 tab				
121	Tab Amoxycillin+Clauvonic acid	500 mg+ 125mg	10 tab				
122	Tab Albendazole	400 mg	1 tab				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	2	3	4				
123	Tab Anticold		10 tab				
124	Tab Atovastatin	40 mg	10 tab				
125	Tab Atovastatin	20 mg					
126	Tab Atovastatin	10 mg	10 tab				
127	Tab Atenolol	50 mg	14 tab				
128	Tab Azithromycin	500 mg.	3 tab				
129	Tab Azithromycin	250 mg.	6 tab				
130	Tab Aspirin	75 mg	10 tab				
131	Tab Aspirin	325 mg.	10 tab				
132	Tab Acyclovir	400 mg	10 tab				
133	Tab. Aspisol	150 mg.	10 Tab				
134	Tab. Azeinibipine	16 mg	10 Tab				
135	Tab. Baclopen	10 mg	10 Tab				
136	Tab Bisacodyl	5 mg	10 tab				
137	Tab Calcium+Vit D3		15 tab				
138	Tab Cefuroxime	250 mg.	10 tab				
139	Tab Cefuroxime	500 mg.	10 tab				
140	Tab Cefadroxil	500 mg.	10 tab				
141	Tab Cefadroxil	250 mg.	10 tab				
142	Tab Cefixime	200 mg	10 tab				
143	Tab Cefixime	100 mg	10 tab				
144	Tab Cefixime + Ofloxacin	200+200 mg	10 tab				
145	Tab Cefixime + Ornidazole	200+600 mg	10 tab				
146	Tab Cetrizine HCL	10 mg	10 tab				
147	Tab Cefodoxime	200mg	10 tab				
148	Tab Cefodoxime	100mg	10 tab				
149	Tab Cefodoxime+Clavonic acid		10 tab				
150	Tab. Cinnarazine	20 mg	10 Tab				
151	Tab Cinnarazine with domperidon		10 tab				
152	Tab Caborgolin	0.1 mg	2 tab				
153	Tab Chloroquine	250mg	10 tab				
154	Tab CPM	4 mg	10 tab				
155	Tab. Clonazepam	2 mg	10 Tab				
156	Tab Clopidogrel	75 mg	10 tab				
157	Tab. Carbimazol	50 mg	10 Tab				
158	Tab. Carvedilol Phosphate	10 mg	10 Tab				
159	Tab. Clonidine	100 mcg	10 Tab				
160	Tab Diazepam	5 mg	10 tab				
161	Tab Diclofenac Sodium	50 mg	10 tab				
162	Tab Dicyclomine	20 mg	10 tab				
163	Tab Domperidon	10 mg	10 tab				
164	Tab Diethyle Carbamizine Citrate	250 mg	10 tab				
165	Tab Doxylamine		10 tab				
166	Tab Doxophylin	400 mg	10 tab				
167	Tab Dicyclomine+Paracetamol	20+ 500mg	10 tab				
168	Tab Digoxin	0.5 mg	10 Tab				
169	Tab. Dutastribe	0.5 mg	10 Tab				
170	Tab Drotaverin	40 mg.	10 tab				
171	Tab Eterocoxib (90)	90 mg	10 tab				
172	Tab Ethamsylate	500 mg	10 tab				
173	Tab Enalapril	5 mg	10 tab				
174	Tab. Etophylin + Theophylin		10 tab				
175	Tab Enzyme		10 tab				
176	Tab. Escitalopram	10 mg	10 Tab				
177	Tab Fluconazole	50	1 tab				
178	Tab Fluconazole	150	1 tab				
179	Tab Folic acid	5 mg	10 tab				
180	Tab Formalin		100 tab				
181	Tab Frusimide	5 mg	15 tab				
182	Tab. Febuxostat	40 mg	10 Tab				
183	Tab Gardenol (Phenobarbitone)	150 mg.	10 tab				
184	Tab Glimipride	1 mg	10 tab				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
185	Tab Glimipride						
186	Tab. Glipizide	2 mg	10 tab				
187	Tab Hydrochlorthiazide	5 mg	10 tab				
188	Tab Haloperidol	12.5mg	10 tab				
189	Tab Ibufen	50 mg	10 tab				
190	Tab Ibufen	400mg	10 tab				
191	Tab Isoxsuprime	200mg	10 tab				
192	Tab Isosorbide Dinitrate	10 mg	10 tab				
193	Tab Isosorbide Monotrate	5 mg	10 tab				
194	Tab Isoprenaline	5 mg	10 tab				
195	Tab Ivermectin	20 mg	10 Tab				
196	Tab Ivermectin	12 mg	10 tab				
197	Tab Levocetizine	6 mg	10 tab				
198	Tab Losartin Potassium	5 mg	10 tab				
199	Tab Labetalol	50 mg	10 tab				
200	Tab. Lactobacillus	100 mg	10 tab				
201	Tab. Levofloxacin		10 Tab				
202	Tab Linozid	750 mg	10 Tab				
203	Tab. Levopiracetam	600 mg	10 tab				
204	Tab Misopristol	500 mg	10 Tab				
205	Tab Metformin	200 mg	10 tab				
206	Tab Metformin	500 mg	10 tab				
207	Tab Mefanamic acid + Paracetamol		10 tab				
208	Tab Metformin (500) + Glimepride -2 mg		10 tab				
209	Tab Metformin (500) + Glimepride-1mg		10 tab				
210	Tab Metformin (1000) + Glimepride-1mg		10 tab				
211	Tab Metformin (500) + Glimepride-2mg+Voglibase-0.2mg		10 tab				
212	Tab Montelukast + Levocetizine		10 tab				
213	Tab Metoprolol		10 tab				
214	Tab Meferistone	50 mg	10 tab				
215	Tab Methyl dopa	200 mg	10 tab				
216	Tab. Metronidazole	250 mg	10 tab				
217	Tab. Methyl Ergometrine	400 mg	10 tab				
218	Tab. Memantine Hydrochloride + Donepezil Hydrochloride	0.125 mg 10 mg + 5 mg	10 Tab				
219	Tab Nefedepine Retard	20mg	10 tab				
220	Tab Norfloxacin	400 mg	10 tab				
221	Tab Norethisteron	5 mg	10 tab				
222	Tab. Nitrofuradentin	100 mg	10 tab				
223	Tab Oflaxacin	400 mg	10 tab				
224	Tab Oflaxacin	200 mg.	10 tab				
225	Tab Ofloxacin + Ornidazole	100 mg	10 tab				
226	Tab Ondansetran	200+600 mg	10 tab				
227	Tab Pantoprazole	4 mg	10 tab				
228	Tab Pantoprazole with Domperidom	40 mg	10 tab				
229	Tab Paracetamol	40 mg+30mg	10 tab				
230	Tab Paracetamol	500 mg	10 tab				
231	Tab Promethazine	250 mg	10 tab				
232	Tab Pancreatin	25 mg	10 tab				
233	Tab Phenytoin Sodium (Eposolin)		10 tab				
234	Tab Prednisolone	60 mg	100 tab				
235	Tab Prednisolone	40 mg					
236	Tab Prednisolone	20 mg	10 tab				
237	Tab Prednisolone	10 mg	10 tab				
238	Tab Primaquine	5 mg	10 tab				
239	Tab Primaquine	2.5mg	10 tab				
240	Tab. Piracitam	7.5mg	10 tab				
241	Tab. Prazocin Hydrochloride	400 mg	10 Tab				
242	Tab Quinine sulphate	5 mg	10 Tab				
243	Tab Rabeprazole	300 mg.	10 tab				
		20 mg	10 tab				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
244	Tab Rabeprazole with domperidon	20 mg+30mg	10 tab				
245	Tab Ranitidine	150 mg.	10 tab				
246	Tab Riboflavin	10 mg	10 tab				
247	Tab Roxithromycin	150 mg.	10 tab				
248	Tab. Rasuvastatin	10 mg	10 Tab				
249	Tab. Rasuvastatin	40 mg	10 Tab				
250	Tab Seratiopeptidase	10mg	10 tab				
251	Tab Seratiopeptidase	5 mg	10 tab				
252	Tab Sodium Valporate	200 mg	10 tab				
253	Tab Solbutamol	4 mg	10 tab				
254	Tab. Sorbitrate	5 mg	10 Tab				
255	Tab Telmisetron	20 mg	10 tab				
256	Tab Telmisetron	40 mg	10 tab				
257	Tab Tranexamic Acid	500	10 tab				
258	Tab Temisetron +Hydrochloro thiazide	40+12.5	10 tab				
259	Tab. Tansulosin	0.4 mg	10 tab				
260	Tab. Torsemide	10 mg	10 Tab				
261	Tab Terbinafine	200 mg	10 tab				
262	Tab. Thyroxin	50 mg	10 Tab				
263	Tab. Tenliglitin	20 mg	10 Tab				
264	Tab. Tramadol	50 mg	10 Tab				
265	Tab Ursodeoxycolic Acid	300 mg.	10 cap				
266	Tab Voglibase	0.2	10 tab				
267	Tab Voglibase	0.3	10 tab				
268	Tab Vitamin-C (Chewable)	500 mg	10 tab				
269	Tab Zinc Sulphate		10 tab				
270	Cap Amoxyllin	500 mg.	10 cap				
271	Cap Ampicilin + Cloxacilin	500 mg.	10 cap				
272	Cap B Complex with zinc		10 cap				
273	Cap. Chlorophenicol	250 mg	10 Cap				
274	Cap. Chlorophenicol	500 mg	10 Cap				
275	Cap Clofazimin	50 mg	10Cap				
276	Cap Clofazimin	100 mg.	10 Cap				
277	Cap Doxycyclin	100 mg.	10 cap				
278	Cap Hydroxyuria	250 mg	10 cap				
279	Cap Hydroxyuria	500 mg	10 cap				
280	Cap. Itraconazole	200 mg	10 Cap				
281	Cap Multivitamin		10 cap				
282	Cap Nifedepin Sublingual	5 mg	10 cap				
283	Cap Nifedepin Sublingual	10 mg	10 cap				
284	Cap Nifedepin Retard Sustained release	20 mg	10 cap				
285	Cap Nephrozon (Alpha KT)		10 cap				
286	Cap Omeprazole + Domperidone	20 +30 mg	10 cap				
287	Cap. Rifampicin	450 mg	10 Cap				
288	Cap. Rifampicin	150 mg	10 Cap				
289	Cap VitAD		10 tab				
290	Syp. Ambroxol	100 ml	Bot				
291	Syp. Ambroxol+Terbutaline + Guinphesin	100 ml.	bottle				
292	Syp Amoxyclav (200mg)						
293	Syp. Antacid	170 ml	per bot				
294	Syp Anticold	60 ml.	Per bot				
295	Syp Anti cough	100 ml	Per bot				
296	Syp Azithromycin (100 mg)	15 ml	Bot				
297	Syp Azithromycin (200 mg)	15 ml	Bot				
298	Syp B. Complex	100 ml	Bot				
299	Syp. Cough expectorant	100ml	Bot				
300	Syp Calcium	100 ml.	Per bot				
301	Syp Cefadroxil	30 ml.	Per bot				
302	Syp Cefixime	30 ml.	Per bot				
303	Syp Cefpodoxime	30 ml	Per bot				
304	Syp Cetirizine	30 ml	Per bot				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
305	Syp. Cetrimide	100 ml	Bot				
306	Syp Chloroquin	60 ml	Per bot				
307	Syp Dexamethapan + Phynleprine + Guaphensisyne	60 ml	Bot				
308	Syp Dicyclomin	30 ml	Bot				
309	Syp Dihydrogen sodium citrate	100 ml	Bot				
310	Syp Domperidon	30 ml	Bot				
311	Syp. Enzyme	100 ml	bot				
312	Syp. Erythromycin	60 ml	Bot				
313	Syp Folic Acid	100 ml	bottle				
314	Syp. Ibuprofen	60 ml.	Per bot				
315	Syp Ibuprofen + Paracetamol	60 ml	per bot				
316	Syp Iron	100 ml	Per bot				
317	Syp Levocetizine	30 ml	Bot				
318	Syp Lactobacellus granules	100 ml	bottle				
319	Syp Magnesium Sulphate	30 ml.	Per bot				
320	Syp Metronidazole	60 ml	Bot				
321	Syp Montelucast & Levocetizine	30 ml	Bot				
322	Syp Milk of Magnesia + Liquid Parafin	170 ml	Bot				
323	Syp Ofloxacin	60 ml.	Per bot				
324	Syp Ofloxacin + Metronidazole	30 ml	Bot				
325	Syp. Ondansetran	30 ml	Per Bot				
326	Syp Paracetamol	60 ml	Bot				
327	Syp Pottasium Chloride	200 ml	Bot				
328	Syp Paraffin	100 ml	Bot				
329	Syp. Phenobarbitone	100 ml	Bot				
330	Syp. Phenobarbital Oral Solution	60 ml	Bot				
331	Syp. Phenytoin Sodium	100 ml	Bot				
332	Syp. Quinine	30 ml	per bot				
333	Syp Racedrotill+Ofloxacin	100 ml	Bot				
334	Syp Ranitidine Oral solution	100 ml	Per bot				
335	Syp Roxithromycin	30 ml.	Per bot				
336	Syp Sucralfate	100ml	Bot				
337	Syp. Salbutamol	100 ml.	Per bot				
338	Syp Salbutamol PD	100 ml	per bot				
339	Syp. Sodium Valparate	100 ml	per bot				
340	Syp Zinc Sulphate	60 ml	Bot				
341	Drop Anti cold	15 ml	Per ph				
342	Drop Ambroxol	15 ml	Per ph				
343	Drop Ambroxol+ Levosalbutamol	15 ml	Per ph				
344	Drop Anti flatulent	15 ml	Per ph				
345	Drop Amoxy+ Clavonic	15 ml	Bot				
346	Drop Erythromycin	15 ml	Bot				
347	Drop Betamethasone	15 ml	Per ph				
348	Drop Cefixime	10 ml	Per ph				
349	Drop Cefodoxime	10 ml	per ph				
350	Drop Ciprofloxacin Eye/Ear	5 ml	Per ph				
351	Drop Cyclopentolate eye drop	5 ml	Per bot				
352	Drop Dicyclomine	10 ml	Per Bot				
353	Drop Enzyme	15 ml	Per ph				
354	Drop Gentamicin (Eye/Ear)	5 ml	Per ph				
355	Drop Iron	15 ml	Per ph				
356	Drop Multivitamin	15 ml	Per ph				
357	Drop Moxifloxacin+ Dexamethasone eye	5 ml	Per bot				
358	Carboxy Methyl Cellulose Eye Drop	10 ml	Vial				
359	Olopatadine Eye Drop	5 ml	Vial				
360	Gancyclovir Eye Drop	5 gm	Tube				
361	Atropine Eye Drop	5 ml	Vial				
362	Natamycine Eye Drop	5 ml	Vial				
363	Moxifloxacin + Loteprednol Eye Drop	5 ml	Vial				
364	Gatifloxacin Eye Drop	5 ml	Vial				
365	Prednisolone Eye Drop	5 ml	Vial				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	2	3	4				
366	Drop Ofloxacin (Eye)	5 ml	Per ph				
367	Drop Ondansetron	15 ml	Per ph				
368	Drop Oxymetazoline (Adult)	10 ml	Per ph				
369	Drop Oxymetazoline (Paed)	10 ml	Per ph				
370	Drop Paracetamol	15 ml	Per ph				
371	Drop Proparacaine eye drop	5 ml	Per ph				
372	Drop Simethicone	15 ml	Per ph				
373	Drop Sodium Chloride Nasal (Paed)	10 ml	Per Ph				
374	Drop Timolol eye drop (0.5%)	5 ml	Per bot				
375	Drop Tropicamide + Phenylephrine eye drop	5 ml	Per bot				
376	Drop Tropicamide eye drop (1%)	5 ml	Per bot				
377	Drop Tobramycine Eye	10 ml	Per Bot				
378	Drop Vitamin D3	15 ml	Per ph				
379	Drop Wax Dissolving	5 ml	Per ph				
380	Moxifloxacin eye drop	10ml	each				
381	Oint. Povidine Iodine	50 gm	Per tube				
382	Oint. Povidine Iodine	15 gm	per tube				
383	Oint. Mupirocin	5 gm	per tube				
384	Oint. Betamethasone	5 gm	per tube				
385	Oint. Silver Sulphadiazine	15 gm	tube				
386	Oint. Clobetasol	10 gm	per tube				
387	Oint. Acyclovir	10 gm	per tube				
388	Oint. Zinc	10 gm	Tube				
389	Oint. Cozic Acid Preparation	20 mg	Tube				
390	Oint. Hydroquinolone 2%	10 gm	Tube				
391	Oint. Mometasone	10 gm	Tube				
392	Oint. Tacrolimus	5 gm	Tube				
393	Oint. Sunscreen Lotion	30gm	Tube				
394	Oint. Ciprofloxacin Eye	5 gm	Tube				
395	Minoxidil Lotion (10%)	60 ml	Bot.				
396	Benzocaine Gel	15 gm	Tube				
397	Applicap (Chlorophenicol)	50 no.	each bot				
398	Chloromphenicol +Polymixin-B eye ointment	5 gm	Each				
399	Chlorhexidine Mouth Wash	100 ml	bot				
400	Chloroxylonol	450 ml	bot				
401	Clotrimazole Vaginal Cream	50 gm	Each				
402	Cotrimazole cream	15 gm	Each				
403	Cotrimazole powder	75 gm	Bot				
404	Cotrimazole mouth paint	10 ml	Bot				
405	Cotrimazole lotion	10 ml	Per bot				
406	Diclofenac gel	30 gm	tube				
407	Enema Phosphate	100 ml	each				
408	Formalin lotion	500 ml	bot				
409	GBH Lotion	100 ml	per bot				
410	Gypsona Powder	1 kg	per pkt				
411	Glycerin Suppository (Adult)	Pc	Pc				
412	Glycerin Suppository (Paed.)	Pc	Pc				
413	Lactobacillus Sachet	4x1gm	sachet				
414	ORS (200 ml)	4.3 gm	Pkt				
415	ORS (1 Lt.)	20.5 gm	pkt				
416	Sterile Fluorescine strips (Ophthalmic use)		Per strip				
417	2 % Xylocain Jelly	30 gm	Per tube				
418	Drop Bepotastine Eye	10 ml	Bot				
419	Oint. Gang Cyclovir	10 gm	Tube				
420	Oint. Chlorophenicol	10 gm	Tube				
421	Cotrimazole with Lignocaine ear drop	5 ml	per ph				
422	Glutaral dehydrade solution	5 lt	jar				
423	Vaccum extractor set		set				
424	Weight machine	each	each				
425	Drop Levosolbutamol	15 ml	Bot				
426	Syp. Polyethylene Glycol	60 ml	Bot				
427	Inj. Erythroprocetine		Amp				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	2	3	4				
428	Inj. Soluble Insulin	10 ml	Vial				
429	Inj. Insulin 40	10 ml	Vial				
430	Inj. Insulin 30-70	10 ml	Vial				
431	Inj. Insulin Isophene	10 ml	Vial				
432	Inj. Benzathizine 12		Vial				
433	Inj. Tetanus Toxoid	0.5 ml	Amp				
434	Nicotine Gum	2 mg					
435	Nicotine Gum	4 mg					
436	Tab. INH	300 mg.	10 Tab				
437	Tab. INH	100 mg	10 Tab				
Consumables							
438	Atromatic Catgut No.1	12 foil pkt	Pkt				
439	Atromatic Catgut No.1-0 curve cutting needle	12 foil pkt	Pkt				
440	Atromatic Polynamide 1-0 curve round needle	12 foil pkt	Pkt				
441	Atromatic silk-1-0	12 foil pkt	Pkt				
442	Atromatic silk-3-0	12 foil pkt	pkt				
443	B.P Blade	10,11,14,20,24	each				
444	B.P. Instrument (LED)	Each	Each				
445	B.P. Instrument (Dial)	Each	each				
446	B.P. Instrument (Mercury)	Each	each				
447	B.P. Instrument blader with cover		each				
448	B.P. Instrument set cloth		each				
449	B.P. Instrument set Valve		each				
450	Blood Transfusion set	Each	Each				
451	Baby Mucous sucker	each	each				
452	Bandage	4 inch	Pkt				
453	Bandage	6 inch	pkt				
454	Bandage	(90cm×16.5 mtr)	than				
455	Black phynle 4 ltr. Jar (40%)	4 ltr. Jar	jar				
456	Catgut Atromatic-3-0	12 foil pkt	Pkt				
457	Catgut Plain - 0	12 foil pkt	Pkt				
458	Catgut chromic - 1-0	12 foil pkt	per pkt				
459	Cotton	500 gm	per pkt				
460	Cord Clamp	each	each				
461	Clavicle Brace	Large	each				
462	Clavicle Brace	Medium	each				
463	Clavicle Brace	Small	each				
464	Carefree	pkt	Pkt				
465	Crape Bandage	1 Inch	Piece				
466	Corrugated drainage sheet	150×300 mm	sheet				
467	Disposable Gloves	6,6.5	pair				
468	Disposable Syringe	2 cc	each				
469	Disposable Syringe	5 cc	Each				
470	Disposable Syringe	10 cc	Each				
471	Disposable Syringe	20 cc	Each				
472	Disposable Syringe	50 cc	each				
473	Examination Gloves	6.6,5,7	Pair				
474	Ezifix		each				
475	ECG paper (6 channel)	per pkt	pkt				
476	ECG paper (12 channel)	per pkt	pkt				
477	Endotracheal Tube	2.5,3,3.5	Each				
478	Foley's catheter (2 way)	16,18	each				
479	Gauge	(60cm×16.5 mtr)	than				
480	Glycerin	50ml	bot				
481	Hamial Kit	Pkt	Pkt				
482	Head Cap	100 Pc	Pkt				
483	Hydrogen Peroxide	100 ml	bot				
484	I.V. Cannula	18,20,22	Each				
485	I.V. Cannula	24	each				
486	IV Set	each	Each				
487	Insulin Syringe		each				

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Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	2	3	4				
488	ID Band (Mother & Child)	100 Pc Each	Pkt				
489	Jelly for USG	5 lt	per jar				
490	Jelly for ECG	100 ml	bot				
491	Lancet(Rapid)	200 nos. per pkt	pkt				
492	L.S Belt	Large	each				
493	L.S Belt	Medium	Each				
494	Makintosh	25 mt. roll	Roll				
495	Micro Drip Adult	each	each				
496	Micro Drip Paed./ Pedichamber	Each	Each				
497	Micropore	1.5 inch(25 mtr)	Roll				
498	Nasal Pronge	Paediatric	each				
499	Nasal Pronge	Neonate					
500	Nelkath	12,14	Each				
501	Orogastric tube	5,6,7.	Each				
502	Oxygen flow meter	Each	Each				
503	Oxygen flow meter with rotameter	Each	each				
504	O.T. face mask	each	each				
505	Oxygen mask		each				
506	Oxymetazolin nasal Drops (paed)	10 ml	Per bot				
507	Plaster of Paris Bandage	4"	Per roll				
508	Plaster of Paris Bandage	6"	Per roll				
509	Povidine Iodine Lotion	500 ml	per bot				
510	Povidine Iodine Lotion	100 ml	per bot				
511	Plastic apron		Each				
512	Prolene (1)	12 foil pkt	Pkt				
513	Prolene (1.0)	12 foil pkt	pkt				
514	Printer Paper for Ultrasound		Pkt				
515	Rib Brace	Large	each				
516	Rib Brace	Medium	Each				
517	Ryles tube (Adult)		Each				
518	Ryles tube	5,6	Each				
519	Suspensary Bandage	XL, XXL	each				
520	Sodium Hypochloride solution	5 litre	Jar				
521	Solbutamol Nebulizer	0.3,0.6,1.2	Each				
522	Salbutamol inhaler		per Ph				
523	Spinal Needle	23,25	each				
524	Surgical Spirit	400 ml	bot				
525	Stomach tube	each	Pkt				
526	Supra fullae (10cm×10cm)	12 foil pkt	Pkt				
527	Suture needle-curve cutting (Crown)	6 nos. per pkt	pkt				
528	Scalven Set	20,22,24	Each				
529	Tullae Paraffin	10 ×10 cm	Each				
530	Urinary Bag	each	each				
531	Vaselline	500 gm	jar				
532	Vicryl-1	12 foil pkt	pkt				
533	Vicryl-1.0	12 foil pkt	pkt				
RADIOLOGY							
534	Dental X-ray	150 pc	Packet				
535	Digital X-Ray Fuzi film (8×10)	150 pc	Packet				
536	Chemical Developer	1 kg	pkt				
537	Fixture	1 kg	pkt				
538	Intensive fine screen	15 ×12	pair				
539	X-Ray Film	12"×15"	pkt				
540	X-Ray Film	10"×12"	pkt				
541	X-Ray Film	8"×10"	pkt				

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Consumable & Laboratory Reagent of Blood Bank for the Year 2022-23

Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	Blood Bag -(HLL / Terumo Penpol / Mitra)	350 ml	Bag				
2	Blood Bag – (HLL / Terumo Penpol / Mitra)	100 ml	Bag				
3	HBSAg Elisa Kit (Tulip/Transasia/SD Bioline/Advy/Qualisha)		kit				
4	HCV Elisa kit (Tulip/Transasia/SD Bioline/Advy/Qualisha)		Kit				
5	MP Elisa Kit (Tulip/Transasia/SD Bioline/Advy/Qualisha)		kit				
5	VDRL Elisa kit (Tulip/Transasia/SD Bioline/Advy/Qualisha)		kit				
7	HIV Elisa kit (Tulip/Transasia/SD Bioline/Advy/Qualisha)		kit				
3	HBSAg Rapid kit (Tulip/SD Bioline/Advy)		kit				
9	HCV Rapid kit (Tulip/SD Bioline/Advy)		kit				
10	Syphillis Rapid kit (Tulip/SD Bioline/Advy)		kit				
11	Malaria Rapid kit (Tulip/SD Bioline/Advy)		kit				
2	HIV Rapid Kit (Tulip/SD Bioline/Advy)		kit				
3	Anti AB – (Tulip/SD Bioline/Span)	10 ml	bot				
4	Anti A1- (Tulip/SD Bioline/Span)	5 ml	bot				
5	Anti H – (Tulip/SD Bioline/Span)	5 ml	bot				
6	Red cell panel (for detection of antibodies)						
7	22% Bovine serum albumin- (Tulip/SD)	5ml	bot				
8	3.8% Sodium Citrate solution-	500 ml	bot				
9	Handy plast per piece (round)		each				
0	Pricking needle (Lancet)	(200 per	pkt				
1	Micro tip (10-100)		pkt				
2	Copper sulphate	(500 gm)	bot				
3	Plain sticker for numbering of test tube		each				
4	Anti Human Globuline – (Tulip/Span)	5ml	bot				
5	Pipette stand		each				
6	Test tube brush		each				
7	Thermo meter for Hot Air oven and incubator		each				
8	Khans Test tube		each				
9	Rubber teat		each				
0	Multichannel Micro pipette, (5-50)		each				
1	Multichannel Micro pipette, (20-200)		each				
2	Multichannel Micro pipette, (1-100)		each				
3	Multichannel Micro pipette, (50-200)		each				
4	Multichannel Micro pipette, (100-1000)		each				
5	Multichannel Micro pipette, (1000-2000)		each				
5	Syringe 2 cc (dispovan)	2 cc	each				
7	Grouping Test kit (Tulip/Span)A, B, D	10ml×3	pkt				
3	Grouping Test kit Anti-A	10 ml	Bot				
9	Grouping Test kit Anti-B	10 ml	Bot				
0	Grouping Test kit Anti-D	10 ml	Bot				

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Deogarh**

BCL Items of Deogarh District for the Year 2022-23

Sl. No.	Name of the items	Strength	Unit	Brand	Unit Price	G.S.T & O.T	Total Price including Tax
1	Green long cloth Breadth-89cm for making OT Towel & O.T. Gawn	25 mtr.	than				
2	O.T. Towel- cotton	(80 cm)	Each				
3	O.T. Gawn-Cotton		Each				
4	Turkish Towel	(150×70cm) (500 gm) white colour double side stitching.	Each				
5	Turkish Towel (small)	(60×40cm) (150 gm) white colour double side stitching.	Each				
6	Bedsheet-cotton white, bleached & both side stitching	(230cm×150cm)	Each				



**CDM & PHO,
Deogarh**

PSYCHIATRIC DRUGS

Sl.NO	Name of The Medicine	Strength	Unit	Brand	Unit price	G.S.T & O.T	Total price including Tax
1	TAB. CARBAMAZEPINE	200MG	10 T				
2	TAB. PHENYTOIN SODIUM	100MG	10 T				
3	TAB. SODIUM VALPORATE	200MG	10 T				
4	TAB. CLOBAZAM	5MG	10 T				
5	TAB. PRAMIPEXOLE	0.25 MG	10 T				
6	TAB. SODIUM VALPORATE	500 MG	10 T				
7	TAB. DIAZEPAM	500 MG	10 T				
8	TAB. AMYTRIPTYLINE	25 mg	10 T				
9	TAB. HALOPERIDOL	5 mg	10 T				
10	TAB. THIORIDAZINE	50 mg	10 T				
11	TAB. LORAZEPAM	2 mg	10 T				
12	TAB. CLONAZEPAM	2 mg	10 T				
13	TAB. RESPERIDONE	2 mg	10 T				
14	TAB.FLUOXETINE	20 mg	10 T				
15	TAB. CLOZAPINE	100 mg	10 T				
16	TAB. DIVALPROX SODIUM	500 mg	10 T				
17	TAB. OLANZAPINE	10 mg	10 T				
18	TAB.OXCARBAZEPINE	300 mg	10 T				
19	TAB. QUETIAPINE	100 mg	10 T				
20	TAB. RISPERIDONE	3 mg	10 T				
21	TAB. LEVODOPA 100 MG + CARBIDOPA 25 MG		10 T				
22	INJ. DISULFIRAN	20 MG	AMP				
23	INJ. DIAZEPAM	5 MG/ML,2 ML	AMP				
24	INJ. PHENYTOIN	50 MG/ML,2 ML	AMP				
25	INJ. LORAZEPAM	1 MG/ML,2ML	AMP				
26	INJ. FOSPHENITON	75MG/ML,2ML	AMP				
27	INJ. LEVETIRACETAM	100 MG/ML	AMP				
28	INJ. SODIUM VALPORATE	100 MG/ML	AMP				
29	INJ. HALOPERIDOL LA	50 MG/ML	AMP				
30	SUP. SODIUM VALPORATE	200 MG/ML,5ML	BOT				



**CDM & PHO,
Deogarh**

(To be submitted in **Cover A - Technical Bid**)

Annexure VII

PROFORMA FOR PERFORMANCE STATEMENT

(For the period of last three years 2018-19, 2019-20 & 2020-21)

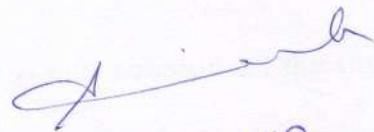
Tender Reference No. :
Name of Tenderer :
Name of Manufacturer/Supplier/Distributor :

Sl. No.	Order placed by (Address of purchaser) (attach documentary proof)*	Order no. & Date	Item Name	Manufacturer	Qty	Value of Contract (Rs.)
1						
2						
3						
....						

Signature of the Tenderer:

Date:

Official Seal:



**CDM & PHO,
Deogarh**