



महाराष्ट्र शासन

Government Medical College & Hospital, Baramati
Mail ID-medicalstoregmc@gmail.com

Quotation Form

284

GMCB / MS / MED / QUOT / / 2025

Date: - 07 / 10 / 2025

Sub: - Quotation for Medicines as given below.

Sir/ Madam

You are requested to furnish your quotation for the following items to the DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI.

Sr.no.	Name of Drug
1	Inj Soluble Insulin 40IU/ml (Monocomponent Biosynthetic r-DNA Insulin)
2	Inj Ferric Carboxymaltose 500mg/10ml (10ml Vial)
3	Inj Biphasic Isophane Insulin (Biosynthetic r-DNA Origin) 100IU/ml (10ml Vial)
4	Inj Vancomycin Hydrochloride 500mg/Vial
5	Inj Vancomycin Hydrochloride 1gm/Vial
6	Inj Levofloxacin 0.5% w/v For IV Infusion (100ml Bottle)
7	Inj Linezolid 2mg/ml (300ml Bottle) for IV infusion
8	Inj Sodium Chloride 3% w/v For IV infusion (100ml Bottle)
9	Inj Sodium Chloride 0.45% w/v For IV Infusion (500ml Bottle)
10	Inj Menadione Sodium Bisulphate 10mg/ml (1ml Ampoule)
11	Inj Acetylcysteine 20% w/v (5ml Ampoule)
12	Inj Cefoperazone 500mg + Sulbactam 500mg
13	Inj Cefotaxime 1gm/Vial
14	Inj Glycopyrrolate 0.2mg/ml (1ml Ampoule)
15	Inj Adrenaline 1mg/ml (1ml Ampoule)
16	Inj Etomidate 2mg/ml (10ml Ampoule/ Vial)
17	Inj Metoprolol 1 mg/ml (5ml Vial /Ampoule)
18	Inj Midazolam 1mg/ml (10ml Vial)
19	Inj Insulin Glargine 100IU/ml (r-DNA Origin) (10ml Vial)
20	Inj Dobutamine 50mg/5ml Ampoule (5ml Ampoule)
21	Inj Magnesium Sulphate 50% w/v (2ml Ampoule)
22	Inj Levetiracetam 100mg/ml (5ml Vial)
23	Inj Sodium Chloride 0.9% w/v For IV Infusion (1000 ml Bottle)
24	Inj Amiodarone 50mg/ml (3ml Ampoule)
25	Inj Rabies Vaccine Human IP (freeze Dried) 2.5IU/vial (1ml Vial)
26	Inj Artesunate 60mg/Vial (Single Use)
27	Inj Bupivacaine 0.5%w/v (20ml Vial)
28	Inj Calcium Gluconate 10%w/v (10ml Ampoule)
29	Inj Methylergometrine 0.2mg/ml (1 ml Ampoule)
30	Inj Milrinone 1mg/ml (10ml Ampoule)
31	Inj Dopamine 40mg/ml (5ml Ampoule)
32	Inj Nitroglycerine 25mg/5ml (5ml Ampoule)
33	Inj Octreotide 100mcg/ml (1 ml Ampoule)
34	Inj Octreotide 50mcg/ml (1 ml Ampoule)
35	Inj Paracetamol IV/IM 150mg/ml (2ml Ampoule)
36	Inj Pheniramine Maleate 45.5mg/2ml (2ml Ampoule)
37	Inj Potassium Chloride 15%w/v (10ml Ampoule)
38	Inj Succinylcholine 20mg/ml (10ml Vial)

Sr.no.	Name of Drug
39	Inj Propofol 1% w/v (10ml Vial)
40	Inj Ethamsylate 125mg/ml (2ml Ampoule)
41	Inj L-Ornithine L- Aspartate 5gm/10 ml (10ml Ampoule)
42	Inj Lignocaine 2%w/v (30ml Vial)
43	Inj Aminophylline 25mg/ml (10 ml Ampoule/ Vial)
44	Inj Tetanus Toxoid (Adsorbed)0.5ml Ampoule
45	Inj Tenecteplase (TNK-tPA) 40mg (Single Dose Vial)
46	Inj Pantoprazole 40mg/Vial (Lyophilized)
47	Inj Ceftriaxone 1gm/Vial
48	Inj Dicyclomine HCl 10mg/ml (2ml Ampoule)
49	Inj Noradrenaline 2mg/2ml Ampoule (2ml Ampoule)
50	Inj Sodium Chloride 0.9% w/v For IV Infusion (500ml Bottle)
51	Inj Erythropoietin 6000IU/0.6 ml (Single Dose)
52	Inj Atropine 0.6mg/ml (1ml Ampoule)
53	Inj Oxytocin 5 IU/ml (1 ml Ampoule)
54	Inj Frusemide 10mg/ml (2ml Ampoule)
55	Inj Amikacin 100mg/2ml Ampoule
56	Inj Hyoscine Butyl Bromide 20mg/ml (1ml Amp)
57	Inj Heparin Sodium 5000IU/ml (5ml Vial)
58	Inj Dexamethasone 4mg/ml (2 ml Vial/Ampoule)
59	Inj Meropenem 500mg/Vial
60	Inj Ondansetron 2mg/ml (4ml Ampoule)
61	Inj Amikacin 500mg/2ml (2ml Ampoule/ Vial)
62	Inj Amoxicillin Sodium 1gm + Potassium Clavulanic Acid 200mg per Vial
63	Inj Vecuronium Bromide 4mg per Ampoule
64	Inj Thiamine Hydrochloride 100mg/ml (2ml Ampoule)
65	Inj Ascorbic Acid 100mg/ml (5ml Ampoule)
66	Inj Liposomal Amphotericin B 50mg / Vial (Lyophilized)
67	Inj Labetalol 5mg/ml (20 ml Vial)
68	Inj Methylprednisolone Sodium succinate 1gm / vial
69	Inj Vasopressin 20IU/ml (1ml Ampoule)
70	Inj Cefepime 1gm/Vial
71	Inj Imipenem 500mg + Cilastin 500mg /Vial
72	Inj Aztreonam 1gm / Vial
73	Inj Lignocaine 2 % & Adrenaline (1:200000) 30ml Vial
74	Inj Midazolam 1mg/ml (5ml Vial)
75	Inj Methylprednisolone Sodium Succinate 40mg/Vial (Lyophilised)
76	Inj Drotaverine Hydrochloride 40mg/2ml (2ml Ampoule)
77	Inj Hydrocortisone Sodium Succinate 100mg/Vial
78	Inj Streptokinase 1500000 IU /Vial
79	Inj Valethamate Bromide 8mg/ml (1ml Ampoule)
80	IV Dextrose 10% w/v (500ml Bottle)
81	IV Dextrose 5% w/v (500ml Bottle)
82	IV Human Normal Immunoglobulin 5gm/100ml (100ml Bottle)
83	IV Mannitol 20% Solution (100ml Bottle)
84	IV Ringer Lactate Infusion (500ml Bottle)
85	IV Hydroxyethyl Starch 6% w/v in Isotonic Sodium Chloride injection (500ml Bottle)
86	IV Metronidazole 500mg/100ml (100ml Bottle)
87	IV Dextrose Anhydrous 5% + Sodium Chloride 0.9% w/v (500ml Bottle)

Sr.no.	Name of Drug
88	IV Multiple Electrolyte & Dextrose 5% w/v (500ml Bottle)
89	IV Dextrose 25% w/v (100ml Bottle)
90	Human Albumin 20% Solution (100ml Bottle)
91	Inj Rituximab 500mg/50ml (50ml Vial)
92	Inj Tramadol Hydrochloride 50mg/ml (2ml Ampoule)
93	Inj B-complex (10ml Vial)
94	Inj Enoxaparin 60mg/0.6ml Pre filled Syringe
95	IV Sodium Chloride 0.9% w/v (100ml Bottle)
96	Inj Snake Antivenin IP (Lyophilized, Polyvalent, Enzyme refined Equine Immunoglobulins)
97	Inj Cefoperazone 1000mg + Sulbactam 500mg (1.5 gm/Vial)
98	Inj Diclofenac Sodium 25mg/ml (3ml Ampoule)
99	Inj Enoxaparin 40mg/0.4ml (Single dose)
100	Inj Gentamicin 40mg/ml (2 ml Ampoule)
101	Inj Iohexol (Iodine 350mg/ml) 50 ml Bottle
102	Inj Iron Sucrose 20mg/ml (5ml Ampoule)
103	Inj Tranexamic Acid 100mg/ml (5ml Ampoule)
104	Inj Ondansetron 2mg/ml (2ml Ampoule)
105	Inj Iohexol (Iodine 300mg/ml) 50 ml Bottle
106	IV Paracetamol Infusion 1.0% w/v (100ml Bottle)
107	Inj Sodium Bicarbonate 7.5% w/v (10ml Ampoule)
108	Inj Piperacillin 4gm+ Tazobactam 0.5gm per Vial
109	Inj Meropenem 1gm (Single Dose Vial)
110	IV Ciprofloxacin 200mg/100ml (100ml Bottle)

TERMS & CONDITIONS

Note: - 1) Rates should be per unit (per tablet /per capsule / per bottle /per vial /per ampoule etc.)

2) Rate should be quoted inclusive of all taxes.

3) **Rates quoted are valid up to THREE months.**

4) The delivery of the material must be at MEDICAL STORE within Office hour (10.00 am to 5.00 pm).

5) The Envelope & Quotation should be addressed by the name of **DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI**. It should be submitted within stipulated time at Administrative Office.

6) It is Mandatory to mention quotation reference no. on the envelope of the quotation.

7) Rates must be mentioned in figure & only in **digital printed form and not hand written.**

8) Conditional Quotations will not be accepted.

9) Right to Accept, Recall or Reject above Quotations lies solely with **DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI**.

10) If it is noticed that the mentioned drug is available in local market at the lower rate than the quoted rate, then the claim for the purchase by this quotation will become invalid.

11) Right to Purchase Medicines lies with Dean GMC, Baramati.

12) **Submit following documents with quotation:**

i) Form 20, 20F, 21 & intimation letter

ii) Non conviction certificate issued from concern FDA.

iii) GST Certificate

iv) Pan Card

13) **An undertaking (On the letterhead of your firm or company) regarding the fulfillment of the following documents/certificates (At the time of supply of the medicines) should be submitted along with the quotations.**

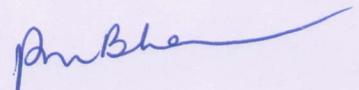
i) Valid WHO GMP certificate and WHO GMP product List or COPP for quoted items.

ii) In House test report for purchased items.

iii) National Accreditation Board for Testing and Calibration Laboratories (NABL test report) Compulsary.

Submission of this undertaking will be mandatory. If the said undertaking is not submitted, your quotations will not be accepted and the said quotations will be rejected.

Last Date to submit Quotation: **13 / 10 / 2025** before 5.00pm



Dean

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI