



महाराष्ट्र शासन
Government Medical College & Hospital, Baramati
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284

Quotation Form

GMCB / MS / MED / QUOT / / 2025

Date: - 07 / 10 / 2025

2275

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	Tab Fluconazole 200mg
2	Tab Thyroxine 25mcg
3	Tab Metformin 500mg
4	Tab Amlodipine 5mg
5	Tab Paracetamol 650mg
6	Tab (Amoxycillin + Clavulanic Acid) 625mg
7	Tab Ondansetron 4mg
8	Tab Paracetamol 500mg
9	Tab Telmisartan 40mg
10	Tab Tramadol 50mg
11	Tab Diclofenac 50mg
12	Tab Doxycycline 100mg
13	Tab Trypsin-Chymotrypsin
14	Tab Zinc Sulphate 20mg
15	Tab Atenolol 50mg
16	Tab Prednisolone 20mg
17	Tab Piroxicam 20mg
18	Tab Pregabalin 75mg
19	Tab Salbutamol 4mg
20	Tab Carbimazole 10mg
21	Tab Dicyclomine 20mg
22	Tab Etoricoxib 90mg
23	Tab Gabapentin 100mg
24	Cap Oseltamivir 75mg
25	Cap Vitamin D3 60000IU
26	Tab Loperamide 2mg
27	Tab Frusemide 40mg
28	Tab Acyclovir 400mg
29	Tab Rosuvastatin 20mg
30	Tab Vildagliptin 50mg
31	Tab Cefixime 200 mg
32	Tab Sodium Valproate 500mg
33	Tab Rifaximin 550mg
34	Tab Ursodeoxycholic Acid 300mg
35	Tab Ofloxacin 400mg
36	Tab Prednisolone 5mg
37	Tab Levetiracetam 1 gm
38	Tab Nifedipine 10 mg
39	Tab Metoprolol 50 mg

Sr.no.	Name of Drug
40	Tab Ibuprofen 400mg
41	Tab Levofloxacin 500mg
42	Tab Linezolid 600mg
43	Tab Atorvastatin 20mg
44	Tab Atorvastatin 40mg
45	Tab B-complex NFI
46	Cap Oseltamivir 30mg
47	Tab Azithromycin 500mg
48	Tab Folic acid 5 mg
49	Tab (Etophylline + Theophylline) 300mg
50	Tab Amiodarone 100mg
51	Tab Ascorbic Acid 500mg
52	Tab Metoprolol 25 mg
53	Tab Metronidazole 400mg
54	Tab Fluconazole 150mg
55	Tab Glimepiride 2mg
56	Tab Betahistine 16mg
57	Tab Thyroxine 50mcg
58	Tab Norfloxacin 400mg
59	Tab Pantoprazole 40mg (Enteric Coated)
60	Tab Sodium Valproate 200mg
61	Tab Glimepiride 1mg
62	Tab Clopidogrel 75 mg
63	Tab Levetiracetam 500mg
64	Ciprofloxacin 0.3% w/v eye Drop (5 ml)
65	Lactulose Solution 10mg/15ml (200ml bottle)
66	Midazolam Nasal Spray 5mg/ml (50 Metered Doses)
67	Amoxicillin Oral Suspension 125mg/5ml (30ml Bottle)
68	Calcium & Vitamin D3 Suspension (150ml Bottle)
69	Cefixime Oral Suspension 50mg/5ml (30ml Bottle)
70	Ipratropium 500mcg & Levosalbutamol 1.25mg (2.5ml Respule)
71	Oral Rehydration Salt (ORS) Sachet (WHO Recommended Formula) 21.8gm
72	Solution Hydrogen Peroxide (400ml Bottle)
73	Syrup Potassium Chloride Oral Solution 1.5 gm/15 ml (200 ml Bottle)
74	Oseltamivir Oral Suspension 12 mg/ml (75 ml Bottle)
75	Glucose Powder 75gm (75gm sachet)
76	Syrup Paracetamol 125mg/5ml (60ml Bottle)
77	Syrup Lactulose 10mg/15ml (250ml Bottle)
78	Multivitamin & Multimineral Drop (30 ml)
79	Liquid Glutaraldehyde solution 2.45% (5 lit Can)
80	Chloramphenicol Eye Caps 1%w/w (100 Eye Cap Per Bottle)
81	Clotrimazole 1%w/w Cream (15gm Tube)
82	Dinoprostone 0.5mg Gel (3 gm)
83	Lignocaine 2%w/v Jelly (30gm Tube)
84	Miconazole 2%w/w Cream (15gm Tube)
85	Permethrin 5% w/w Cream (30gm Tube)
86	Povidone Iodine 5 % w/w ointment (15gm Tube)
87	Silver Sulfadiazine cream 1% w/w (15gm Tube)

Sr.no.	Name of Drug
88	Permethrin 5% w/w Cream (15gm)
89	Liquid Paraffin IP (500 ml Bottle)
90	Carboxy Methylcellulose 0.5% w/v Eye Drop (10 ml)
91	Formalin Solution 40% (500ml Bottle)
92	Salbutamol 1mg/ml Respirator solution (2.5ml)
93	Syrup (Amoxycillin+ Clavulanic Acid) 228.5mg/5ml (30ml Bottle)
94	Syrup Antacid (Dried Aluminium Hydroxide, Magnesium Hydroxide & Semithicone (170ml Bottle)
95	Syrup Azithromycin 200mg/5ml (15ml Bottle)
96	Syrup Cefixime 100mg/5ml (30ml Bottle)
97	Syrup Cefpodoxime 100mg/5ml (30ml Bottle)
98	Moxifloxacin 0.5%w/v & Dexamethasone 0.1%w/v Eye Drop (5ml)
99	Solution Hydrogen Peroxide 6%w/v (400ml Bottle)
100	Povidone Iodine 5%w/v Solution (500ml Bottle)
101	Sodium Hypochlorite 5% w/v Solution (5Liters)
102	Syrup Lactulose 10mg/15ml (100ml Bottle)
103	Syrup Ofloxacin 100mg/5ml (60ml Bottle)
104	Syrup Sodium Valproate 200mg/5ml (100ml Bottle)
105	Syrup Disodium Hydrogen Citrate 1.37gm/5ml (100ml)
106	Ciprofloxacin 0.3%w/v + Dexamethasone 0.1% w/v Eye /Ear Drop (5ml)
107	Syrup Amoxycillin 125mg/5ml (60ml Bottle)
108	Cough Syrup Containing Diphenhydramine HCl + Ammonium Chloride + Sodium Citrate (100ml bottle)
109	Syrup Zinc 20mg/5ml (60ml Bottle)
110	Povidone Iodine Scrub 7.5%w/v (500ml)
111	Albendazole oral Suspension 200mg/5ml (10ml Bottle)
112	Budesonide Respule 0.5mg (2ml Respule)
113	Silver Sulfadiazine Cream 1% w/w (250gm)
114	Diclofenac Gel (15 gm Tube)
115	Lignocaine 10% w/v Spray (20ml 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