



महाराष्ट्र शासन

Government Medical College &amp; Hospital, Baramati

Mail ID-medicalstoregmcmb@gmail.com

Quotation Form

144 7

GMCB / MS / MED / QUOT / 245 / 2026

Date: - 13 / 02 / 2026

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 &amp; HOSPITAL, BARAMATI.

Sr.no.	Name of Drug
1	Human Albumin 20% Solution (100ml Bottle)
2	Inj Acetylcysteine 20% w/v (5ml Ampoule)
3	Inj Adrenaline 1mg/ml (1ml Ampoule)
4	Inj Amikacin 100mg/2ml Ampoule
5	Inj Amikacin 500mg/2ml (2ml Ampoule/ Vial)
6	Inj Aminophylline 25mg/ml (10 ml Ampoule/ Vial)
7	Inj Amiodarone 50mg/ml (3ml Ampoule)
8	Inj Amoxicillin Sodium 1gm + Potassium Clavulanic Acid 200mg per Vial
9	Inj Artesunate 60mg/Vial (Single Use)
10	Inj Ascorbic Acid 100mg/ml (5ml Ampoule)
11	Inj Atropine 0.6mg/ml (1ml Ampoule)
12	Inj Aztreonam 1gm / Vial
13	Inj B-complex (10ml Vial)
14	Inj Biphasic Isophane Insulin (Biosynthetic r-DNA Origin) 100IU/ml (10ml Vial) (30:70)
15	Inj Bupivacaine 0.5%w/v (20ml Vial)
16	Inj Calcium Gluconate 10%w/v (10ml Ampoule)
17	Inj Cefepime 1gm/Vial
18	Inj Cefoperazone 1000mg + Sulbactam 500mg (1.5 gm/Vial)
19	Inj Cefoperazone 500mg + Sulbactam 500mg
20	Inj Cefotaxime 1gm/Vial
21	Inj Ceftriaxone 1gm/Vial
22	Inj Dexamethasone 4mg/ml (2 ml Vial/Ampoule)
23	Inj Diclofenac Sodium 25mg/ml (3ml Ampoule)
24	Inj Dicyclomine HCl 10mg/ml (2ml Ampoule)
25	Inj Dobutamine 50mg/5ml Ampoule (5ml Ampoule)
26	Inj Drotaverine Hydrochloride 40mg/2ml (2ml Ampoule)
27	Inj Enoxaparin 40mg/0.4ml (Single dose)
28	Inj Enoxaparin 60mg/0.6ml Pre filled Syringe
29	Inj Erythropoietin 6000IU/0.6 ml (Single Dose)
30	Inj Ethamsylate 125mg/ml (2ml Ampoule)
31	Inj Etomidate 2mg/ml (10ml Ampoule/ Vial))
32	Inj Ferric Carboxymaltose 500mg/10ml (10ml Vial)
33	Inj Frusemide 10mg/ml (2ml Ampoule)
34	Inj Gentamicin 40mg/ml (2 ml Ampoule)
35	Inj Glycopyrrolate 0.2mg/ml (1ml Ampoule)
36	Inj Heparin Sodium 5000IU/ml (5ml Vial)
37	Inj Hydrocortisone Sodium Succinate 100mg/Vial
38	Inj Hyoscine Butyl Bromide 20mg/ml (1ml Amp)



Sr.no.	Name of Drug
39	Inj Imipenem 500mg + Cilastin 500mg /Vial
40	Inj Insulin Glargine 100IU/ml (r-DNA Origin) (10ml Vial)
41	Inj Iohexol (Iodine 300mg/ml) 50 ml Bottle
42	Inj Iohexol (Iodine 350mg/ml) 50 ml Bottle
43	Inj Iron Sucrose 20mg/ml (5ml Ampoule)
44	Inj Labetalol 5mg/ml (20 ml Vial)
45	Inj Levetiracetam 100mg/ml (5ml Vial)
46	Inj Levofloxacin 0.5% w/v For IV Infusion (100ml Bottle)
47	Inj Lignocaine 2 % & Adrenaline (1:200000) 30ml Vial
48	Inj Lignocaine 2%w/v (30ml Vial)
49	Inj Linezolid 2mg/ml (300ml Bottle) for IV infusion
50	Inj Liposomal Amphotericin B 50mg / Vial (Lyophilized)
51	Inj L-Ornithine L- Aspartate 5gm/10 ml (10ml Ampoule)
52	Inj Magnesium Sulphate 50% w/v (2ml Ampoule)
53	Inj Menadione Sodium Bisulphate 10mg/ml (1ml Ampoule)
54	Inj Meropenem 1gm (Single Dose Vial)
55	Inj Meropenem 500mg/Vial
56	Inj Methylethylmercaptine 0.2mg/ml (1 ml Ampoule)
57	Inj Methylprednisolone Sodium succinate 1gm / vial
58	Inj Methylprednisolone Sodium Succinate 40mg/Vial (Lyophilised)
59	Inj Metoprolol 1 mg/ml (5ml Vial /Ampoule)
60	Inj Midazolam 1mg/ml (10ml Vial)
61	Inj Midazolam 1mg/ml (5ml Vial)
62	Inj Milrinone 1mg/ml (10ml Ampoule)
63	Inj Nitroglycerine 25mg/5ml (5ml Ampule)
64	Inj Noradrenaline 2mg/2ml Ampoule (2ml Ampoule)
65	Inj Octreotide 100mcg/ml (1 ml Ampoule)
66	Inj Octreotide 50mcg/ml (1 ml Ampoule)
67	Inj Ondansetron 2mg/ml (2ml Ampoule)
68	Inj Ondansetron 2mg/ml (4ml Ampoule)
69	Inj Oxytocin 5 IU/ml (1 ml Ampoule)
70	Inj Pantoprazole 40mg/Vial (Lyophilized)
71	Inj Paracetamol IV/IM 150mg/ml (2ml Ampoule)
72	Inj Pheniramine Maleate 45.5mg/2ml (2ml Ampoule)
73	Inj Piperacillin 4gm+ Tazobactam 0.5gm per Vial
74	Inj Potassium Chloride 15%w/v (10ml Ampoule)
75	Inj Propofol 1% w/v (10ml Vial)
76	Inj Rabies Vaccine Human IP (freeze Dried) 2.5IU/vial (1ml Vial)
77	Inj Rituximab 500mg/50ml (50ml Vial)
78	Inj Snake Antivenin IP (Lyophilized, Polyvalant, Enzyme refined Equine Immunoglobulins)
79	Inj Sodium Bicarbonate 7.5% w/v (10ml Ampoule)
80	Inj Sodium Chloride 0.45% w/v For IV Infusion (500ml Bottle)
81	Inj Sodium Chloride 0.9% w/v For IV Infusion (1000 ml Bottle)
82	Inj Sodium Chloride 0.9% w/v For IV Infusion (500ml Bottle)
83	Inj Sodium Chloride 3% w/v For IV infusion (100ml Bottle)
84	Inj Soluble Insulin 40IU/ml (Monocomponent Biosynthetic r-DNA Insulin)
85	Inj Streptokinase 1500000 IU /Vial
86	Inj Succinylcholine 20mg/ml (10ml Vial)
87	Inj Tenecteplase (TNK-tPA) 40mg (Single Dose Vial)

Sr.no.	Name of Drug
88	Inj Tetanus Toxoid (Adsorbed) 0.5ml Ampoule
89	Inj Thiamine Hydrochloride 100mg/ml (2ml Ampoule)
90	Inj Tramadol Hydrochloride 50mg/ml (2ml Ampoule)
91	Inj Tranexamic Acid 100mg/ml (5ml Ampoule)
92	Inj Valetamate Bromide 8mg/ml (1ml Ampoule)
93	Inj Vancomycin Hydrochloride 1gm/Vial
94	Inj Vancomycin Hydrochloride 500mg/Vial
95	Inj Vasopressin 20IU/ml (1ml Ampoule)
96	Inj Vecuronium Bromide 4mg per Ampoule
97	IV Dextrose 10% w/v (500ml Bottle)
98	IV Dextrose 25% w/v (100ml Bottle)
99	IV Dextrose 5% w/v (500ml Bottle)
100	IV Dextrose Anhydrous 5% + Sodium Chloride 0.9% w/v (500ml Bottle)
101	IV Human Normal Immunoglobulin 5gm/100ml (100ml Bottle)
102	IV Hydroxyethyl Starch 6% w/v in Isotonic Sodium Chloride injection (500ml Bottle)
103	IV Mannitol 20% Solution (100ml Bottle)
104	IV Metronidazole 500mg/100ml (100ml Bottle)
105	IV Multiple Electrolyte & Dextrose 5% w/v (500ml Bottle)
106	IV Paracetamol Infusion 1.0% w/v (100ml Bottle)
107	IV Ringer Lactate Infusion (500ml Bottle)
108	IV Sodium Chloride 0.9% w/v (100ml Bottle)
109	Inj Tetanus Toxoid (Adsorbed) 0.5ml Ampoule

#### 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 SIX 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: **20 / 02 / 2026** before 5.00pm

*[Handwritten Signature]*

✓ Dean

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI

