



महाराष्ट्र शासन

Government Medical College &amp; Hospital, Baramati

Mail ID-medicalstoregmcmb@gmail.com

Quotation Form

387⑧

GMCB / MS / MED / QUOT / 623 / 2026

Date: - 27/04 / 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	Glycine Irrigation Solution 1.5% w/v (3 Lit Bottle)
2	Hepatitis B Vaccine (rDNA) 10 Dose Vial
3	Hepatitis B Vaccine (rDNA) 5ml Vial
4	Hepatitis B Vaccine (rDNA) Single Dose Ampoule
5	Human Albumin Solution 5% (100ml Bottle)
6	Inj (Etophylline + Theophylline) 220mg/2ml (2ml Ampoule)
7	Inj Adenosine 3mg/ml (2ml Ampoule)
8	Inj Amino Acid solution 10%w/v for IV infusion (500ml Single Dose Container)
9	Inj Amphotericin B 50mg/Vial (Lyophilised)
10	Inj Anti Rabies Serum IP Equine 1500IU/5ml (5ml Vial)
11	Inj Atracurium Besylate 25mg/2.5ml (2.5ml Ampoule)
12	Inj Atropine 0.6mg/ml (10ml Vial)
13	Inj Atropine Sulphate 0.6mg/ml (100ml Bottle)
14	Inj B Complex with Vitamin C Inj(Each 1ml contain Vitamin B12 (2500mcg) + Folic Acid
15	Inj Biphasic Isophane Insulin 40 IU/ml (Monocomponent Biosynthetic r-DNA Insulin) 10ml
16	Inj Clindamycin 600mg/4ml (4 ml Ampoule)
17	Inj Clonidine 100mcg/ml (10ml Vial)
18	Inj Clonidine Hydrochloride 150mcg/ml (1ml Ampoule / vial)
19	Inj Colistimethate Sodium 3 million IU (Single Dose Vial)
20	Inj Deferoxamine Mesylate 500mg/vial (lyophilised)
21	Inj Diatrizoate Meglumine & Diatrizoate Sodium 76% (100ml Vial)
22	Inj Diatrizoate Meglumine & Diatrizoate Sodium 76% (20ml Ampoule)
23	Inj Diatrizoate Meglumine & Diatrizoate Sodium 76% (50ml Vial)
24	Inj Diazepam 5mg/ml (2ml Ampoule)
25	Inj Digoxin 0.5mg/2ml (2 ml Ampoule)
26	Inj Diltiazem 5mg/ml (5ml Vial/Ampoule)
27	Inj Esmolol 10mg/ml (10 ml Vial)
28	Inj Fentanyl 50 mcg/ml (2ml Ampoule)
29	Inj Fluconazole 2mg/ml (100ml Single Dose Container)
30	Inj Haloperidol 5mg/ml (1ml Ampoule)
31	Inj Hepatitis B Immunoglobulin 100 IU/ml (1 ml Vial)
32	Inj Human Rabies Immunoglobulin 300IU/2ml (2ml Vial)
33	Inj Hyaluronidase (ovine) 1500IU per Vial
34	Inj Ketamine HCl 50mg/ml (10ml Vial)

Sr.no.	Name of Drug
35	Inj Labetalol 5mg/ml (4ml Ampoule)
36	Inj Levo Bupivacaine in Dextrose 0.5% w/v (4ml Vial/ Ampoule)
37	Inj Levobupivacaine 0.5% (20ml Vial)
38	Inj Lidocaine HCl 2% (Preservative Free) 5ml Vial (Single Dose)
39	Inj Lignocaine HCl 2% for IV use (50ml Bottle)
40	Inj Lorazepam 2mg/ml (2ml Ampoule)
41	Inj Methylene Blue 1%w/v (10ml Ampoule)
42	Inj Metoclopramide 5mg/ml (5ml Ampoule)
43	Inj Neostigmine 0.5mg/ml (1ml Ampoule)
44	Inj Neostigmine 2mg/ml (1 ml Ampoule)
45	Inj Nicorandil 48mg per vial (Lyophilised Single Dose Vial)
46	Inj Nicotinamide (200mg/ml) +Folic Acid (15mg/ml) +Cynocobalamin(500mcg/ml) (10ml)
47	Inj Oxytocin 10 IU/ml (1 ml Ampoule)
48	Inj Pentazocine 30mg/ml (1 ml Amp)
49	Inj Phenobarbitone Sodium 200mg/ml (1ml Ampoule)
50	Inj Phenylephrine HCl 10mg/ml (1ml Ampoule)
51	Inj Pralidoxime Chloride 1gm/Vial
52	Inj Pralidoxime Chloride 500mg/Vial
53	Inj Pralidoxime Iodide 500mg/20ml (20ml Ampoule)
54	Inj Promethazine 25mg/ml (2ml Ampoule)
55	Inj Protamine Sulphate 50mg/5ml (5ml Vial or Amp)
56	Inj Remdesivir 100mg / Vial (Lyophilized)
57	Inj Rocuronium Bromide 10mg/ml (5ml Vial)
58	Inj Succinylcholine 50mg/ml (10ml Vial)
59	Inj Terlipressin 1mg/10ml (10 ml Ampoule/ Vial)
60	Inj Tocilizumab 20mg/ml (20ml Vial)
61	Inj Tocilizumab 20mg/ml (4ml Vial)
62	Inj Trypan Blue Solution 0.06% w/v (1ml Vial)
63	IV Amino Acid 8% w/v (200 ml)
64	IV Total Parenteral Nutrition (1500ml)
65	Rabies Human Monoclonal Antibody (rDNA) 100IU/2.5ml
66	Sodium Chloride Irrigation Solution (0.9% w/v) 3Lit 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 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 Valid documents with quotation (If already submitted no need to submit it again)**

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

ii) Non conviction certificate issued from concern FDA.

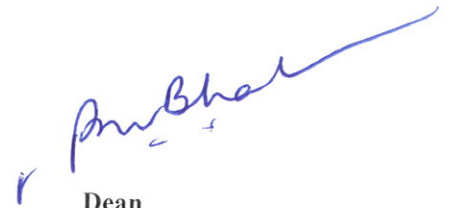
13) It is **Mandatory** to submit following documents/certificates along with medicine at the time of supply of medicine.

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) Compulsory.

**Last Date to submit Quotation: 04 / 05 / 2026 before 5.00pm**



Dean

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI