



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, BHADRAK

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Letter No:- 4884 Sub-Store/DHH/Bhadrak Dated:- 23/05/2019

Open Tender No 4884 / Bhadrak / Dated. 23.05.19

Sealed tenders are invited from the manufacturer, if no manufacturer unit is participating in the tender, their authorized distributor / supplier / agency/retail counter/medicine shop will be consider for supply of drugs, consumables, bedding & clothing, common instrument & equipments & chemical & reagent. The details list, terms and condition & technical bid are available in district website: - www.bhadrak.nic.in can be downloaded or will be available at TSK, Bhadrak . Tender should be submitted in separate envelops by enclosing its technical bid cover (A) & commercial bid cover (B) tender document, required fees, EMD as mentioned & super scribe clearly tender No. & date, tenderer mobile No., Fax No. in the front of envelop. The last date & time of submission of bid 24.06.2019 at 5PM & the technical bid shall be opened on 25.06.2019 at 12.30PM in presence or absence of bidder or their authorized representatives. Tender paper in incomplete form or after the scheduled date & time shall be rejected.

The authority reserves the right to reject or accept all or any of the quotation without assigning any reasons thereof. All legal disputes if any relating to the Quotations are subject to Jurisdiction in the court of law situated at Bhadrak, Odisha only.

Sd/- Dr Barish Das
Chief District Medical & Public Health Officer,
Bhadrak

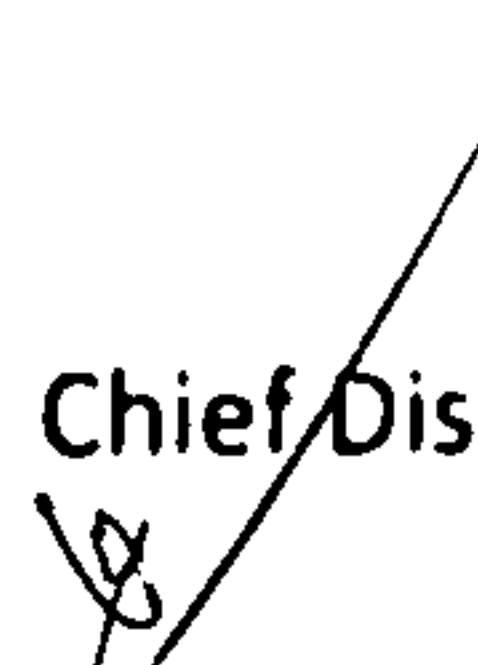
Memo No 4885 Dated 23/5/19

Copy to OIC, NIC, Bhadrak requested to upload in district website.

Copy to Editor (1) / Editor (2) for publish the above notice & submit the bills in triplicate to ADMO (MED), Bhadrak for payment.

Copy to Notice Board of DHH, Bhadrak / Colectoratate, Bhadrak / Municipality Office, Bhadrak / Court, Bhadrak for information and wide publication.

Five copies to be hanged / fixed in five conspicuous place of Bhadrak town.


Chief District Medical & Public Health Officer,
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TERMS, CONDITIONS & SPECIFICATION FOR
SUPPLY OF DRUGS & CONSUMABLES, BCL, LAB CHEMICAL & REAGENT, BMW
ITEMS SMALL INSTRUMENTS / EQUIPMENTS
FOR BHADRAK DISTRICT FOR A PERIOD OF ONE YEAR

Name of the District:- Bhadrak

(HEALTH & F. W. DEPTT. GOVT. OF ODISHA)

Tel: 06784-251855

Bid Reference No ~ C D M & PHO, BHADRAK/2019 - 2020

**TENDER DOCUMENT FOR SUPPLY OF DRUGS & CONSUMABLES BCL, LAB
CHEMICAL & REAGENT, BMW ITEMS, SMALL INSTRUMENTS / EQUIPMENTS**
Bid document may be downloaded from Web site-www.bhadrak.nic.in

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 24.06.2019 5P.M

DATE & TIME OF OPENING OF COVER-A (Technical Bid) : 25-06-2019 12:30 P.M

DATE OF OPENING OF COVER-B :-

(Price Bid Date Will Be Informed to Technical Qualified Bidder by e-mail/Phone).

ADDRESS FOR COMMUNICATION:- O/O- CDM & PHO,
BHADRAK, DIST:-BHADRAK
AND

RECEIPT OF BID DOCUMENTS

PLACE OF OPENING OF BID DOCUMENT:- **OFFICE OF THE CDM & PHO, BHADRAK**

Email ID : birendramohanty7@gmail.com

Tel: 06784:-251855

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER:
BHADRAK**

Birendra
22/5/19
Chief Dist Medical &
Public Health Officer
BHADRAK

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TERMS AND CONDITIONS:-

- 1.1 Sealed tenders will be received by Dated **24.06.2019 upto 05.00 P.M.** by the CDM & PHO, Bhadrak through ~~Express~~ Speed Post/ Regd. Post only (not by hand) for the purchase of drugs, consumables and other items. Any tender received after the due date & time will be rejected / returned to the sender unopened.
- 1.2 The bidder(s) are to submit their tender in sealed covered envelopes for technical bid and commercial bid which should be super scribed as "Tender for Drugs & medical consumables" for CDM & PHO Bhadrak.
- 1.3 The Sealed tenders submitted by the tenderers will be opened at the Conference Hall of the CDM & PHO, Bhadrak on date **25.06.2019 at 12:30PM**. The tenderer or their only duly authorized representative is allowed to be present during the opening of the tenders if they so like.
- 1.4 No tender documents can be accepted after the expiry of scheduled date and time for receipt of bids.
- 1.5 The details of items and specification are mentioned at **Annexure – I**.
- 1.6 Rate should be quoted in Indian Currency (with paisa in two decimals only), both in words and figures against each item as the payments will be made in Indian currencies only (Annexure-II). The tenderer shall not quote the rate for any item other than the item specified in the list.
- 1.7 The Tax (GST) will be claimed as per the guidelines given by the Finance Dept., Govt. of India / Odisha from time to time.
- 1.8 Each page of the bid document shall be duly numbered, signed and self attested by the bidder. Bids without signature and stamp of bidder will be rejected.
2. In case of items mentioned in brand, the purchaser desires to procure the item of the mentioned brand only.
- A. **Tender Processing Fee and EMD:**
The tenderer should furnish the EMD (Refundable) of **Rs. 35,000/-** and Rs.2,240/-towards processing fee (non-refundable) in shape of Bank Draft in favor of "CDM & PHO, Bhadrak" payable at SBI Naya Bazar Branch, Bhadrak. However the EMD of the non-responsive bidders will be returned after completion/finalization of the tender process and approved bidders after submission of performance security.

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B. ELIGIBILITY CRITERIA

Wholesalers / distributors / suppliers & Manufacturers are eligible to participate in the tender provided, they have:

- (i) Valid Wholesale / Distributor License from the competent authority in case of wholesales / distributors & in case of manufacturers valid manufacturing license & GMP certificate from competent authority(ies). Valid means valid till the date of opening of Cover-A (Technical Bid).
- (ii) Proof of supply to any Govt. hospital / PSU hospital / Corporate Sector hospital along with satisfactory performance report from the purchaser. **However, the suppliers at present supplying drugs & medical consumables to the tender inviting authority need not to submit the same.**
- (iii) Valid up-to-date GST & I.T clearance / payment certificate.
- (iv) Annual turnover (for Category A & B items):
 - (a) Annual Turnover of Rs. 1 crore or more in each year in last three preceding years in case of bidders other than manufacturers. However, they have to submit copy of turnover (Rs. 05 crore in last three preceding years) of the manufacturers whose product(s) they are quoting in the bid. So they have to submit annual turnover of self and the manufacturers of their quoted product(s).
 - (b) In case of manufacturers participating directly shall have annual turnover of
 - (c) Bidders participating in category C items: The bidder shall have turnover of 05 lakh in last three preceding years.
- (v) Bidder shall be registered under GST.
- (vi) Bidders are requested not to quote products of those manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization.

C. Documents to be submitted with the Technical Bid (COVER-A):-

1. Tender processing fee of Rs.2,240/-
2. Earnest Money Deposit (EMD) as mentioned in Clause "A".
3. Copy of -
 - a. Valid manufacturing license / validity certificate and valid GMP / WHO GMP / ISI / CE certificate in case of manufacturers. Manufacturer shall have a depot at / Bhadrak / Bhubaneswar / Cuttack (please submit contact details).
 - b. In case of distributors: valid Wholesale / Distributor / Drug License from the competent authority and **authorization in original as per Annexure - VII** (those

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who are participating A or B category items) from the manufacturers whose products are quoted by the bidder.

1. Valid manufacturing / import license / validity certificate and valid GMP / WHO GMP / ISI / CE certificate of the manufacturer(s) whose products are quoted by the bidder.

c. Copy of PAN CARD & GST registration certificate

d. Copy of latest I.T Return & GST payment receipt

e. List of items quoted (Annexure – I(A))

f. Manufacturer's Authorization in original (except for Category-C items)

g. Price Bid in hard copy signed & sealed in each page properly along with the soft copy of the quoted price.

h. Details name, address, telephone no., Fax, e-mail of the bidder / contact person.

i. Declaration as per format Annexure-III.

j. Annual Turnover of the bidder (when the bidder is manufacturer) and both the bidder and the manufacturer (when the bidder is other than manufacturer) as per format Annexure – IV along with supporting documents from chartered Accountant.

k. Submission of Samples:

1. Bidders who are participating in Category B & C have to submit samples (quantity as mentioned in the Annexure-V) within 3 days of opening of Cover-A (Technical Bid) in the prescribed format. (Refer to Annexure – V). Non submission of samples within the prescribed time period will lead to rejection of the quoted item for which sample(s) has/have not been submitted.

4. All pages shall be duly signed and sealed by the bidder.

D. PRICE BID

1. The tender format giving the quoted rate for drugs (Category – A), surgical & suture items (Category – B) and consumables items (Category – C) should be submitted in separate sealed covers hereafter called Cover "B" (Price Bids). The bidder has to submit sealed separate price bids for each category of items (Category – A, Category – B & Category – C).

2. The tender format (Price Schedule) in duplicate in the prescribed form (as per Annexure – II), both hard copy and soft copy must be submitted in the bid. The price of the item should be quoted inclusive of insurance, packing, forwarding, freight (door delivery) but exclusive of GST if any. 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.

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3. Alternative bid for any item is not acceptable and the item for which multiple bids / rates quoted by the bidder will not be taken into consideration for evaluation.
4. The quoted rates should be final and shall not be subject to any escalation during the validity of the tender or period of validity.
5. The tenderer should submit/furnish a certificate in the tender to the effect that the price quoted by them is not more than the open market price or also under GeM Rate Contract where such rate exists. However, in circumstances when the price decreases during the contract period, the approved supplier should ethically intimate the same to the purchasing authority.

E. Rejection of the tender:

The tender paper will be rejected, if any of the following documents are wanting /not found with the tender bid:

- (i) Non submission of relevant documents as mentioned in Clause-C.
- (ii) Sealed Price bid(s) / quoted rate with signature and seal.

F. Evaluation:

1. Tenders will be evaluated as per the requirement of the bid and the price bid will be opened only for the bidders who qualified in the document evaluation / sample evaluation.
2. The cost of the unit item excluding Taxes / GST will be evaluated.

G. Performance Security:

1. The approved supplier(s) shall have to submit performance security in shape of Bank Guarantee as follows: (refer to Annexure – VI)
 - a. for category A items: Rs.1,00,000/-
 - b. for category B items: Rs. 30,000/-
 - c. for category C items: Rs. 20,000/-

Only after submission of performance security by the approved lowest eligible bidder(s), purchase order(s) shall be issued in favour of the approved supplier(s) and EMD will be returned. The bidders can combine the values and submit only one performance security if approved in more than one category.

H. Supply & Delivery:

1. The approved bidder / supplier shall have to supply at-least 25% of the purchase order quantity (each item) within 7 days of issue of purchase order and the rest within the stipulated time period as mentioned in the purchase order.

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2. Supply shall be completed within 30 days from the date of issue of purchase order or as mentioned in the purchase order.
3. The drugs & medical consumables supplied against any purchase order shall have a minimum of 50% life span.
4. At the time of delivery, the supplier has to submit copy of analytical test report (NABL / In-House Laboratory) of each supplied batch. Hence, no drugs without test report shall be received.
5. F.O.R Delivery shall be made at Sub-Store, DHH, Bhadrak
6. Nil-supply / unwilling to supply the ordered quantity will lead to forfeiture of EMD / performance security deposited by the supplier.
7. In case the L1 bidder fails to supply the items within the stipulated time period, the purchaser reserves the right to purchase the said item from any eligible bidder at L1 approved rate.

I. Payment:

1. 100 % payment shall be made after submission of stock entry certificate(s) from the concerned authority and as per the availability of funds. Under no circumstances the supply should be interrupted as regards to payment.

J. Penalties:

1. If any product after use found to be "Not of Satisfactory Quality"/Not as per the parameter/ gives adverse reaction upon consumption", such item will be declared as "Not of Satisfactory Quality" on the basis of the report of the concerned user. The said product shall be freezed. The supplier has to replace fresh stock as per the purchased quantity and take back the freezed stock. In case the supplier fails to replace the stocks, the performance security will be forfeited. No further purchase order will be placed to the firm / supplier for the item(s) and the firm / supplier will be blacklisted/debarred from participating in any tender (for that item) floated in future for three years.

K. General Conditions:

1. The tender documents should be clearly written / typed without any correction, interpolations and overwriting. Each page of the tender should bear the dated signature of the tenderer.

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2. All copies of the tender document should be self-attested. If any information or documents furnished by the tenderer found to be misleading/incorrect at any stage, their tender will not be accepted.
3. The approved rate and supplier will be valid for **one year** from the date of approval or till finalisation of the next tender whichever is later.
4. In the event of the last date of submission of bid being declared as a holiday for the purchaser's office, the due date of submission of bids and opening of bids will be the following working date & time.
5. The quantum of procurement will be made on requirement basis.
6. The MSE / SSI Units of the State of Orissa will be given the following preferences in the tenders provided they produce the following documents as per MSME Development Policy-2009 and IRP - 2007:

Local Micro & Small Scale Enterprises (MSE) and Khadi & Village industrial units including handloom and handicrafts will enjoy a price preference of 10% vis-à-vis over local medium and large industries as well as industries outside the State. Local Micro & Small Scale Enterprises having ISO, ISI Certification for their product shall get an additional price preference of 3% as per provision of IPR-2007

7. The authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.
8. All legal disputes, if any relating to purchase etc. are subject to jurisdiction in the courts of law situated at Bhadrak, Odisha or High Court of Odisha.

CDM & PHO, Bhadrak

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ANNEXURE – I (A)

LIST OF ITEMS QUOTED (MANDATORY)
(To be attached with technical bid)

Sl No	Item Sl. No. as per tender	Name of the Item	Specification / Unit	Name of the manufacturer	Mfg. license No. & validity at pg. no.	GMP / WHO GMP / CE / ISI etc. as applicable at pg. no.	Remarks
1							
2							

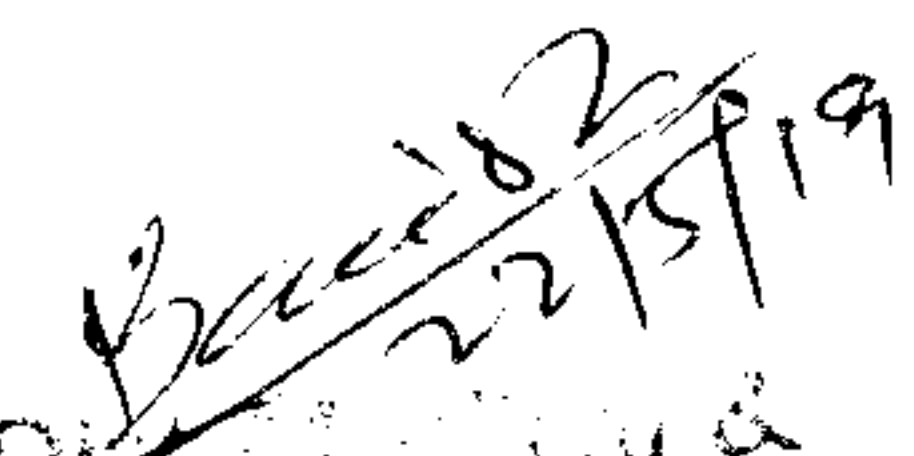
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PRICE SCHEDULE (CATEGORY -)

ANNEXURE-II

Sl. No.	Item Sl. No. as per tender	Name of the item	Specification / unit	Name of the manufacturer	EACH RATE (Tablet / Capsule / vial / ampoule / bottle / inhaler / Number etc)	GSI %age

N.B: Please mention the Category
Please provide both softcopy and hardcopy (sealed for each category) in the price bid.


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DECLARATION FORM

I / We _____ having
My / our _____ office at _____
_____ do declare that I / We have carefully
read all the terms & conditions of tender of the _____, Orissa for the
supply of drugs & medical consumables. I will abide with all the terms & conditions set forth in the tender
paper Reference no.

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

**I/We do hereby declare that the rates quoted by me/us are neither more than the Maximum
Retail Price nor DGSD rate contract.**

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or
Security Deposit and blacklist me/us for a period of 3 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.

I / We further declare that I / We possess valid Manufacturing License / Drug License bearing No.

_____ Valid upto _____ . I / We

_____ do hereby declare that I / we will supply the _____
as per the terms, conditions & specifications of the tender document. I / we further declare that my / our
EMD and or Security Deposit will be forfeited if I / we fail to supply any drug after getting order from the
purchaser. I / we further declare that we will supply the ordered items manufactured only by the
manufacturers as mentioned in the bid document.

Signature of the bidder :

Date :

Name & Address of the Firm: Affidavit before
Executive Magistrate / Notary Public.

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ANNEXURE – IV
(Refer to Clause B (iv))

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____
_____ who is a wholesaler / distributor / manufacturer for the last three
years are given below and certified that the statement is true and correct.

<i>Sl.No.</i>	<i>Year</i>	<i>Turnover in Lakhs Rupees</i>
1.	2015 - 2016	-
2.	2016 - 2017	-
3.	2017 - 2018	-
	or	
4.	2018 - 2019	-

Date:

Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)
Registration No.

Seal

NB:

1. This certificate should be supported by figures in PL Account & Income Tax Return.
2. Distributor has to submit own as well as turnover of the principal manufacturer whose products they are quoting

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3. ANNEXURE – V

PROFORMA FOR SUBMISSION OF SAMPLES

Name of the bidder:

Sl. No. (of bidder)	Item Sl. No. (as per tender)	Item name & specification	Name of the manufacturer	Quantity submitted (minimum 3 Nos or above .)

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Performance Security Bank Guarantee Format

----- [Bank's Name and Address of issuing
branch of Office]

Beneficiary:[Name and Address of the Purchaser]

Performance Guarantee No.....

We have been informed that [Name of the supplier] (hereinafter called "The Supplier" has entered into Contract No. [Reference No. of the Contract]) dated..... with you, for the supply of [description of items].

Furthermore, we understand that according to the conditions of the contract, a performance guarantee is required.

At the request of the supplier, we [name of the bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total amount of [amount in figures]..... [amount in words]..... Upon received by us of your first demand in writing accompanied by a written statement stating that the supplier is in breach of its obligation(s) under the contract, without your needing to prove or to show grounds for your demands or the sum specified therein.

This guarantee shall expire no later than the day of and any demand for payment under it must be received by us at this office on or before that date.

[(Signatures (s))]

Authority of Issuing Branch

Seal

Date:

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22/5/19
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MANUFACTURER'S AUTHORISATION FORMAT

(in original)

To

The CDM&PHO, Bhadrak

Sub: LETTER OF AUTHORISATION.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We _____ are
established and reputed manufacturer's of _____ (name and
description of items offered) having factories at _____
_____ (Address of Factory)

do hereby authorize M/s _____
_____ (Name and address of Distributor
/ Agent) to submit a bid and sign the contract with you against the above referred tender.

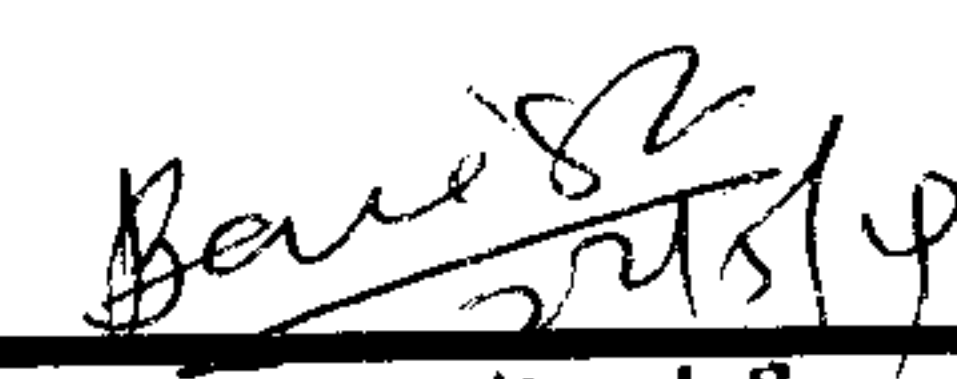
We have valid manufacturing licenses bearing No. _____ valid till
_____ and GMP / WHO GMP / CE / ISI valid till
_____.

We also extend our full quality assurance for the items quoted by M/s _____
_____ as per the terms and conditions in your
tender under reference above.

Yours faithfully,

Name of the Manufacturer
(Signature with seal)
Contact Number:

Note: This letter of authority should be on the letter head of the manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included in the bid submitted by the tenderer if the tenderer is not the manufacturer.


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CHECK LIST

(the 2nd page of your bid document)

Sl. No.	Details of the bidder		
1	Name of the Bidder		
2	Bidder Type (Please Tick)	Manufacturer	Other (C&F Agent / Wholesaler / Distributor/Other)
3	Address with Phone No. & email ID		
4	Contact Person:		
5	Mobile No. / Landline No.		
6	Email ID		

DOCUMENTS SUBMITTED

Sl. No.	Document details	Submitted (Yes/No)	If Yes Page No.	Remarks if any
1	Tender Processing Fees details: DD No.: Date: Amount:			
2	EMD Details: DD No.: Date: Amount:			
3	Valid drug license from competent authority: (Manufacturing / wholesale / retail etc.)			
4	Annual Turnover statement: (Provide supporting documents like Profit & Loss Account, I.T Return Certificate)			
5	Proof of supply (except those bidders who are at present supplying to CDM&PHO,Bhadrak)			
6	Copy of PAN card			
7	Copy of GST registration certificate			
8	Copy of I.T return / Tax clearance certificate:			

N.B:

a. Bidder has to sign and seal each page with sequentially numbered (both bids).

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29/5/18
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ANNEXURE-I**LIST OF ITEMS AND TECHNICAL SPECIFICATION**

CATEGORY 'A' ITEMS		
Sl. No.	Name of the item	Specification
1	Inj. Erythropoietin	4000 IU
2	Cap. B-Complex + Zinc	Adult
3	Cap. Multivitamin + Anti-oxidants + Multiminerals	Adult
4	Cap. Omeprazole	20mg/Cap.
5	Cap. Probiotic – Prebiotic with FOS and Immunobiotic Capsule	Adult
6	Inj. Heparine	25000 IU
7	Cap. Rabeprazole + Domperidone	40mg+30mg (SR) / Cap
8	Cream Calcium Dobesilate + Hydrocortisone Acetate + Lignocaine + Phenyl Ephrine + Zinc Oxide	15gm/tube
9	Drop Paracetamol	125mg/1ml 10ml Bot with dropper(Palatable)
10	Drop Amoxicillin+Clavunamic Acid	200+125mg/ml, 30ml Bot with dropper(Palatable)
11	Drop Multivitamin	10ml Bottle / Paediatric use with dropper(Palatable)
12	Drop Vitamin D3	10ml Bottle / Paediatric use with dropper(Palatable)
13	Drop Ondansetron	2 mg / 5 mL; 30ml / Bottle with dropper(Palatable)
14	Drop Cefixime Oral	25 mg / 1 mL, 10ml / Bottle with dropper(Palatable)
15	Eye Drop / Ophtalmic Solution Brimonidine Tartarate + Timolol Maleate	brimonidine tartrate 0.2 %, timolol 0.5 %, 5ml vial
16	Eye Drop / Ophtalmic Solution Olopatadine HCl	0.1% w/v, 10ml vial
17	Eye Drop / Ophtalmic Solution Travoprost	0.04 mg / 1 mL; 2.5ml
18	Eye drop Atropine	1% w/v, 3ml/vial
19	Eye drop Azithromycin	1 % w/v / 3ml vial
20	Eye drop Bromofenac	0.09 % w/v / 5ml vial
21	Eye drop Carboxymethylcellulose	0.5% w/v, 10ml vial
22	Eye drop Cyclopentolate	1 % w/v / 5ml vial
23	Eye drop Flurometholone	0.1% w/v, 10ml vial
24	Eye drop Loteprednol	5 mg / 1 mL; 5ml vial
25	Eye Drop Moxifloxacin	0.5% w/v, 5ml vial

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26	Eye drop Moxifloxacin + Prednisolone	Moxifloxacin 0.5 % w/v, Prednisolone phosphate 1 % w/v / 10ml vial
27	Eye drop Moxifloxacin +Dexamethaxone	Moxifloxacin 0.5 % w/v, Dexamethasone phosphate 0.1 % w/v / 10ml vial
28	Eye drop Natamycin	Natamycin 5 % w/v / 5ml vial
29	Eye drop Prednisolone	1 % w/v / 5ml vial
30	Eye drop Timolol	0.5% w/v, 5ml vial
31	Eye drop Tobramycin	0.3% w/v, 10ml vial
32	Eye drop Tropicamide + Phenylepherine	0.8% w/v+5%w/v, 10ml vial
33	Eye Ointment Acyclovir	3 % w/w; 5g/Tube
34	Eye Ointment Azithromycin	1 % w/w; 5g/Tube
35	Eye Ointment Moxifloxacin	0.5 % w/v; 5g/Tube
36	Ofloxacin+Dexamethasone Ear Drop	0.3 % w/v, + 0.01 % w/v, 10ml / vial
37	Ear Wax Softner	paradichlorobenzene 2 % w/v, benzocaine 2.7 % w/v, turpentine oil 15 % w/v, 10ml/vial
38	Sodium dihydrogen phosphate+ Sodium phosphate Enema	Sodium dihydrogen phosphate 16 %, Sodium phosphate 6 %
39	Chlorohexidine gel	1% w/v Mouth gel, 15gm/tube
40	Diclofenac Gel	1% w/v, 30gm/tube
41	Xylocaine Jelly	5% w/w, 15gm/Tube
42	Clindamycin Gel	Clindamycin 1 % w/w, Nicotinamide 4 % w/w, Aloe; 10gm Tube
43	Budesunide + Formoterol (Metered dose)	200 doses
44	Salbutamol + Ipratropium bromide Inhaler	salbutamol 100 mcg, ipratropium bromide 20 mcg.
45	Inj. 25% Dextrose Solution I.V	100ml / Bottle
46	Hepatitis B Vaccine	Per ampoule
47	Thrombophob GEL.	PER EACH
48	Inj. Albumin	20%, 100ml Bottle
49	Inj. Amikacin	100mg/vial
50	Inj. Amikacin	500mg/vial
51	INJ. AMINOPHYLINE	Per Ampoule
52	Inj. Amoxicillin+Clavulanic Acid (with diluent)	1000mg+200mg/vial
53	Inj. Amoxicillin+Clavum 150 Mg (with diluent)	125mg+25mg/vial
54	Inj. Amoxicillin+Clavum 300 Mg (with diluent)	250mg+50mg/vial
55	Inj. Ampicillin (with diluent)	100mg/vial
56	Chloramphenicol Eye drop	Per each
57	Inj. Anti-D (Immunoglobulin Monoclonal)	300mcg/vial
58	Inj. Atropine	1 MI /Ampl
59	Inj. Adrenaline	1MG/ML.(1:1000)
60	Inj. Azithromycin IV	500mg/bottle
61	Inj. Caffeine Citrate	40mg/2ml vial

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62	Inj. Calcium Gluconate	10%, 10ml Amp.
63	Inj. Cefoperazone+Sulbactum (with diluent)	1000mg+500mg/vial
64	Inj. Cefotaxime Sodium (with diluent)	125mg/vial
65	Inj. Ceftriaxone (with diluent)	1000mg/vial
66	Inj. Ceftriaxone+Sulbactum (with diluent)	1000mg+500mg/vial
67	Inj. Ceftriaxone+Tazobactum (with diluent)	1000mg+250mg/vial
68	Inj. Citicholine	250 mg / 1 mL; 2ml Amp.
69	INJ ONDANSETRAN	2mg/ml
70	Inj. Dexamethasone Sodium	4mg/vial
71	Inj. Diclofenac Aqua	75mg / 1ml/Amp
72	Inj. Diclofenac Sodium	3ml/Amp
73	Inj. Dicyclomin HCl	10mg / 1ml; 2ml/Amp
74	Inj. Dobutamin Hcl	5ml/Amp
75	Inj. Dopamine Concentrated	5ml/Amp
76	Inj. Ephidrine HCl	1ml
77	INJ DROTAVERINE	40mg/amp
78	INJ TRANEXAMIC ACID	500MG/5ML.
79	Inj. Frusemide	20mg/Amp.
80	Inj. Gentamycin	20mg/vial
81	Inj. Glycopyrolate	0.2mg/ml, 1ml Amp.
82	Inj. Heparin	25000IU/vial
83	Inj. Hepatitis B -Immunoglobulin	100IU/vial
84	INJ PIROXICAM	20MG/ML.
85	Inj. Hydrocortisone (with diluent)	100 Mg/vial
86	INJ GLYCERYL TRINITRATE	5mg/ml
87	INJ MANNITOL	100ML/BOT
88	Inj. Imepenem+Cilastatin (with diluent)	500mg/vial
89	Inj. Iron Sucrose	100mg/5ml Amp.
90	Inj. Keterolac	30mg / 1ml, 1ml Amp.
91	Inj. Labetolol	20mg/4ml; 4ml Amp./Vial
92	Inj. Levetiracetam	100mg/ml, 5ml Amp.
93	Inj. Levofloxacin IV	100 ML/Btl
94	Inj. Levosulpiride	2ml/Amp
95	Inj. Lignocaine	4 % Topical
96	Inj. Lignocaine + Adrenalin	Lidocaine hydrochloride 21.3 mg + Adrenaline 0.005 mg
97	Inj. Lignocaine HCl	2% w/v; 30ml Amp.
98	Inj. Lincomycin	300mg/ml, 1ml Amp.
99	Inj. Linezolid IV	300 ML/Btl
100	Inj. Lorazepam	2mg/ml; 1ml Amp.
101	INJ METOCLOPAMIDE	10mg/2ml
102	INJ STEMITIL	Per each
103	Inj Anti Rabies Vaccine	Per each vial
104	Inj. Magnesium Sulphate	250 mg / 1 mL; 2ml / Amp.
105	Inj. Meropenem (with diluent)	1000mg/vial

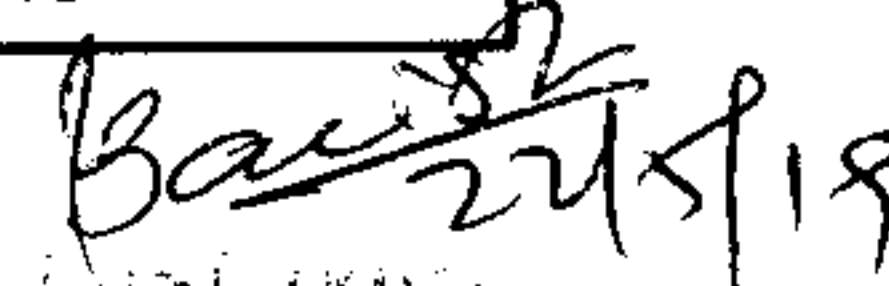
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106	Inj. Meropenem (with diluent)	500mg/vial
107	Inj. Meropenem (with diluent)	250mg/vial
108	Inj. Methyl Prednisolon (IM/Intra Ariticular)	40mg/vial
109	Inj. Methyl Prednisolone (IM/IV) (with diluent)	125mg/vial
110	Inj. Methyl Prednisolone (IM/IV) (with diluent)	40mg/vial
111	Inj. Methyl Prednisolone (IM/IV) (with diluent)	500mg/vial
112	Inj. Methylergometrine Maleate	0.2 mg / 1 mL; 1ml Amp.
113	Inj. Midazolam	10 Mg / 10ml vial
114	Inj. Moxifloxacin IV	100 MI/Btl
115	Inj. Neostigmine Methylsulphate	2.5mg per 5ml Amp.
116	Inj. Netlimycin	25mg per 1ml Amp
117	Inj. Netlimycin	300mg per 3ml Amp
118	Inj. Noradrenaline	4mg per 2ml/Amp
119	Inj. Normal Saline 0.9%	100 MI/Btl
120	Inj. Normal Saline 3 %	100 MI/Btl
121	Inj. Normal Saline 4.5 %	100 MI/Btl
122	Inj. Ondansartan	4mg/Amp
123	Inj. PAM (Liquid)	500mg/20ml Amp
124	Inj. Pantoprazole (with diluent)	40mg/vial
125	Inj. Paracetamol	150mg/ml, 2ml/Amp
126	Inj. Paracetamol IV	1% w/v, 100ml Bottle
127	Inj. Pentazocaine Lactate	30mg/ml; 1ml Amp.
128	Inj. Pheneramine HCl	25mg/ml; 2ml Amp.
129	Inj. Phenobarbitone Sodium	200mg/ml; 1ml Amp.
130	Inj. Phenytoin Sodium	50mg/ml; 2ml Amp.
131	Inj. Phytomenadione	1mg/ml; 1ml Amp.
132	Inj. Piperacillin +Tazobactum (with diluent)	4000mg+500mg/vial
133	Inj. Potassium Chloride	0.15 g / 1 mL, 10ml Amp.
134	Inj. Promethazin Hcl	25mg/2ml Amp.
135	Inj. Propofol	10mg/ml, 20 MI Vial
136	Inj. Ranitidine HCl	25 mg / 1 mL; 2ml Amp.
137	Inj. Sodium Bicarbonate	7.5%w/v; 10ml Amp.
138	INJ PIPERACILLIN +TAZOBACTUM	4GM+500MG/VIAL.
139	INJ TRAMADOL	50MG/ML.
140	Inj. Tetanus Toxoid	0.5 ml / Ampoule
141	Inj. Tetanus Toxoid	5ml/Vial, 10 doses vial
142	Inj. Theophyllin + Etophylline	Etopylline 84.7 mg, Theophylline 25.3 mg/1 mL; 2ml Amp.
143	Inj. Tramadol	100mg/2ml; 2ml Amp.
144	Inj. Tranexamic Acid	500mg/5ml; 5ml Amp.
145	Inj. Triamcinolone Acetonide	40mg / vial
146	Inj. Vancomycin (with diluent)	500mg/vial

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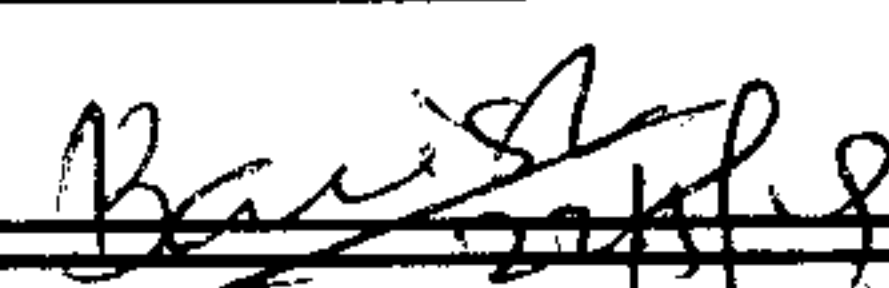
147	Calamine Lotion	Calamine 8 % w/v, diphenhydramine hydrochloride 1 % w/v, camphor 0.1 % w/v; 100ml Bottle
148	Chlorhexidine gargle	100ml/bottle
149	Chlorhexidine Hand Rub	500 MI / Bottle
150	Clotrimazole+Beclomethasone Lotion	
151	Glycerin	450gm/bottle
152	Hydrogen Peroxide	3% w/v, 100 MI / Bottle
153	Iron Drop	50 mg / 1 mL, 15ml bottle with dropper(Palatable)
154	Povidine Iodine lotion	5% w/v, 500MI/Btl
155	Povidine Iodine lotion	10% w/v, 100ml/Bottle
156	Povidine Iodine Scrub	7.5%w/v; 100ml /Bottle
157	Prermethin Lotion	60 MI / Bottle
158	Surgical Spirit	450 MI/Btl
159	Syp. Ambroxol	60 MI/Btl
160	Syp. Cetrizine Di Hcl	60 MI / Bottle(Palatable)
161	Syp. Lactitol Mono Hydrate	200ml/bottle(Palatable)
162	Syp. Liquid Paraffin + Milk of Magnesia	100ml/bottle(Palatable)
163	Syp. Paracetamol	125mg/5ml, 60ml/Bot.(Palatable)
164	Syp. Prednisolone	5 mg / 5 mL; 30ml / Bottle(Palatable)
165	Syp. Terbutalin + Ambroxol + Guaifenesin + Menthol	100ml/bottle(Palatable)
166	Syp. Vitamin B-Complex + Vit. C + Zinc	100ml/bottle(Palatable)
167	Trypan Blue	0.6% w/v / 5ml/vial
168	Turpentine Oil	100 MI / Bottle
169	Oxymetazoline Nasal Drop	0.5 mg / 1 mL; 10ml Bot.
170	Oxymetazoline Nasal Drop	0.25 mg / 1 mL; 10ml Bot.
171	Saline Nasal Drop	0.65%w/v, 10ml/vial
172	Xylomethazolin Hcl Nasal Sprey	1% w/v, 10ml Bot
173	Oint Clobetasol + Miconazole + Gentamycin	clobetasol propionate 0.05 % w/w, gentamicin sulphate 0.1 % w/w, miconazole nitrate 2 % w/w, 20gm/Tube
174	Clotrimazole Ointment	10 Mg / Tube
175	Fusidic Acid Ointment	5gm/tube
176	Mupirocin Ointment	2 % w/w ; 5gm/tube
177	Povidone Iodine Oint	5%w/w; 15 Mg / Tube
178	Salicylic Acid Ointment	15gm/tube
179	Sucralfate+Povidone Iodine Oint.	Povidone iodine 5 %, Sucralfate 7 %; 15gm/tube
180	Magnesium Sulphate crystal	20gm/packet
181	Budesunide Respules	0.5mg/2ml Amp./Respule
182	Levo Salbutamol + Ipratropium bromide Repsules	Salbutamol sulphate 2.5 mg, Ipratropium Bromide 500 mg/2.5 mL
183	Spray Fluticasone	0.05 % w/w x 120md
184	Spray Monetasone Furoate	0.5 % w/v x 1 puff x 120md


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185	Dry Syp. Cefpodoxime + Clavulanic Acid	Cefpodoxime proxetil 50 mg, Potassium clavulanate 31.25 mg; 30ml Bottle
186	Susp. Albendazole Suspension	400mg/10ml Bottle(Palatable)
187	Susp. Amoxicillin+Clavunamic Acid (Dry Surup)	amoxicillin 200 mg, clavulanic acid 28.5 mg/5 mL(Palatable)
188	Susp. Antacid (Al. Hydroxide+Mag. Hydroxide+ Simethicone)	100ml Bottle(Palatable)
189	Susp. Ibuprofen + Paracetamol	Ibuprofen 100 mg, Paracetamol 162.5 mg/5 mL(Palatable)
190	Susp. Sucralfate + Oxetacaine	100ml/bottle(Palatable)
191	Tab. Ambroxol HCl	30mg/Tab.
192	Tab. / Cap. Amoxicillin +Pottasium Clavunamic Acid	500+125mg/ Tab. / Cap.
193	Tab. Aceclofenac	100mg/Tab.
194	Tab. Aceclofenac + Paracetamol	Aceclofenac 100 mg, Paracetamol 325 mg / Tab.
195	Tab. Acyclovir	200mg/ Tab.
196	Tab. Allopurinol	100mg/ Tab.
197	Tab. Alprazolam	0.5mg/Tab
198	Tab. Amlodipine	5mg/Tab.
199	Tab. Amoxicillin +Pottasium Clavunamic Acid (DT)	200+125mg/ Disp. Tab.
200	Tab. Aspirin (Gastric Resistant)	75mg/Tab.
201	Tab. Atorvastatin	10mg/Tab.
202	Tab. Azithromycin	500mg/Tab.
203	Tab. Betahistine HCl	16mg/tab
204	Tab. Bromelain + Rutoside + Trypsin	Trypsin 180 mg, Rutoside 96 mg, Bromelain 200 mg / tab.
205	Tab. Cabergolin	0.05mg
206	Tab. Calcium+D3	Calcium carbonate 1250 mg, Vitamin D3 250 IU / Tab.
207	Tab. Carbamazepine	200mg/ Tab.
208	Tab. Carbimazole	10mg / Tab.
209	Tab. Cefixime	200mg/ DT
210	Tab. Cefpodoxime	200mg/Tab.
211	Tab. Cefpodoxime + Clavulanic Acid	325mg/tab.
212	Tab. Cefuroxime	500mg/Tab.
213	Tab. Cetrizine Dihydrochloride	10mg/Tab.
214	Tab. Chlorothalidone	6.25mg/tab
215	Tab. Chlorothalidone	12.5mg/tab
216	Tab. Cilnidipine	10mg/Tab.
217	Tab. Cinnarizine	25mg/Tab.
218	Tab. Clopidogrel	75mg/Tab.
219	Tab. Danazol	100mg/Tab.
220	Tab. Doxophyllin	400mg/Tab.
221	Tab. Escitalopram	10mg/Tab.


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222	Tab. Etizolam	0.5mg/Tab.
223	Tab. Etoricoxib	90mg/tab
224	Tab. Febuxostat	40mg/ Tab.
225	Tab. Fenofibrate	160mg/Tab.
226	Tab. Fexofenadine	120mg/tab
227	Tab. Flunarizine	10mg/tab.
228	Tab. Glimipride	1 mg/ Tab.
229	Tab. Glimipride	2 mg/ Tab.
230	Tab. Haloperidol	5 mg/ Tab.
231	Tab. Hydroxyurea	250mg/Tab.
232	Tab. / Cap. Itraconazole	200mg/Tab. / Cap.
233	Tab. Isosorbide Mononitrate	5mg/Tab.
234	Tab. Ketorolac	100mg/D. T.
235	Tab. Levocetizine	5mg/Tab.
236	Tab. Levosulpride	25mg/Tab.
237	Tab. Linezolid	600mg/Tab
238	Tab. Metformin Sustained Release	500 Mg/ SR Tab.
239	Tab. Metformin	500 Mg/ Tab.
240	Tab. Metoprolol XL	25mg/Tab.
241	Tab. Micronised Progesteron	200mg/Tab.
242	Tab. Misoprostol	250mcg/Tab.
243	Tab. Montelukast	10mg/Tab.
244	Tab. N. Acetylcysteine	600mg/Tab
245	Tab. Ofloxacin + Ornidazole	200+500mg/ Tab.
246	Tab. Olanzapine	10mg/Tab.
247	Tab. Olmesatran	40mg/Tab.
248	Tab. Pantoprazole	40mg/Tab.
249	Tab. Pantoprazole + Domperidone	40mg + 10mg / Tab.
250	Tab. Paracetamol	650mg/Tab.
251	Tab. Prednisolone	10mg/Tab.
252	Tab. Prochlorperazine	5mg/tab.
253	Tab. Ramipril	2.5mg/Tab
254	Tab. Risperidone	2mg/Tab
255	Tab. Rosuvastatin	10mg/Tab.
256	Tab. Serratiopeptidase	10mg/tab.
257	Tab. Silymarin	140mg/Tab.
258	Tab. Sodium Picosulphate	10mg/Tab.
259	Tab. Tamsulosin	0.4mg/Tab.
260	Tab. Telmisartan	40mg/Tab.
261	Tab. Teneagliptin	20mg/Tab.
262	Tab. Thiocolchicoside	8mg/Tab.
263	Tab. Thyroxine	50mcg/Tab.
264	Tab. Torsemide	5mg/Tab
265	Tab. Torsemide	10mg/Tab.
266	Tab. Ursodilol	300mg/tab.
267	Tab. Voglibose	0.3mg/ Tab.
268	Tab. Voglibose	0.2mg/ Tab.


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Sl. No.	Name of the item	Specification
269	WASTE BIN (RED.BLUE.BLACK.YELLOW) SIZE-30LTR WITH SWING LID	The bins should have bio hazard symbol with color wastw logo government of odisha supply.the mfg should be an ISO certified company with manufacturing licences of color biomedical wastemanagement bins
270	WHITE JERRI CAN 5LTR	PUNCTURE PROOF CONTAINER/EACH
271	BENEDIC SOLUTION (500ML BOT)	500 ML BOT
272	HYDROGEN PEROXIDE	500ML BOT
273	HAEMOGLOBIN TUBE	PER EACH
274	HAEMOGLOBIN PIPET	PER EACH
275	UTILITY HAND GLOVES-18"	PER EACH
276	BMW AUTOCLAVE ELECTRICAL LARGE	PER EACH
277	Stethoscope	EACH
278	Pipettes - Graduated, ISI Marked	EACH
279	VDRL Rapid Test Kit, (RPR) Rapid Plasma Regime.	EACH
280	Malaria Rapid Diagnostic Kit.	EACH
281	Malaria Rapid Diagnostic Kit	EACH
282	Malaria Rapid Diagnostic Kit	EACH
283	Sahlis Haemoglobinometer (German Make)	EACH
284	Personal Protection Kit(PPE Kit) for Ebola	EACH
285	Point of Care Test Kit (Rapid Whole Blood Syphilis Test Kit)	50
286	Alcohol Swabs.	100
287	CREATININE KIT-MANNUAL	PER KIT
288	COVER SLIP	1PKT
289	DILUENT -MEDONIC	20 LTR
290	LYSE-MEDONIC	5L
291	Carbolic Acid	100ML
292	GLUCOSTICK (50NOS/BOX)	(50NOS/BOX)
293	GLUCOMETER	PER EACH
294	LANCET	PER EACH
295	FLORIDE VIAL CONTAINER (HUMAN)100NOS/PKT	1 PKT
296	EDTA VIAL CONTAINER (HUMAN)100NOS/PKT	1PKT
297	PLAIN VIAL-5ML CONTAINER (HUMAN)100NOS/PKT	1PKT
298	PLAIN URINE COLLECTING VIAL 100NOS/PKT	1 PKT

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