

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, NUAPADA**  
(District Central Store)

Phone: 06678-225908, Fax: 06678-225118, Email: [dwhnuapada@yahoo.in](mailto:dwhnuapada@yahoo.in)

Letter No. 196

Date: 19.10.19

**QUOTATION CALL NOTICE**

Sealed quotations are invited in plain paper from registered firms/ suppliers to supply the following Items to the undersigned. The quotation will be received on or before 28.10.19 up to 05 PM by post/courier/hand and same will be opened on dt.29.10.19 at 4 PM in the office chamber of the undersigned in presence/ absent of quotationers or their authorized representatives. The GSTIN clearance, PAN & Valid drug licence should be submitted with the quotation. The undersigned reserves the right to reject any/all quotations without assigning any reason thereof. The supply of Stock & Store should be door delivery basis only. The envelope must be superscribed as “QUOTATION CALL FOR DBCS 2019-20”.

<b>Sl No</b>	<b>Name of the Items</b>	<b>Unit/ Pack</b>	<b>Unit Cost including all taxes</b>
1	INJ.AUROVISC (5ML)		
2	PREDNET EYE DROP/PREDSOL EYE DROP		
3	INJ.AUROCARPENE		
4	CRESCENT (2.5MM)		
5	KERATINE (2.8MM)		
6	DROP TROMIDE PLUS EYE DROP		
7	TOBRAMYCIN & MOXIFLOXACIN EYE DROP		
8	FORMALIN SOLUTION		
9	NEEDLE (26G)		
10	GAN CYCLOVIR EYE OINTMENT		
11	4 QUINLOT EYE DROP		
12	STERILE EYE PAD		
13	TAB.FORMALIN		
14	FORMALIN SOLUTION		

**Sd/-**  
**Chief District Medical & Public Health Officer**  
**Nuapada**