

Supply of Pharmaceutical, Vaccines and Serum Products

Tender No: HLL/SD/RBD/2017-18/TENDER/07 Dt: 29.08.2017



HLL Lifecare Limited

(A Govt. Of India Enterprise)

**HLL Bhavan, Poojappura,
Thiruvananthapuram -695012
Kerala, India**

Tel:+0471 2354949, 2355426, 2350961, 2356352.

Website – www.lifecarehll.com

HLL LIFECARE LIMITED

(A Govt. of India Enterprise)
HLL Bhavan, Poojappura,
Thiruvananthapuram - 695012, Kerala, India
Tel: +91 471 2354949, 2355426.
Website – www.lifecarehll.com

Tender for the Supply of Pharmaceutical, Vaccines and Serum Products

IFB No	:	HLL/SD/RBD/2017-18/TENDER/07 Dt.29.08.2017
DATE OF COMMENCEMENT OF SALE OF TENDER DOCUMENT	:	29.08.2017, 10.00 HRS
LAST DATE FOR SALE OF TENDER DOCUMENT	:	18.09.2017, 11.30 HRS
LAST DATE AND TIME FOR RECEIPT OF BIDS	:	18.09.2017, 14.30 HRS
DATE AND TIME OF OPENING OF TECHNICAL BIDS	:	18.09.2017, 15.00 HRS
PLACE OF OPENING OF BIDS	:	HLL Lifecare Limited HLL Bhavan, Poojappura, Thiruvananthapuram -695012 Kerala, India
ADDRESS FOR COMMUNICATION	:	Senior Manager (Sourcing) HLL Lifecare Limited HLL Bhavan, Poojappura, Thiruvananthapuram -695012 Kerala, India E-mail : sdrbdsouth@lifecarehll.com

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NOTICE INVITING TENDER

Tender for supply of Pharmaceutical, Vaccines and Serum products.

HLL Lifecare Limited (HLL), a Mini Ratna Schedule B Central Public Sector Enterprise under the Ministry of Health and Family Welfare, Govt. of India, invites an open tender under two bid system from interested manufacturers / authorised distributors for supply of pharmaceutical, vaccines and Serum products. These goods are meant for onward supply to Ministry of External Affairs Govt. of India.

I. About HLL

HLL Lifecare Limited (HLL) is a Mini Ratna Schedule B Central Public Sector Enterprise under the Ministry of Health and Family Welfare, Government of India. HLL Lifecare limited (formerly known as Hindustan Latex Ltd), came into being on March 1, 1966 under Ministry of Health and Family Welfare. Over the decades, HLL has grown today into a multi-product, multi-unit organization addressing various public health challenges facing humanity.

The company's Corporate Head Office is situated at Thiruvananthapuram, Kerala. HLL today has seven state-of-the-art manufacturing plants which are - Peroorkada in Thiruvananthapuram for contraceptives, Kanagala (near Belgaum) in Karnataka for contraceptives and pharmaceutical products, Akkulam in Thiruvananthapuram for hospital products, Kakkanad in the Cochin Special Economic Zone, Kerala (2004) for female condoms and male condoms (export), Manesar in Gurgaon, Haryana for rapid in- vitro diagnostic test kits, Indore in Madhya Pradesh and Irapuram in Cochin is the moulding hub for male and female condoms.

HLL's Health care product range includes Contraceptives products, Blood Collection Bags, Surgical Sutures, Auto Disable Syringes, Vaccines, In - Vitro Diagnostic Test Kits, Pharmaceutical products for Women, Natural and herbal products, Hydrocephalus Shunt, Tissue Expanders, Surgical and Examination Gloves, Blood Banking equipment, Neonatal equipment, Blood Transfusion and Intravenous sets, Vending Machines, Iron and Folic Acid Tablets, Sanitary Napkins, Oral Rehydration Salts and Medicated Plasters etc. The company has a wide network of stockiest and retail outlets spread across the length and breadth of the country to market its products. HLL has also launched several initiatives in the services sector – for medical infrastructure development, diagnostic centers and procurement consultancy services.

II. Details of Tender

The major details of present tender are the following:

1. Scope of the tender includes supply of pharmaceutical, vaccines and Serum products mentioned in Annexure - 5 to HLL Depot at Chandigarh, UT as per the purchase order issued by HLL.
2. Suppliers must ensure strict compliance to all statutory regulations and quality standards. Packing specifications are detailed in Annexure – 6.
3. Primary manufacturers/authorized agents/Distributors are allowed to participate in the Tender. Manufacturer's authorization form in original may be submitted by participating authorized agents / Distributors.
4. The products offered in the tender must be manufactured in INDIA and relevant manufacturing license to be submitted.

The details of item, specifications and terms & conditions etc. are given in Tender document. The same can be obtained from our Office on any working day between 11:00 AM to 3:30 PM by paying Rs. 3000/- by Cash / DD (inclusive of ST) drawn in favor of HLL Lifecare LTD, payable at Thiruvananthapuram - 695012. Further, Tender documents can also be downloaded from our website www.lifecarehll.com. However cost of Tender documents i.e. Rs.3000/- by D.D. shall be given with the Technical Bid.

III. Bid Data Sheet

Address for Communication	Senior Manager (Sourcing) HLL Lifecare Ltd. HLL Bhavan, Poojappura, Thiruvananthapuram - 695012, Kerala, India Tel: +91 4712353932, 2354949, 2350959, 2350961, Email – sdrbdsouth@lifecarehll.com Website – www.lifecarehll.com
Bid validity	12 Months from the date of opening the financial bid. HLL reserves the right to extend the bid validity for further periods after mutual discussion and agreement.
Date of publishing of bid	29.08.2017, (10.00 Hrs)
EMD	Rs 5,00,000/- (Five Lakhs)
Dead line for submission of Bids	18.09.2017 (14:30 Hrs.) <i>(at the office of the Senior Manager (SD), Corporate and Regd. Office, HLL Bhavan, Poojappura, Thiruvananthapuram):</i> Any bid received after the bid submission deadline prescribed in the bid, will be rejected
Date, time and place of opening of bids	18.09.2017 (15:00 Hrs.) at HLL Lifecare Ltd. HLL Bhavan, Poojappura, Thiruvananthapuram - 695012, Kerala, India

IV. Minimum Eligibility Criteria

1. Original Manufacturers having a minimum average annual turnover of Rs. 25 crores (Twenty Five crores) during the last three years i.e. 2014-2015, 2015-16 and 2016-17 (original / provisional) will only be eligible for participation. Authorized dealers are also eligible to bid provided their minimum average turnover in the last three years i.e., 2014-2015, 2015-16 and 2016-17 (original / provisional) is Rs. 1 crore (One crore) or more and their Principal manufacturers meets the eligibility criteria for principal manufacturer as specified above. In case of bid by authorized dealer, manufacturers authorization form must be attached with the bid submitted.
2. Firms must have WHO-GMP certificate i.e., Good Manufacturing Practices (GMP) Certificate in accordance with the WHO recommendations issued by Central / State Drug Control Authorities.
3. If it is found subsequently that the WHO-GMP certificate has been issued not in accordance with the guidelines issued in this regard by the Drug Controller General of India (which includes joint inspection of the manufacturing unit by central and state drug control authorities), the certificate as well as the tender are liable to be rejected.
4. For Items Covered under Drugs and Cosmetics Rules, the firm should have a valid drug manufacturing license from the State Drug Controller and must submit a copy of the same.
5. For Items Covered under Drugs and Cosmetics Rules, Firm should submit a non-conviction certificate issued by the State Drug Controller, to the effect that the manufacturer has not been convicted under the Drugs and Cosmetics Act, 1940 and rules there under during the preceding three years and that no case / proceedings is pending against the manufacturer in any Court of Law in India under the Drugs & Cosmetics Act.
6. For the Items quoted in the tender enquiry, firm will have to submit the samples on demand. If

firm fails to submit the samples, the tender will be rejected.

7. Where no pack or UoM is specified, tenderers may quote for standard packs or UoM available in the market.
8. The offered supply should comply with the provisions of the relevant standards for the product as applicable as amended up to date.

General Instruction to Bidders (GIB)

Bidders can offer their own Brands/ generic products confirming to the statutory regulations and quality standards. Bidders are requested to quote either molecule wise (Generic), Branded Generic or Branded. Details of products required are attached as Annexure 5.

1. Amendment of Tender documents

- a) At any time prior to the deadline for submission of bids, the Purchaser may, for any reason, modify the Tender Documents by amendment will be published in company's/HLL website only.
- b) Amendment if any will be published in our website.

2 Language of Bid

All correspondence and documents related to the bid shall be in English.

3. Submission of documents

1. Sealing and Marking of Bids

- a) The Bidder shall prepare and seal in **separate packets** the following

- **Technical Bid**
- **Financial Bid**

Bid shall contain the Technical Bid and Price Bid in **separate envelopes**, after duly marking the envelopes as **TECHNICAL BID** and **FINANCIAL BID** for Pharmaceutical, Vaccines& Serum Products.

All the above packets shall then be sealed in an outer envelope, duly marking the envelope as BIDS FOR IFB No. HLL/SD/RBD/2017-18/TENDER/07 DT29.08.2017

- i) The inner and outer envelopes shall be addressed to HLL at the address given in the bid data sheet and

Senior Manager
Sourcing Division
HLL Lifecare Ltd.
HLL Bhavan, Poojappura,
Thiruvananthapuram.
Ph.no: 0471 2353932.
sdrbdsouth@lifecarehll.com

- ii) Bear the Contract name, the Invitation for Bids title and number, and the statement DO NOT OPEN BEFORE. (Mention the date of opening of the bid as given in the tender documents).
- iii) The inner envelopes shall also indicate the name and address of the Bidder so that the bid can be returned unopened in case it is declared late.
- iv) If the outer envelope is not sealed and marked as required, HLL will assume no responsibility for the bids misplacement or premature opening.

2. Deadline for Submission of Bids

Bids must be received by HLL at the address specified in the tender not later than the time and date stated in the tender. HLL may, at its discretion, extend this deadline for submission

of bids in which case, all rights and obligations of HLL and Bidder thereafter be subject to the deadline as extended

3. Late Bids

Any bid received by HLL after the bid submission deadline prescribed by HLL in the tender, will be rejected and returned unopened to the Bidder.

4. Modification and Withdrawal of Bids

Bids once submitted should not be modified. However in exceptional cases where modification is inevitable, the following procedure for the same should be adopted.

1. Modification will be permitted only if a written notice of the same is received by HLL prior to the deadline prescribed for bid submission.
2. The Bidder's modifications shall be prepared, sealed, marked, and dispatched as follows
 - (a) The Bidders shall provide an original and one copy of any modification(s) to its bid, clearly identified as such, in two inner envelopes duly marked BID MODIFICATIONS ORIGINAL and BID MODIFICATIONS COPY. The inner envelopes shall be sealed in an outer envelope, which shall be duly marked BID.
3. A Bidder wishing to withdraw its bid shall notify HLL in writing prior to the deadline prescribed for bid submission. The withdrawal notice shall:
 - a) Be addressed to HLL at the address named in the bid data sheet and bear the Contract name, and the words BID WITHDRAWAL NOTICE. Bid withdrawal notices received after the bid submission deadline will be ignored and the submitted bid will be deemed to be a validly submitted bid.
4. No bid may be withdrawn in the interval between the bid submission deadline and the expiration of the bid validity period specified.
5. In the event of the date specified for bid receipt and opening being declared as a closed holiday for purchaser's office, the due date for submission of bids and opening of bids will be the following working day at the appointed times.
6. The purchaser may, at its discretion, extend this deadline for submission of bids by amending the Tender Documents or any other reasons, in which case all rights and obligations of the Purchaser and Bidder previously subject to the deadline will thereafter be subject to the deadline as extended, in HLL website.
7. Purchaser will not be held responsible for the postal delay, if any, in the delivery of the tender document or the non-receipt of the same. Bids sent by Telex/Fax/Telegraph will not be accepted.
8. HLL reserves the right to club or split the items of works, change the qualifying criteria at their discretion and to reject the bid or cancel the tender without assigning any reason thereof.

5. Mandatory documents to be submitted along with Technical bid

A. For manufacturer

The following documents are to be submitted along with technical bid.

1. Bid form as per Annexure-3
2. Valid manufacturing license (Self-attested Copy)
3. Copy of WHO GMP certificate in accordance with WHO recommendations issued by central / state drug control authorities
4. Tender Fee as mentioned in tender document.
5. Earnest Money Deposit(EMD)in the form of bank Guarantee (Annexure-7)or DD
6. Power of attorney for signatory of bid in Rs 200/- stamp paper duly notarized.
7. Sales tax registration (Self-attested Copy)

8. GST Certificate
9. Copy of Non Conviction certificate issued by state drug controller.
10. Permanent Account Number (Self–attested Copy)
11. Certificate of incorporation (Self–attested Copy).
12. List of all quoted products offered to HLL
13. Annexure-4-Under taking letter for replacement of complaint/defective goods
14. Documentary proof for establishing the average annual turnover of the tenderer in the last three years is not less than Rs.25 crores duly certified by a chartered accountant.

B. For Distributor/Marketer

The following documents are to be submitted.

1. Bid form as per Annexure-3.
2. Copy of Valid drug manufacturing license of the principle manufacture.
3. Copy of WHO GMP certificate in accordance with WHO recommendations issued by central / state drug control authorities.
4. Tender Fee as mentioned in tender document.
5. Earnest Money Deposit(EMD)in the form of bank Guarantee (Annexure-7)or DD
6. Power of attorney for signatory of bid in Rs 200/- stamp paper duly notarized
7. Sales tax registration (Self–attested Copy)
8. GST certificate
9. Copy of Non Conviction certificate issued by state drug controller
10. Permanent Account Number (Self–attested Copy).
11. List of all quoted products offered to HLL
12. Annexure-4-Under taking letter for replacement of complaint/defective goods
13. Distributor shall submit the declaration attached in Annexure- 1.
14. Authorization letter from manufacturer (Original) must be submitted as per Annexure 8.
15. Documentary proof for establishing the average annual turnover of the tenderer in the last three years is not less than Rs.1crores certified by a chartered accountant and documentary proof for establishing average annual turnover of the manufacturer in the last three years is not less than Rs.25 crores duly certified by a chartered accountant.

6. Financial Bid (Price Bid)

The Price Bid must be prepared in accordance with the instructions specified below:

- a) The Price must be quoted in accordance with Annexure- 2 attached.
- b) The Price total must include all costs associated with the execution of the contract including taxes, levies, duties, freight, insurance etc and on **Door Delivery basis at HLL Depot, Chandigarh UT.**
- c) Net Unit Rate inclusive of all taxes and duties quoted per lowest unit of measurement i.e per Tablet/ Capsule/Vials etc will be considered for comparison of bidders.

7. EMD:

The bidders shall furnish the earnest money of **Rs. 5,00,000.00 (Five Lakhs Only)**to participate in the tender either by a Demand Draft payable to HLL Lifecare Ltd., Trivandrum or by way of a Bank Guarantee from a nationalised/scheduled bank. Validity should be 12 months from the date of opening of Technical Bid if in the form of Bank Guarantee.

8. Performance Security:

After finalization of the tender, successful bidder should furnish Performance Security in the form of Bank Guarantee from nationalized bank / DD to the purchaser for an amount equal to 5% of the total value of purchase order valid up to 365 days beyond the date of completion of

all obligations by the supplier. Performance security must be submitted within 10 days from date of award of confirmed order, failing which the EMD submitted shall be forfeited. Bidders has an option to convert EMD to performance security subject to the performance security amount.

9. Period of Validity of Bid

Bid shall remain valid up to 12 months from the date of opening the financial bid. However, HLL reserves the right to extend the Price validity by another 12 months or for further period based on mutual agreement.

10. Prices

The products as per Annexure 5 are based on the Molecules/composition required by HLL. Manufacturers/Distributors are to submit price bids as per Annexure-2 for their equivalent branded product/Branded Generic/Generic product in a separate sealed cover.

11. Fixed prices:

The prices quoted by the bidder shall remain firm and fixed during the bid validity period which would be six months (can be extendable) from the date of opening of the price bid and not subject to any variations on any account during this period.

12. Terms of Payment

Payment will be released within 60 days of delivery and acceptance of consignment. The amount shall be paid by HLL in Indian Rupees.

13. Delivery Terms

Goods must be delivered within 45 days of issue purchase order by HLL. The bidder has to abide by delivery schedule strictly. H.L.L reserves the right to impose the penalty @ 0.50 % per week of delay to a maximum of 20%.

14. Taxes and Duties

The Bidder shall bear and pay all taxes, duties, levies, and charges assessed on the bidder by all municipal, state, or national government authorities, in connection with the Goods and Services supplied under the Contract. Income Tax and Other Taxes as applicable at the time of execution of job or any other government-imposed liabilities would be deducted from each bill submitted by the bidder

15. Inspection:

The supplier should submit the batch test reports for each batch of the supplies made to the HLL. The purchaser reserves the right to sample check the consignment at the time of delivery for which cost shall be borne by the supplier (pre-dispatch inspection). HLL will test the samples drawn from received stocks in NABL Accredited Labs and payment will be subject to the satisfactory test result. If the product is found to be 'not of standard quality', the cost of testing will be recovered from the supplier.

16. Shelf Life:

The supplies of all products should be from fresh stock only. At the time of receipt of medicines, they should have the latest manufacturing date with minimum 2/3rd of the shelf life remaining. Products to be supplied should be of standard quality/quantity as per IP/BP/USP/NFI or equivalent specification and must be as per the formulations/standard approved/specified by the Drug Control Act and Food & Drug Control Administration Regulation or as per the regulation of any such statutory authorities.

17. Indemnity:

The supplier hereby indemnifies HLL Lifecare Ltd and will always keep it indemnified against all terms, claims, demands, losses, costs, expenses etc. arising out of supply of products or in respect of this contract.

18. Short supply:

If any shortages in sealed boxes are detected then supplier should be held responsible. In

such a case, the supplier will have to make good of the loss or refund the payment for such quantity equal to its F.O.R. value if the payment is already made. If the payment is not made, purchaser will have right to deduct the payment for the equivalent F.O.R. value corresponding to quantity found short.

19. Risk purchase

If L1 or any other parties defaults (fails to deliver goods on time) then the purchaser reserves the right to purchase the goods from L2 or higher bidder or from market at the risk and cost of supplier and if the purchase happens at a price higher than the ordered rates, the purchaser shall have the right to claim the difference upon whom order was originally placed and supplier will be under obligation to pay the same. The purchaser has the right to recover the same from the performance security if the supplier does not make the payment.

20. In case of Default

The purchaser is not bound to accept the L1 offer only and circumstances warranting where L1 shows its disinterest, L2 or higher offer may be considered for acceptance.

21. Goods replacement:

If goods are found to be defective during the sample testing by HLL or Quality related market complaint, supplier must replace the quantity free of cost with fresh batch upon demand by HLL.

22. Clarifications on Bids

During the bid evaluation, HLL may, at its discretion, ask the Bidder for a clarification of its bid. The request for clarification and the response shall be in writing, and no change in the price or substance of the bid shall be sought, offered, or permitted

23. Contacting HLL

- a) From the time of bid opening to the time of Contract award, if any Bidder wishes to contact HLL on any matter related to the bid, he shall do so in writing.
- b) If a Bidder tries to influence HLL directly or otherwise, interfere in the bid evaluation process and the Contract award decision, his bid will be rejected.

24. HLL's Right to Accept or reject any or all Bids

HLL reserves the right to accept or reject any bid or to annul the bidding process and reject all bids at any time prior to Contract award, without assigning any reason thereof

25. The "UoM" mentioned in the Annexure 5 may be "suggested model/size. Bidders can also offer items in their own packing mode/size.

26. Bid Opening and Evaluation

Opening of Bids by HLL

- a) Bids received before the dead line of the submission of the bid will be opened on the date and time of opening mentioned in this tender enquiry.
Bidders wishing to be present at the time of such opening may send their duly authorized representative. Only Technical Bids will be opened on that day.

Evaluation of Bids

- a) The purchaser will scrutinize the technical bid for compliance to the specifications and documentation requirement as per the bid document. The bidders will be short-listed on the basis of responsiveness of technical bid, the price bid of the bidders who are disqualified at the technical evaluation will be returned un-opened. The short listed bidders will be informed about the time, date and venue of the price bid opening.
- b) For opening of Financial Bid, only those Bidders qualifying in the Technical bid will be considered.
- c) HLL will examine the bids to determine whether they are complete, whether any

computational errors have been made, whether required securities have been furnished, whether the documents have been properly signed, and whether the bids are generally in order. HLL will ensure that each bid is from an eligible Bidder.

- d) Arithmetical errors will be received on the following basis. If there is a discrepancy between the unit price and the total price, which is obtained by multiplying the unit price and quantity, or between subtotals and the total price, the unit or subtotal price shall prevail, and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words will prevail. If a Bidder does not accept the correction of errors, its bid will be rejected.
- e) HLL may waive any minor nonconformity, or irregularity in a bid that does not constitute a material deviation, provided such waiver does not prejudice or affect the relative ranking of any Bidder.

27. Settlement of Disputes

Arbitration shall not be a means of settlement of any dispute or claim arising out of the contract relating to the work. Any disputes or difference arising between the parties with respect to the performance of any part of this agreement or anything connected therewith, etc shall as far as possible be mutually settled by the process of dialog and negotiation. Any disputes or differences or questions or claims arising under or relating to a concerning or touching this agreement shall be referred for arbitration in accordance with the provisions of the Arbitration and Conciliation Act 1996.

The arbitration proceedings shall be held at Thiruvananthapuram. The award passed by the arbitrator shall be final and binding on the parties hereto. The conduct of such arbitration shall be in English. Subject to arbitration, the Courts at Thiruvananthapuram alone shall have jurisdiction in respect of settlement of any matter arising out or in connection with the contract

28. Major Responsibilities of Supplier

- a. The suppliers have to supply the goods as per the delivery schedules and quantity mentioned in the Purchase Order. Supplies made shall be in strict conformance with the stipulations of tender specification and the respective purchase orders.
- b. The successful bidder shall acquire in its name all permits, approvals, and/or licenses from all local, state, or national government authorities or public service undertakings that are necessary for the performance of the Purchase Order.
- c. The Supplier shall comply with all laws in force in India. The laws will include all national, provincial, municipal, or other laws that affect the performance of the Contract and are binding upon the bidder. The Bidders shall indemnify and hold harmless HLL from and against any and all liabilities, damages, claims, fines, penalties, and expenses of whatever nature arising or resulting from the violation of such laws by the bidder or its personnel except that caused by HLL.
- d. Any product related legal issues shall be handled and connected expenses therewith shall be borne by the bidder/ manufacturer only.
- e. Any product related cases shall be handled and connected expenses therewith shall be borne by the contract manufacturer only

29. The final quantities mentioned in Annexure 5 may vary as per the final requirement and the order may be placed in single or multiple lots during the bid validity period.

30. Notification of Award

After completion of evaluation of tender, HLL will notify the successful Bidder. The notification of award will constitute the formation of the Contract.

31. Termination

HLL reserve right to terminate/ cancel the Purchase Order at any time for any reason by giving the Bidders a thirty days (30) notice of termination.

Annexure-1

DECLARATION

I/We Son of _____ residing
at _____ (Complete Home Address) do
solemnly affirm and declare:

- 1 That, I am sole proprietor of M/S _____
(Complete Address of the Firm).
2. That, in case of any drug / Medicine or any other item supplied by me/us becomes toxic /
deteriorated /not fit for use within it's shelf life ,the same will be replaced by me immediately at
free of cost .
3. My firm is authorized dealer for the pharmaceutical companies,for which I have enclosed in the
price list.(attach Photocopies of dealership certificate)
4. My firm has the drug license No _____ dated _____ Valid
till _____. Photocopy of the same is enclosed.
5. My firm has valid VAT, TIN /GSTN registration bearing No _____. Photocopy
of the same is enclosed for confirmation.
6. My firm is regular income tax payer and allotted with PAN card bearing No
_____.Photocopy of the same enclosed for confirmation.
7. My firm is willing to supply the medicines /consumables as per the HLL approved price list.
8. That while abiding all the rules and regulations of your organization that may be framed from
time to time ,I/We will provide prompt and effective services.
9. That, if any medicine/consumables supplied by us is not consumed within three months before
the expiry it will be replaced free of cost with another batch having more residual life/equivalent
moving items.
10. That, if any medicine/consumables supplied by us is not consumed and are non –moving, it will
be taken back against credit note.

I/We _____ declare that all the
statements and certificates submitted by me/us are true and correct to the best of my/Our
knowledge and belief .If the above given information is found false at a later date ,I/We will be
liable for legal action and can be blacklisted .

Place:

Date: _____ (Signature of the owner of the firm with seal)

Price Schedule for Supply of Pharmaceutical, Vaccine and Serum products to HLL Depot, Chandigarh, UT.

Validity of Quotation / Tender: 12 months from the Date of Opening of Price Bid

SCHEDULE -I (Under GST regime)

SI.No	SI No(In Tender doc)	Composition	Brand Name (if any)	Manufacturer	Packing Mode	Total Qty Offered	UOM	Basic Rate(Rs)(A)	GST(Rs)(B)	GST %	Net Unit Rate Inclusive of all Taxes and Duties/ Per Tab/ Cap / Vial (Rs) (A+B)

Date:
Place:

Signature of the Bidder with Seal:

- Bidders are requested to note that it is mandatory to quote schedule I failing which offers will be summarily rejected. However financial evaluation will be based on the applicable tax regime prevailing at the time of evaluation.
- Bidders are also requested to provide a soft copy (excel format) of the price schedule in a CD along with Price envelop. Please note that if there is any discrepancy noted between hard copy and soft copy, rate given in the hard copy will be considered for evaluation.
- Please indicate the price both in figures as well as in words.
- Net Price must be quoted in per lowest unit of measurement i.e. per Tablet/ Capsule/Vials
- The final quantity mentioned in the Annexure 5 is in the lowest unit of measurement, i.e. tablet/capsule/vial/ampoule/bottle etc.

Delivery Address: HLL LIFECARE LTD., CFA, KRISHNA COMPLEX, FIRST AND SECOND FLOOR,VILLAGE DHANAS, CHANDIGARH, NEAR GURUDWARA SAHIB, PIN-160014

BID FORM

Ref:
Date:

To,

Senior manager (Sourcing)
HLL Lifecare Ltd.
HLL Bhavan, Poojappura,
Thiruvananthapuram - 695012,
Kerala, India

Dear Sir,

Sub: Supply of Pharmaceutical, Vaccine and Serum products.

Tender No.:.....

Having examined the Bidding Documents, including Addenda Nos. [insert numbers], the receipt of which is hereby acknowledged, we, the undersigned, offer our services in full conformity with the Bidding Documents for the total amount against the Product as indicated in the price Schedule.

We undertake that in case our bid is accepted, we shall:

Commence work and shall make all reasonable endeavour to achieve contract acceptance.

We agree to abide by this bid, which, in accordance with consists of this letter, the Price Schedule, letter of authorization, documents establishing conformity, and Attachments through [specify: the number of attachments] to this Bid Form, up to 12 months from the date of opening of financial bids and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

We declare that the above quoted price for product is firm and shall not be subject to any variation for the entire period of the assignment.

We further declare that the above quoted prices include all taxes as on the date of bid submission, duties and levies payable by us under aforesaid assignment.

We declare that price/ rate offered is for Supply of Pharmaceutical, vaccine and Serum Products to HLL Depot Chandigarh, UT and all other related activities.

The costs of withdrawals of these deviations / exclusions are enclosed with the Price Schedule. In case a formal final Contract is not prepared and executed between us, this bid, together with your written acceptance of the bid and your notification of award, shall constitute a binding contract between us. We understand that you are not bound to accept the lowest or any bid you may receive.

We agree to all terms and conditions of the Bid Document.

Dated this [insert: number] day of [insert: month], [insert: year].

Signature.....

Name.....

Designation and Common Seal...

In the capacity of [insert: title or position]

Duly authorized to sign this bid for and on behalf of [insert: name of Bidder]

Annexure-4

UNDER TAKING LETTER FOR REPLACEMENT OF COMPLAINT/DEFECTIVE GOODS

To,

Senior Manager (Sourcing)
HLL Lifecare Ltd.
(A Govt. of India Enterprise)
HLL Bhavan, Poojappura,
Thiruvananthapuram - 695012,
Kerala, India

Dear Sir,

We hereby confirm and assure you, that the products supplied by us will meet all the quality standards and even if any quality complaint arises, we (name-----) take the responsibility to take back the complaint batches and replace and deliver fresh batch to HLL stores/ware house.

Signature_____

Name_____

Designation and Common Seal

Station_____

Date_____

Annexure-5

Product List

Schedule – 1

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
VACCINES					
1	ADSORBED TETANUS TOXOID	SINGLE DOSE	VACCINES	1 PCS	60000
2	B. C. G INSTALLATION VIALS	SINGLE DOSE	VACCINES	1 PCS	1200
3	DEPHThERIA TETANUS+PERTUSSIS VACCINE 0.5 ML.IN HOSPITAL PACKS	SINGLE DOSE	VACCINES	1PCS	1200
4	DEPHThERIA, TETANUS, A PERTUSSIS (DTAP), HEPATITIS B + HAEMOPHILUS INFLUENZA; INJECTABLE POLIO VACCINE(IPV) VIALS.(HEXA VACCINE)	SINGLE DOSE	VACCINES	1PCS	1500
5	DEPHThERIA, TETANUS, PERTUSSIS, HEPATITIS B + HAEMOPHILUS INFLUENZA VIALS.	SINGLE DOSE	VACCINES	1PCS	1200
6	DIPHThERIA TOXOID, TETANUS TOXOID , PERTUSSIS, HEPATITIS B SURFACE ANTIGEN	SINGLE DOSE	VACCINES	1 PCS	1200
7	DIPHThERIA, TETANUS. PERTUSSIS, HEPATITIS B HAEMOPHILUS INFLUENZAE TYPE B CONJUGATE	SINGLE DOSE	VACCINES	1 PCS	1200
8	DIPHThERIA TOXOID; TETANUS TOXOID PEDIA 10 DOSE	SINGLE DOSE	VACCINES	1 PCS	1200
9	DPT, HBS, HAEMOPHILUS INFLUENZA VACCINE	SINGLE DOSE	VACCINES	1 PCS	600
10	EVOFLURANE 250 ML BOTTLES	SINGLE DOSE	VACCINES	1PCS	2400
11	HEPATITIS B VACCINES INJ. SINGLE DOSE	SINGLE DOSE	VACCINES	1 PCS	7200
12	HUMAN HEMIN CONTAINS 10ML OF 250MG AMPS	SINGLE DOSE	VACCINES	1PCS	3000
13	LIVE ATTENUATED BCG 1ML FREEZE DRIED	SINGLE DOSE	VACCINES	1 PCS	1200
14	M.M.R V VACCINE SNGLE DOSE AMPS.	SINGLE DOSE	VACCINES	1PCS	2400
15	MEASLES LIVE VIRUS PARTICLES (FREEZE DRIED) 10	SINGLE DOSE	VACCINES	1 PCS	1200
16	MEASLES VACCINE (LIVE ATTENUATED) DOSES AMPS.	SINGLE DOSE	VACCINES	1PCS	6000
17	MEASLES VIRUS 1 DOSE	SINGLE DOSE	VACCINES	1 PCS	1200
18	MENINGITIS VACCINE 10 DOSES	SINGLE DOSE	VACCINES	NA	2400
19	MENINGOCOCCAL VACCINE A,C,Y,W 135	SINGLE DOSE	VACCINES	1PCS	4800
20	MUMPS VACCINE .	SINGLE DOSE	VACCINES	1PCS	4800
21	PHARMACEUTICAL CHEMICALS	SINGLE DOSE	VACCINES	1PCS	4200
22	PNEMOCOCCAL 0.5 ML DOSE VIALS.	SINGLE DOSE	VACCINES	1PCS	4200
23	PNEUMOCOCCAL VACCINE PEAD 0.5 ML DOSE VIALS.	SINGLE DOSE	VACCINES	1PCS	3000
24	POLIO VIRUS (SABIN) TYPE 1, POLIO VIRUS (SABIN) TYPE 2, POLIO VIRUS (SABIN) TYPE 3	SINGLE DOSE	VACCINES	1 PCS	2400
25	POLIOMYELITIS VACCINE ORAL SABIN TYPE.	SINGLE DOSE	VACCINES	1PCS	3000
26	PURIFIED CAPSULAR POLYSACCHARIDE: - ETANUS TOXOID AS CARRIER PROTEIN	SINGLE DOSE	VACCINES	NA	2000
27	PURIFIED HEPATITIS B SURFACE ANTIGEN	SINGLE DOSE	VACCINES	1 PCS	1200
28	PURIFIED HEPATITIS B SURFACE ANTIGEN. ADSORBED ON ALUMINIUM HYDROXIDE	SINGLE DOSE	VACCINES	1 PCS	1200

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
29	QUADRIVALENT HUMAN PAPILOMAVIRUS TYPE 6, 11,16,18 VACCINE J	SINGLE DOSE	VACCINES	1PCS	2400
30	RABIES VACCINE (LIQUID)-0.5 ml	SINGLE DOSE	VACCINES	1 PCS	600
31	RABIES VACCINE . -0.5 ml	SINGLE DOSE	VACCINES	1PCS	12000
32	RABIES VACCINE USP(POTENCY OF RABIES ANTIGEN < 2.5 IU/DOSE)- 0.5 ml	2.5 IU/DOSE	VACCINES	1 PCS	7200
33	ROTA VACCINE PENTA VALENT READY TO USE 2 ML PER DOSE	SINGLE DOSE	VACCINES	1PCS	2700
34	RUB ELLA VACCINE .	SINGLE DOSE	VACCINES	1PCS	6000
35	TETANUS VACCINE AMPS.	SINGLE DOSE	VACCINES	1PCS	5400
36	TYPHOID PARATYPHOID FULL IMMUNISATION 1 DOSE.	SINGLE DOSE	VACCINES	1PCS	4200
37	YELLOW FEVER VACCINE INJ 10 DOSES	SINGLE DOSE	VACCINES	NA	3325.2
38	YELLOW FEVER VACCINE SNGLE DOSE AMPS.	SINGLE DOSE	VACCINES	1PCS	2400
39	FLU VACCINE	SINGLE DOSE	VACCINES	1PCS	1800
40	ISOFLURANE 100 ML BOTTLES	SINGLE DOSE	VACCINES	1PCS	2400
41	ISOFLURANE 250ML BOTTLES	SINGLE DOSE	VACCINES	1PCS	2400
42	VARICELLA-ZOSTER VACCINE	SINGLE DOSE	VACCINES	1PCS	3000
TABLETS					
43	ABACAVIR SULFATE ORAL SOLUTION USP 20MG/ML	20 MG/ML	TABLETS	NA	qty will be informed later
44	ABACAVIR SULPHATE 300 MG	300 MG	TABLETS	1X30	18000
45	ABACAVIR SULPHATE 300 MG+LAMIVUDINE 150MG+ZIDOVUDINE 300MG TABS	300 MG/ 150 MG/ 300 MG	TABLETS	1X10	12000
46	ABACAVIR SULPHATE 600MG TABS	600 MG	TABLETS	1X10	12000
47	ABACAVIR SULPHATE 600MG+LAMIVUDINE 300MG TABS	600 MG /300 MG	TABLETS	1X10	12000
48	ABACAVIR SULPHATE, LAMIVUDINE, ZIDOVUDINE	300 MG / 150 MG / 300 MG	TABLETS	1X30	2400
49	ACTIVATED CARBON	10 GM	TABLETS	1x10	12000
50	ADEFOVIR 10 MG TABS	10 MG	TABLETS	1X10	24000
51	ALBENDAZOLE CHEWABLE TABLETS 400 MG	400 mg	TABLETS	1x1	16800
52	ALBENDAZOLE TABS 200MG, CHEWABLE	200mg	TABLETS	1x1	36000
53	ALENDRONATE SODIUM 70 MG	70 mg	TABLETS	1 PCS	1200
54	ALFACALCIDOL .25 MCG	0.25 MCG	TABLETS	1x10	12000
55	ALFACALCIDOL 1 MCG	1 MCG	TABLETS	1x10	12000
56	ALPRAZOLAM 1 MG TABS.	1 MG	TABLETS	1X10	60000
57	ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE, TABLETS 400 MG + 400 MG	400 mg + 400 mg	TABLETS	1X9	84000
58	AMBROXOL HCL	15 MG	TABLETS	1x10	12000
59	AMILORIDE/HYDROCHLOROTHIAZIDE 5MG+25MG	5mg+25mg	TABLETS	1x10	1650000
60	AMISULPIRIDE 100 MG TABS.	100 MG	TABLETS	1X10	60000
61	AMISULPIRIDE 400 MG TABS.	400 MG	TABLETS	1X10	30000
62	AMITRIPTYLENE HCL 25 MG	25mg	TABLETS	1x10	105600
63	AMITRIPTYLINE HYDROCHLORIDE 10 MG TABS	10 MG	TABLETS	1X10	60000
64	ARIPIPIRAZOLE 15 MG TABS	15 MG	TABLETS	1X10	24000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
65	ARIPIRAZOLE 5 MG TABS	5 MG	TABLETS	1X10	24000
66	ARTESUNATED+METLEQUINE 25MG+55MG TABS	25mg+55mg	TABLETS	1x10	60000
67	ASCORBIC ACID, TABLETS 250 MG	250 mg	TABLETS	1x10	33600
68	ATAZANAVIR SULPHATE AND RITONAVIR	300 MG/ 100 MG	TABLETS	1 PCS	14400
69	ATOMOXETINE HCL 10 MG TABS OR CAPS	10 MG	TABLETS	1X10	18000
70	ATOMOXETINE HCL 25 MG TABS OR CAPS	25 MG	TABLETS	1X10	18000
71	ATOMOXETINE HCL 40 MG TABS OR CAPS	40 MG	TABLETS	1X10	18000
72	AZATHIOPRINE 25 MG TABS	25 MG	TABLETS	1X10	12000
73	AZATHIOPRINE 50 MG	50mg	TABLETS	1x10	72000
74	BENZHEEXOL HYDROCHLORIDE 2MG TABS.	2 MG	TABLETS	1X10	30000
75	BICALUTAMIDE 150 MG TABS	150 MG	TABLETS	1X10	12000
76	BIPERDEN TABLETS 2 MG	2 mg	TABLETS	1x10	15360
77	BISOPROLOL 10 MG	10mg	TABLETS	1x10	12000
78	BOCEPREVIR 200 MG CAP	200 MG	TABLETS	1X12	14400
79	BROMOCRIPTNE MESYLATE 2.5 MG TABS	2.5 MG	TABLETS	1X10	10800
80	BUPROPION HCL 150 MG TABS	150 MG	TABLETS	1X10	9600
81	BUSULPHAN 0.5 MG TABS	0.5 MG	TABLETS	25'S	6000
82	BUSULPHAN 2 MG TABS	2 MG	TABLETS	1X10	12000
83	CALCIUM CARBONATE + VIT D	1 GM / 200 IU	TABLETS	1x10	600000
84	CALCIUM FOLINATE 15 MG TABS	15 MG	TABLETS	1X10	12000
85	CANDIESARTAN CILEXETIL 16 MG	16mg	TABLETS	1x10	12000
86	CAPECITABINE 150 MG TABS	150 MG	TABLETS	1X10	6000
87	CAPTOPRIL 25 MG TABLETS	25MG	TABLETS	NA	qty will be informed later
88	CARVEDILOL 12.5 MG	12.5mg	TABLETS	1x10	180000
89	CARVEDILOL 25 MG	25mg	TABLETS	1x10	120000
90	CETOLEUCINE CALCIUM, CETOPHENYLALANINE CALCIUM, CETOVALINE CALCIUM, DDL-HYDROXYMETHIONINE CALCIUM, DL- KETO ISOLEUCINE CALCIUM, L-LYSINE MOMACETATE, L-THREONINE, L-TRYPTOPHAN, L-HISTIDINE, L-TYROSINE TABS (ALPHA KETOMINO ACID)	MULTI VITAMIN	TABLETS	60'S	12000
91	CHLORAMBUCIL 2 MG S.C. TABS	2 MG	TABLETS	30'S	2400
92	CHLORAMBUCIL 5 MG TABS	5 MG	TABLETS	30'S	2400
93	CHLOROQUINE 250MG TABS	250mg	TABLETS	1x10	120000
94	CHLORPHENIRAMINE TABS 4 MG	4 mg	TABLETS	1x10	84000
95	CHLORPROMAZINE HYDROCHLORIDE 100 MG S.C.TABS	100 MG	TABLETS	1X10	12000
96	CHLORPROMAZINE HYDROCHLORIDE 25 MG S.C.TABS	25 MG	TABLETS	1X10	12000
97	CICLOSPORIN TAB 10 MG	10 MG	TABLETS	1X10	6000
98	CINACALCET 30 MG TAB	30 MG	TABLETS	1X10	6000
99	CINACALCET 60 MG TAB	60 MG	TABLETS	1X14	6000
100	CLOMETHIAZOL 192 MG TABS OR CAPS.	192 MG	TABLETS	60'S	6000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
101	CLOMIPRAMIN S . R. 75 MG TABS	75 MG	TABLETS	1X10	6000
102	CLOMIPRAMINE HYDROCHLORIDE 10 MG TABS.	10 MG	TABLETS	1X10	12000
103	CLORAMBUCIL 2 MG	2 MG	TABLETS	30'S	780
104	CLOTTRIMAZOLE, OVULE 500 MG	500 mg	TABLETS	1X6	840
105	CLOZAPINE 100 MG TABES.	100 MG	TABLETS	1X10	10200
106	CLOZAPINE 25 MG TABES	25 MG	TABLETS	1X10	6000
107	CODEIN SULPHATE TAB 60 MG	60 MG	TABLETS	1X14	3000
108	CODEINE PHOSPHATE 30 MG TABS (N)	30 MG	TABLETS	1X14	6000
109	CODEINE PHOSPHATE; PARACETAMOL	20 mg / 250 mg	TABLETS	NA	qty will be informed later
110	CO-TRIMOXAZOLE TABS 400 MG	400 MG	TABLETS	1x10	60000
111	CYCLIZINE HYDROCHLORIDE	100 mg	TABLETS	NA	qty will be informed later
112	CYCLOPHOSPHAMIDE 50 MG TABS.	50 MG	TABLETS	1X10	6000
113	CYCLOSIRINE 250 MG TABS.	250 MG	TABLETS	1X10	3000
114	CYCLOSPORINE 50 MG TAB	50 MG	TABLETS	1X6	1758
115	CYPROTERONE ACETATE 50 MG TABS.	50 MG	TABLETS	1X10	6000
116	CYSTON HERBAL	60 tabs	TABLETS	1x10	12000
117	DAPSONE 100 MG TABS.	100 MG	TABLETS	1X10	15000
118	DAPSONE 50 MG TABS.	50 MG	TABLETS	1X10	12000
119	DARUNAVIR 600 MG TABS	600 MG	TABLETS	1X10	5400
120	DARUNAVIR 75 MG TABS	75 MG	TABLETS	1X10	3600
121	DASATINIB 50 MG TABS.	50 MG	TABLETS	60'S	3000
122	DEFERIPRONE 500 MG TAB	500 MG	TABLETS	1X10	6000
123	'DIAZEPAM 2 MG TABS.	2MG	TABLETS	1X10	12000
124	DIDANOSINE 100MG TABS.	10 MG	TABLETS	60'S	6000
125	DIDANOSINE 200MG TABS.	200 MG	TABLETS	60'S	6000
126	DIDANOSINE 250 MG	250 MG	TABLETS	1X30	22800
127	DIDANOSINE 400 MG	400 MG	TABLETS	1X30	20400
128	DIHYDROCODEINE TARTRATE 30 MG TABS. (N)	30 MG	TABLETS	500'S	6000
129	DILTIAZEN HCL 60 MG	60mg	TABLETS	1x10	120000
130	DISODIUM CLODRONATE 400 MG	400 MG	TABLETS	60'S	6000
131	DISODIUM CLODRONATE 800 MG	800 MG	TABLETS	1X30	9000
132	DONEPEZIL HCL 10 MG TABS.	10 MG	TABLETS	1X10	11400
133	DONEPEZIL HCL 5 MG TABS.	5 MG	TABLETS	1X10	12000
134	DOTS 4 TB COMPLATE INTENSIVE PHASE.	DOTS 4	TABLETS	1 KIT	30000
135	DOXYCYCLINE HYDROCHLORIDE	100 MG	TABLETS	1x10	36000
136	DULOXETINE HCL 30 MG TABS OR CAPS.	30 MG	TABLETS	1X10	9000
137	DULOXETINE HCL 60 MG TABS OR CAPS	60 MG	TABLETS	1X10	12000
138	EFAVIRENZ, EMTRICITABINE, TENOFOVIR DISOPROXIL FUMARATE	600/200/300 MG	TABLETS	NA	qty will be informed later
139	ENTACAPONE 200 MG TABS	200 MG	TABLETS	1X10	12000
140	ENTECAVIR (AS MONO HYDRATE) 500 MCG TABS.	500 MCG	TABLETS	1X10	10800

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
141	ERYTHROMYCIN TABS 250 MG	250mg	TABLETS	1x10	24000
142	ETHAMBUTOL HYDROCHLORIDE	400 MG	TABLETS	1x10	12000
143	ETHAMBUTOL HYDROCHLORIDE 100 MG TABS.	100 MG	TABLETS	100'S	6600
144	ETHAMBUTOL HYDROCHLORIDE 400 MG	400 MG	TABLETS	NA	qty will be informed later
145	ETHAMBUTOL HYDROCHLORIDE 400 MG TABS.	400 MG	TABLETS	100'S	7800
146	ETHAMBUTOL HYDROCHLORIDE AND ISONIAZID 400 MG	400 MG	TABLETS	1 PCS	24000
147	ETHIONAMIDE	250 MG	TABLETS	1x10	12000
148	ETRAVIRINE 100 MG TABS	100 MG	TABLETS	120'S	24000
149	EVEROLIMUS 0.25 MG TABS .	0.25 MG	TABLETS	1X10	12000
150	EVEROLIMUS 0.75 MG TABS .	0.75 MG	TABLETS	1X10	6600
151	EVEROLIMUS 1 MG TABS	1 MG	TABLETS	1X10	12000
152	EVEROLIMUS 2.5 MG TABS .	2.5 MG	TABLETS	1X10	12000
153	EVEROLIMUS 7.5 MG TABS.	7.5 MG	TABLETS	28'S	1200
154	EXEMESTAN 25 MG TABS	25 MG	TABLETS	30'S	5400
155	FENTANYL CITRATE 100 MCG SOLUBLE DISC	100 MCG	TABLETS	25 VIALS	1200
156	FENTANYL CITRATE 200 MCG SOLUBLE DISC	200 MCG	TABLETS	1FILM	1200
157	FENTANYL CITRATE 400 MCG SOLUBLE DISC	400 MCG	TABLETS	1FILM	1200
158	FLUDARABINE PHOSPHATE 10 MG TABS	10 MG	TABLETS	20'S	1200
159	FLUTAMIDE 250 MG TABS.	250 MG	TABLETS	1X10	12000
160	FLUVOXAMINE MALEATE 100 MG TABS.	100 MG	TABLETS	1X10	10200
161	FLUVOXAMINE MALEATE 50 MG	50mg	TABLETS	1x10	24000
162	FOSAMPRENAVIR 1.4 G + RITONAVIR 200 MG TABS.	1.4 G / 200 MG	TABLETS	1X30	4800
163	FOSAMPRENAVIR 100 MG + RITONAVIR 700 MG TABS.	100 MG/ 700 MG	TABLETS	60'S	5400
164	FOSAMPRENAVIR 700 MG + RITONAVIR 200 MG TABS.	700 MG/ 200 MG	TABLETS	100'S	3000
165	FUROSEMIDE 40 MG	40mg	TABLETS	1x10	690000
166	GLYCERYL TRINITRATE 0.5 MG	0.5mg	TABLETS	1x30	12000
167	GRANISETRON HYDROCHLORIDE 1 MG	1 MG	TABLETS	1X5	12000
168	GRANISETRON HYDROCHLORIDE 2 MG TABS	2 MG	TABLETS	1X5	4800
169	HISTAMINE DIHROCHLORIDE 0.5MG	0.5 MG	TABLETS	500'S	24000
170	HYDRALAZINE 25MG	25mg	TABLETS	1x10	97920
171	HYDROCHLOROTHIAZIDE, TABLETS 50 MG	50 MG	TABLETS	100'S	96000
172	HYDROXYCARBAMIDE LA.3-SCORED-(4X250M) AND 100 MG TABLETS	1G / 100 MG	TABLETS	1X10	12000
173	HYDROXYZINE HYDROCHLORIDE 25 MG TABS.	25 MG	TABLETS	100'S	12000
174	HYOSCINE BUTYLBROMIDE	10 MG	TABLETS	1x10	12000
175	HYOSCINE-N-BUTYL BROMIDE 20 MG	20mg	TABLETS	1x10	12000
176	IMEGESTROL ACETATE 160 MG TABS.	160 MG	TABLETS	1X10	2640
177	IMIPRAMINE HYDROCHLORIDE S.C. 10 MG TABS.	10 MG	TABLETS	1X10	36000
178	INDAPAMIDE 1.25 MG	1.25 MG	TABLETS	1x10	12000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
179	ISONIAZID 300 MG TABS.	300 MG	TABLETS	1X10	54000
180	ISOSORBID DINITRATE 20 MG	20mg	TABLETS	1x30	120000
181	LACOSAMIDE 100 MG TABS	100 MG	TABLETS	1X10	24000
182	LACOSAMIDE 150 MG TABS	150 MG	TABLETS	1X10	21600
183	LACOSAMIDE 200 MG TABS	200 MG	TABLETS	1X10	18000
184	LACOSAMIDE 50 MG TABS	50 MG	TABLETS	1X10	24000
185	LAMIVUDINE, NEVIRAPINE, ZIDOVUDINE	150 MG / 200 MG / 300 MG	TABLETS	1X30	18000
186	LAMIVUDINE, ZIDOVUDINE, EFAVIRENZ 1000 MG	1 GM	TABLETS	1 PCS	6000
187	LAMIVUDINE, ZIDOVUDINEE 300/600 MG	300/600 MG	TABLETS	1x10	48000
188	LAMIVUDINE: TENOFOVIR DISPROXIL	300 MG/ 300 MG	TABLETS	1x10	12000
189	LAMOTRIGINE 100 MG DISPERSIBLE CHEWABLE TABS.	100 MG	TABLETS	1X10	18000
190	LAMOTRIGINE 2 MG DISPERSIBLE CHEWABLE TABS.	2 MG	TABLETS	100'S	12000
191	LAMOTRIGINE 25 MG DISPERSIBLE CHEWABLE TABS.	25 MG	TABLETS	1X10	24000
192	LAMOTRIGINE 5 MG DISPERSIBLE CHEWABLE TABS.	5 MG	TABLETS	100'S	11400
193	LANTHANUM CARBONATE 1000 MG CHEWABLE TABLET	1000 MG	TABLETS	100'S	3600
194	LANTHANUM CARBONATE 500 MG CHEWABLE TABLET	500 MG	TABLETS	100'S	6000
195	LANTHANUM CARBONATE 750 MG CHEWABLE TABLET	750 MG	TABLETS	100'S	7800
196	LAPATINIB 250 MG TABLET	250 MG	TABLETS	1X10	4200
197	LENTECAVIR (AS MONO HYDRATE) 1 MG TABS.	1 MG	TABLETS	1X10	9840
198	LEVODOPA 100 MG + BENSERAZIDE 25 MG TABLETS	100 MG/ 25 MG	TABLETS	100'S	5400
199	LEVODOPA 100 MG + CARBIDOPA 25 MG + ENTACAPONE 200 MG TABS	100 MG/ 25 MG/ 200 MG	TABLETS	1X10	5400
200	LEVODOPA 100 MG + CARBIDOPA 25 MG SUSTAINED-RELEASE TABS	100 MG/ 25 MG	TABLETS	1X10	4800
201	LEVODOPA 150 MG + CARBIDOPA 31.25 MG + ENTACAPONE 200 MG TABS	150 MG/ 31,25 MG/ 200 MG	TABLETS	500'S	4440
202	LEVODOPA 150 MG + CARBIDOPA 37.5 MG + ENTACAPONE 200 MG TABS	150 MG/ 37.5 MG/ 200 MG	TABLETS	1X10	5040
203	LEVODOPA 200 MG + CARBIDOPA 50 MG + ENTACAPONE 200 MG TABS	200 MG/ 50 MG/ 200 MG	TABLETS	30'S	3540
204	LEVODOPA 200 MG + CARBIDOPA 50 MG SUSTAINED-RELEASE TABS	200 MG/ 50 MG	TABLETS	1X10	6240
205	LEVODOPA 250 MG + CARBIDOPA 25 MG TABLETS	250 MG/ 25 MG	TABLETS	1X10	6000
206	LEVODOPA 50 MG + BENSERAZIDE 12.5 MG TABLETS	50 MG/ 12.5 MG	TABLETS		6000
207	LEVODOPA 50 MG + CARBIDOPA 12.5 MG + ENTACAPONE 200 MG TABS	50 MG/ 12.5 MG/ 200 MG	TABLETS	1X10	4320
208	LEVODOPA 75 MG + CARBIDOPA 18.75 MG + ENTACAPONE 200 MG TABS	75 MG/ 18.75 MG/ 200 MG	TABLETS	100'S	5040
209	LEVONORGESTREL 1.5 MG	1.5 MG	TABLETS	1x1	12420
210	LEVOTHYROXINE SODIUM 100 MG	100mg	TABLETS	1x10	12000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
211	LEVOTHYROXINE SODIUM 500 MG	500mg	TABLETS	1x10	12000
212	LOPINAVIR, RITONAVIR 100/25 MG	100/25 MG	TABLETS	1X30	6000
213	LORAZEPAM 1 MG SCORED TABS.	2 MG	TABLETS	1X10	3600
214	ISONIAZID 100 MG	100 MG	TABLETS	1x10	60000
215	ISONIAZID 300 MG	300 MG	TABLETS	1x10	60000
216	MAGNESIUM TRISILICATE BPC COMPOUND TABS	100 MG	TABLETS	NA	32229.6
217	MAPROTILINE HYDROCHLORIDE 75 MG TABS.	75 MG	TABLETS	100'S	2400
218	MEDROXYPROGESTERONE ACETATE 400 MG TAB.	400 MG	TABLETS	100'S	1440
219	MEFLOQUINE 250MG	250mg	TABLETS	NA	qty will be informed later
220	MEFLOQUINE HYDROCHLORIDE	150 MG	TABLETS	NA	qty will be informed later
221	MEGESTROL ACETATE 40 MG TABS.	40 MG	TABLETS	1X10	1440
222	MELPHALAN 2 MG TABS.	2 MG	TABLETS	25'S	2160
223	MELPHALAN 5 MG TABS	5 MG	TABLETS	25'S	2340
224	MERCAPTOPYRINE 50 MG TABS	50 MG	TABLETS	60'S	2520
225	METHOTREXATE SODIUM 10 MG TABS	10 MG	TABLETS	1X10	3840
226	METHYLPHENIDATE HCL 10 MG TABS	10 MG	TABLETS	1X10	2760
227	METHYLPHENIDATE HCL 18 MG TABS.EXTEND RELEASE	18 MG	TABLETS	100'S	3480
228	METHYLPHENIDATE HCL 20MG TABS	20 MG	TABLETS	100'S	3840
229	METHYLPHENIDATE HCL 36 MG TABS.EXTEND RELEASE	36 MG	TABLETS	100'S	2580
230	METHYLPHENIDATE HCL 5 MG TABS	5 MG	TABLETS	100'S	2376
231	METHYLPHENIDATE HCL 54 MG TABS.EXTEND RELEASE	54 MG	TABLETS	100'S	2640
232	METYRAPONE 250 MG TAB	250 MG	TABLETS	18'S	2160
233	MIRTAZAPINE 15 MG SOLUBLE TABS	15 MG	TABLETS	1X10	5040
234	MIRTAZAPINE 30 MG SOLUBLE TABS	30 MG	TABLETS	1X10	3840
235	MISOPROSTOL TABLETS 200 MG	200 MG	TABLETS	1X4	12504
236	MITOTANE 500 MG TAB	500 MG	TABLETS	100'S	1680
237	MOCLOBEMIDE 150 MG	150 MG	TABLETS	NA	2520
238	MORPHINE SULPHATE 15 MG SLOW RELEASE TABS (N)	15 MG	TABLETS	100'S	2376
239	MORPHINE SULPHATE 30 MG SLOW RELEASE TABS (N)	30 MG	TABLETS	100'S	2640
240	MORPHINE SULPHATE 60 MG SLOW RELEASE TABS (N)	60 MG	TABLETS	100'S	2616
241	MYCOPHENOLIC ACID (SOD.SALT) 180 MG TAB.	180 MG	TABLETS	120'S	2640
242	MYCOPHENOLIC ACID (SOD.SALT) 360 MG TAB.	360 MG	TABLETS	120'S	3840
243	NALTREXONE HCL 50 MG TABS.	50 MG	TABLETS	1X10	10200
244	NELFINAVER MESILATE 250 MG TABS	250 MG	TABLETS	120'S	6000
245	NELOTINIB 150 MG TABS.	150 MG	TABLETS	150'S	4200
246	NELOTINIB 200 MG TABS.	200 MG	TABLETS	28'S	4560
247	NELOTINIB 40 MG TABS.	40 MG	TABLETS	28'S	4800

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
248	NEOSTIGMINE BROMIDE 15 MG TABS	15 MG	TABLETS	1X10	3480
249	NEVIRAPINE 200 MG	200 mg	TABLETS	1x10	9840
250	NIFEDIPINE 30 MG	30 MG	TABLETS	1X30	12000
251	NIFEDIPINE 60 MG	60 MG	TABLETS	1X30	12000
252	NIFEDIPINE RETARD TABS 20 MG	20 MG	TABLETS	1x10	24000
253	NITRAZEPAM 5 MG TABS	5 MG	TABLETS	1X10	2352
254	NITROFURANTOIN 100 MG TABS	100mg	TABLETS	1x10	60000
255	NORGESTREL USP, ETHYNYL ESTRADIOL	0.5 MG/ 50 MCG	TABLETS	1x1	24000
256	OLANZAPINE 5 MG ORODISPERSABLE TABS.	5 MG	TABLETS	1X10	14400
257	OROS HYDROMORPHONE HYDROCHLORIDE 16MG	16 MG	TABLETS	100'S	9000
258	OROS HYDROMORPHONE HYDROCHLORIDE 32MG	32 MG	TABLETS	100'S	6000
259	OROS HYDROMORPHONE HYDROCHLORIDE 8MG	8 MG	TABLETS	100'S	10200
260	OXCARBAZEPINE 150 MG TABS	150 MG	TABLETS	1X10	12000
261	OXCARBAZEPINE 300 MG TABS	300 MG	TABLETS	1X10	11400
262	OXCARBAZEPINE 50 MG TABS	50 MG	TABLETS	100'S	10800
263	OXCARBAZEPINE 600 MG TABS	600 MG	TABLETS	1X10	10200
264	OXYCODONE HCL 20 MG TAB (N)	20 MG	TABLETS	100'S	10200
265	OXYCODONE HCL 30 MG TAB SUSTINED REALASE (N)	30 MG	TABLETS	100'S	6000
266	OXYCODONE HCL 5 MG TAB (N)	5 MG	TABLETS	100'S	12000
267	OXYCODONE HCL 60 MG TAB SUSTINED REALASE (N)	60 MG	TABLETS	100'S	4800
268	PALIPERIDONE PROLONGED REALASE 3 MG TAB	3 MG	TABLETS	30'S	4200
269	PALIPERIDONE PROLONGED REALASE 6 MG TAB	6 MG	TABLETS	30'S	4800
270	PARACETAMOL : PHENYLEPHRINE HYDROCHLORIDE; MEPYRAMINE RNALATE	500 MG / 10 MG / 2 MG	TABLETS	1x10	12000
271	PARACETAMOL TABLETS 100 MG	100 mg	TABLETS	1x10	84000
272	PAROXETINE 20 MG TABS	20 MG	TABLETS	1X10	6000
273	PENTAZOCINE 25 MG TABS.(N)	25 MG	TABLETS	1X10	3000
274	PENTOXIFYLLINE 400 MG	400mg	TABLETS	1x10	12000
275	PERINDOPRIL TERI-BUTYLAMINE 4 MG	4 MG	TABLETS	NA	qty will be informed later
276	'PHENOBARBITAL SOD. 100 MG TABS.	100 MG	TABLETS	100'S	2340
277	PHENOBARBITAL SOD. 15 MG TABS.	15 MG	TABLETS	100'S	1260
278	PHENOBARBITAL SOD. 60 MG TABS.	60 MG	TABLETS	500'S	1500
279	PHENOBARBITAL TABLETS 50 MG	50 mg	TABLETS	1X30	8400
280	PHENOBARBITAL TABS 100 MG	100 MG	TABLETS	1 PCS	13440
281	PHENOBARBITAL TABS 30 MG	30 mg	TABLETS	1x10	24000
282	PHENOXYMETHYL PENICILLIN 500MG	500mg	TABLETS	1x10	9210000
283	PHENYTOIN SODIUM S/C 100 MG TABS.	100 MG	TABLETS	1X10	2520
284	PIMOZIDE 1 MG TABS.	1 MG	TABLETS	100'S	2340
285	PIMOZIDE 4 MG TABS.	4 MG	TABLETS	1X10	2400

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
286	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE 0.375 MG ER TAB.	0.375 MG	TABLETS	1X10	10800
287	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE 0.75 MG ER TAB.	0.75 MG	TABLETS	1X10	9600
288	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE 1.5 MG ER TAB.	1.5 MG	TABLETS	1X10	9000
289	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE 3 MG ER TAB.	3 MG	TABLETS	1X10	7800
290	PRAZEPAM 10MG TAB	10 MG	TABLETS	20'S	2400
291	PREDNISOLONE 20 MG	20mg	TABLETS	1x10	120000
292	PRIMIDONE 250 MG TAB.	250 MG	TABLETS	30'S	5400
293	PRIMIDONE 50 MG TAB.	50 MG	TABLETS	100'S	6000
294	PROBENECID 500 MG TABS.	500 MG	TABLETS	1000'S	2400
295	PROMETHAZINE 25 MG TABLETS	25 mg	TABLETS	1x10	18600
296	PROTHIONAMIDE 125 MG TABS.	125 MG	TABLETS	1X10	3840
297	PYRAZINAMIDE 400 MG	400 MG	TABLETS	1x10	12000
298	PYRIDOXINE HYDROCHLORIDE	200 MG	TABLETS	1x10	60000
299	QUETIAPINE 100 MG TABS.	100 MG	TABLETS	1X10	6240
300	QUETIAPINE 200 MG TABS.	200 MG	TABLETS	1X10	14400
301	QUETIAPINE 25 MG TABS.	25 MG	TABLETS	1X10	2376
302	QUETIAPINE 50 MG XR TABS.	50 MG	TABLETS	1X10	2544
303	RANITIDINE HYDROCHLORIDE 300 MG	300 MG	TABLETS	1x10	60000
304	RANITIDINE HYDROCHLORIDE 75 MG	75 MG	TABLETS	1x10	60000
305	RELTEGRAVIR 400 MG TABS	400 MG	TABLETS	60'S	4800
306	RELTEGRAVIR CHEWABLE 100 MG TABS	100 MG	TABLETS	60'S	2400
307	RIFAMPICIN BP , ISONIAZID BP, ETHAMBUTOL HYDROCHLORIDE	450 MG / 300 MG / 800 MG	TABLETS	1 PCS	12000
308	RIFAMPICIN, ISONIAZID	150 MG / 100 MG	TABLETS	1 PCS	30000
309	RIFAMPICIN, ISONIAZID, PYRAZINAMIDE AND ETHAMBUTOL HYDROCHLORIDE 150/75/400/275	150/75/400/275 MG	TABLETS	NA	qty will be informed later
310	RIFAMPICIN, ISONIAZID, PYRAZINAMIDE. ETHAMBUTOL	NA	TABLETS	NA	qty will be informed later
311	RIFAMPICIN, LSONIAZID, PYRAZINAMIDE	150 MG / 75 MG / 400 MG	TABLETS	1 PCS	60000
312	RIFAMPICIN/ ISONIAZID	300MG / 150 MG	TABLETS	1 PCS	60000
313	RILPIVIRINE 25MG TABS.	25 MG	TABLETS	30'S	3480
314	RILUZOLE 50MG TABS	50 MG	TABLETS	60'S	2400
315	RITONAVIR 100 MG	100 MG	TABLETS	1X30	6000
316	RIVASTIGMINE 1.5 MG TABS	1.5 MG	TABLETS	1X10	10800
317	RIVASTIGMINE 3 MG TABS	3 MG	TABLETS	1X10	6000
318	RIVASTIGMINE 4.5 MG TABS	4.5 MG	TABLETS	1X10	9000
319	RIVASTIGMINE 6 MG TABS	6 MG	TABLETS	1X10	6000
320	ROBNIROLE 0.25 MG TABS	0.25 MG	TABLETS	1X10	3000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
321	RUFINAMIDE 100 MG TAB	100 MG	TABLETS	100'S	2280
322	RUFINAMIDE 200 MG TAB	200 MG	TABLETS	30'S	1440
323	RUFINAMIDE 400 MG TAB	400 MG	TABLETS	120'S	2520
324	RUXOLITINIB 10 MG TAB	10 MG	TABLETS	60	1200
325	RUXOLITINIB 20 MG TAB	20 MG	TABLETS	14'S	1440
326	RUXOLITINIB 5 MG TAB	5 MG	TABLETS	56'S	4800
327	SALBUTAMOL SULPHATE 2 MG	2 MMG	TABLETS	1x30	120000
328	SALBUTAMOL TABS 4 MG	4 MG	TABLETS	1 PCS	12000
329	SELEGILINE 5 MG TABS	5 MG	TABLETS	60'S	1080
330	SELEGILINE 50 MG TABS	50 MG	TABLETS	10'S	1200
331	SELEGILINE 800 MG TABS	800 MG	TABLETS	30'S	600
332	SENNA EXTRACT	NA	TABLETS	NA	qty will be informed later
333	SIROLIMUS 1MG TABS	1 MG	TABLETS	1X10	6480
334	SODIUM CLODRONATE 400 MG TABS	400 MG	TABLETS	60'S	1320
335	SODIUM DICHOROISOCYANURATE (NADCC), TABLETS 1.67 G	1.67 gm	TABLETS	1x10	10080
336	SODIUM VALPROATE 200 MG S.R TABS	200 MG	TABLETS	1X10	12000
337	SODIUM VALPROATE 500 MG S.R TABS	500 MG	TABLETS	1X10	11400
338	SORAFENIB 200 MG TABS	200 MG	TABLETS	1X10	1440
339	SPIRAMYCIN + METRONIDAZOLE	100 MG / 150 MG	TABLETS	1x10	6000
340	SPIRONOLACTON 100 MG	100mg	TABLETS	1x10	12000
341	SPIRONOLACTON 25 MG	25mg	TABLETS	1x10	60000
342	SULPHADOXINE+PYRIMETHAMINE 500MG/25MG	500MG/25MG	TABLETS	NA	122768.4
343	SULPIRIDE 200 MG	200 MG	TABLETS	NA	2520
344	SUNITINIB 12.5 MG TABS	12.5 MG	TABLETS	28'S	3480
345	SUNITINIB 25 MG TABS	25 MG	TABLETS	28'S	3960
346	SUNITINIB 50 MG TABS	50 MG	TABLETS	28'S	3840
347	TAPENTADOL HCL EXTEND RELEASE 100 MG TAB	100 MG	TABLETS	1X10	4200
348	TAPENTADOL HCL EXTEND RELEASE 50 MG TAB	50 MG	TABLETS	1X10	3480
349	TAPENTADOL HCL EXTEND RELEASE 75 MG TAB	75 MG	TABLETS	1X10	3840
350	TDEFERIPRONE 125 MG TAB	125 MG	TABLETS	30'S	5040
351	TELAPREVIR 375 MG TABS	375 MG	TABLETS	42'S	3840
352	TELIBIVUDINE 600 MG TABS	600 MG	TABLETS	28'S	9600
353	TENOFOVIR 300 MG TABS	300 MG	TABLETS	1X10	14400
354	TENOFOVIR DISOPROXIL AND LAMIVUDINE	300 MG / 300 MG	TABLETS	1x10	12000
355	TENOFOVIR DISOPROXIL FUMARATE; EMTRICITABINE 300 MG	300 MG / 200 MG	TABLETS	1X30	6000
356	TENOFOVIR DISOPROXIL FUMARATE; LAMIVUDINE AND NEVIRAPINE	300 MG / 150 MG / 150 MG	TABLETS	1x10	12000
357	TENOFOVIR, LAMIVUDINE, ATAZANAVIR, RITONAVIR	300 MG/ 200 MG/ 300 MG/ 40 MG	TABLETS	NA	qty will be informed later

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
358	TERBINAFINE HYDROCHLORIDE 125 MG	125 MG	TABLETS	NA	qty will be informed later
359	TERBINAFINE HYDROCHLORIDE 25 MG	25 MG	TABLETS	NA	qty will be informed later
360	TETRACYCLINE 250MG TABS	250 mg	TABLETS	1x10	60000
361	THIOGUANINE 40 MG TABS	40 MG	TABLETS	30'S	3480
362	THIORIDAZINE HYDROCHLORIDE 25 MG TABS.	25 MG	TABLETS	1X10	14400
363	THIORIDAZINE HYDROCHLORIDE S .R. 200MG TABS.	200 MG	TABLETS		3840
364	TIAPRID 100 MG TABE.	100 MG	TABLETS	1X10	4680
365	TIPRANAVIR TAB	300 MG	TABLETS	30'S	4800
366	TIZENIDINE 2 MG TABS	2 MG	TABLETS	1X10	6480
367	TOPIRAMATE 100 MG	100mg	TABLETS	1x10	16200
368	TOPIRAMATE 15 MG TABS.	15 MG	TABLETS	1X10	2280
369	TOPIRAMATE 200MG TABS	200 MG	TABLETS	100'S	2400
370	TRIFLUOPERAZINE HYDROCHLORIDE 2 MG TABS. OR CAPS.	2 MG	TABLETS	100'S	3000
371	TRIHENXYPHENIDYL HYDROCHLORIDE 5 MG	5mg	TABLETS	1x10	16200
372	TTIZENIDINE 4 MG TABS	4 MG	TABLETS	25'S	4800
373	VALGANCICLOVIR 450 MG TABS	450 MG	TABLETS	1X10	1200
374	VENLAFAXINE 37.5 MG TABS.	37.5 MG	TABLETS	1X10	11400
375	VENLAFAXINE 75 MG TABS.	75 MG	TABLETS	1X10	12000
376	VERAPAMIL 40 MG TAB	40 MG	TABLETS	35'S	13620
377	VEROLIMUS 0.5 MG TABS .	0.5 MG	TABLETS	60'S	7200
378	VIGABATRIN 200 MG TABS.	200 MG	TABLETS	10'S	6000
379	VIGABATRIN 25 MG TABS.	25 MG	TABLETS	100'S	9000
380	VIGABATRIN 50 MG TABS.	50 MG	TABLETS	100'S	9000
381	VIGABATRIN 500MG TABS OR SACHETS.	500 MG	TABLETS	60'S	6000
382	VITAMIN B COMPLEX TABS	B COMPLEX	TABLETS	1x10	24000
383	VITAMINE D3 50,000 I.U. TABS.	50000 IU	TABLETS	1X6	30000
384	VORINOSTAT TAB	100 MG	TABLETS		2400
385	WARFARIN SODIUM 3 MG	3mg	TABLETS	1x15	72000
386	WARFARIN SODIUM 5 MG	5mg	TABLETS	1x15	72000
387	WARFARIN SODIUM CLATHRATE 1 MG	1 MG	TABLETS	1x10	60000
388	ZALCITABINE 375MCG TABS.	375 MG	TABLETS		3000
389	ZALCITABINE 375MCG TABS.	750 MG	TABLETS		3840
390	ZIDOVUDINE TABLETS 300 MG	300 MG	TABLETS	1x10	34800
391	ZIDOVUDINE(AZT) + LAMIVUDINE (3TC), 300 MG TABLETS + 150 MG	300 mg + 150 mg	TABLETS	1x10	25200
392	ZINC SULPHATE, DISPERSIBLE TABLETS 20 MG	20 mg	TABLETS	1X30	84000
393	ZOTEPINE 50 MG TABS.	50 MG	TABLETS	1X10	5400
394	Tab. Deferasirox 100mg	100 MG	TABLETS	1X6	120000
395	Tab. Deferasirox 400mg	400 MG	TABLETS	1X6	120000
396	Haloperidol Tablet I.P 10mg	10 MG	TABLETS	1X10	120000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
397	Ibuprofen Tablet I.P 200 mg	200 MG	TABLETS	1X15	120000
398	Griseofulvin Tablet I.P 125 mg	125 MG	TABLETS	100'S	120000
399	Griseofulvin Tab. IP 125mg	125 MG	TABLETS	100'S	120000
400	Primaquine Tablet I.P 7.5mg	7.5 MG	TABLETS	1X10	120000
401	Primaquine Tablet I.P 7.5mg	7.5 MG	TABLETS	1X10	120000
402	Ornidazol Tablet I.P 500mg	500 MG	TABLETS	1X10	120000
403	Misoprostol Tab. 100mcg	100 MCG	TABLETS	4'S	120000
404	NYSTATIN 100000IU	100000 IU	vaginal tablets	1x10	114000
CAPSULE					
405	AMANTADINE HYDROCHLORIDE 100 MG CAPS.	100 MG	CAPSULE	1X10	12000
406	ANAGRELIDE HYDROCHLORIDE 500 MCG CAPS	500 MCG	CAPSULE	500'S	1440
407	APREPITANT 125 MG CAPS.	125 MG	CAPSULE	1X10	600
408	APREPITANT 80 MG CAPS	80 MG	CAPSULE	1X10	1200
409	ATAZANAVIR 300 MG	300 MG	CAPSULE	NA	qty will be informed later
410	ATAZANAVIR 300 MG + RITONAVIR 100 MG TABS.	300 MG/ 100 MG	CAPSULE	1X10	1440
411	ATAZANAVIR SULPHATE 100 MG	100 MG	CAPSULE	NA	qty will be informed later
412	ATAZANAVIR SULPHATE 150 MG	150 MG	CAPSULE	NA	2400
413	ATAZANAVIR SULPHATE 200 MG	200 MG	CAPSULE	NA	2280
414	ATAZANAVIR SULPHATE 300 MG	300 MG	CAPSULE	NA	qty will be informed later
415	BECLOMETHASONE DIPROPIONATE 100 MG	100 MG	CAPSULE	1X30	12000
416	BECLOMETHASONE DIPROPIONATE 200 MG	200 MG	CAPSULE	1X30	12000
417	BECLOMETHASONE DIPROPIONATE 400 MG	400 MG	CAPSULE	1X30	12000
418	CALCITRIOL 250 NANOGRAM CAPS	250 MG	CAPSULE	1X10	10440
419	CARGLUMIC ACID 200 MG CAPS.	200 MG	CAPSULE	60'S	2400
420	CHOLIC ACID 250 MG CAPS	250 MG	CAPSULE	10'S	6000
421	CHOLIC ACID 50MG CAPS	50 MG	CAPSULE	90'S	6000
422	CLINDAMYCIN HYDROCHLORIDE 150 MG	150 MG	CAPSULE	1x10	84000
423	CLOFAZIMINE 100 MG CAPS.	100 MG	CAPSULE	1X10	30000
424	CLOXACILLIN, CAPSULES 250 MG	250 mg	CAPSULE	1x10	16800
425	CRIZOTUNIB 200 MG CAPS	200 MG	CAPSULE	60'S	6000
426	CYCLOSERINE	250 MG	CAPSULE	1x10	12000
427	CYSTEAMINE AS MERCAPTAMINE BITARTRATE 150 MG CAPS .	150 MG	CAPSULE	100'S	12000
428	CYSTEAMINE AS MERCAPTAMINE BITARTRATE 50 MG CAPS .	50 MG	CAPSULE	1X10	15000
429	DOXEPIN 25 MG TABS.	25 MG	CAPSULE	30'S	3468
430	DOXEPIN 50 MG TABS.	50 MG	CAPSULE	1X10	3744
431	EFAVIRENZ 600 MG ,TENOFVIR 300MG +EMTRICITABINE 200MG TABS	600 MG/ 300 MG/ 200 MG	CAPSULE	1X10	2400
432	EFAVIRENZ 600 MG CAPS.	600 MG	CAPSULE	1X10	11400

433	ELVITEGRAVIR 150 MG , COBICISTAT 150 MG , EMTRCITBINE 200 MG , TENOFOVIR 300MG TAB	150 MG/ 150 MG/ 200 MG/ 300 MG	CAPSULE	30'S	2220
434	ENALIDOMIDE 5 MG CAPS.	5 MG	CAPSULE	30'S	6240
435	ETHOSUXIMIDE 250 MG CAPS.	250 MG	CAPSULE	100'S	6000
436	ETOPOSIDE 50 MG CAPS.	50 MG	CAPSULE	1X10	9000
437	FINGOLIMOD AS HYDROCHLORIDE 250 MCG	250 MCG	CAPSULE	28'S	5400
438	FINGOLIMOD AS HYDROCHLORIDE 500 MCG CAPS.	500 MCG	CAPSULE	30'S	6660
439	FLUCONAZOLE 100 MG	100 MG	CAPSULE	1x10	60000
440	FLUCONAZOLE 50 MG	50 MG	CAPSULE	1x10	36000
441	GALANTAMINE AS HYDROBROMIDE 4 MG TABS	4 MG	CAPSULE	60'S	9000
442	GALANTAMINE AS HYDROBROMIDE 8 MG TABS	8 MG	CAPSULE	60'S	6600
443	HYDROXYUREA 500 MG CAPS.	500 MG	CAPSULE	1X10	11400
444	IDARUBICIN HYDROCHLORIDE 10 MG CAPS	10 MG	CAPSULE		3360
445	IDARUBICIN HYDROCHLORIDE 5 MG CAPS	5 MG	CAPSULE	14'S	10440
446	LOMUSTINE (CCNU) 10 MG CAPS.	10 MG	CAPSULE	10's	4080
447	LOMUSTINE (CCNU) 100 MG CAPS.	100 MG	CAPSULE	10's	2640
448	LOMUSTINE (CCNU) 40 MG CAPS.	40 MG	CAPSULE	10's	3840
449	LOPINAVIR 133.3 MG + RITONAVIR 33.3 MG CAPS.	133.3 MG/ 33.3 MG	CAPSULE	1X10	1200
450	MEFENAMIC ACID 250 MG CAPS.	250 MG	CAPSULE	1X10	11760
451	MELATONIN 2MG CAPS OR TABLETS	25 MG	CAPSULE	1X10	12000
452	MELATONIN 5MG CAPS OR TABLETS	5 MG	CAPSULE	45's	3480
453	MIGLUSTAT 100 MG CAPS.	100 MG	CAPSULE	84's	6000
454	NEFIDIPINE 20 MG	20mg	CAPSULE	1x10	12000
455	NITROFURENTOIN 100 MG	100mg	CAPSULE	1x10	12000
456	NITROSINONE (NTBC) 10 MG CAPS	10 MG	CAPSULE	60's	5280
457	NITROSINONE (NTBC) 5 MG CAPS	5 MG	CAPSULE	60's	4800
458	ONE - ALPHA HYDROXYCHOLECALCIFEROL 0.25 MCG.CAPS.	0.25 MCG	CAPSULE	10's	9000
459	ONE - ALPHA HYDROXYCHOLECALCIFEROL 0.5 MCG CAP.	0.5 MCG	CAPSULE	10's	10200
460	ONE - ALPHA HYDROXYCHOLECALCIFEROL 1 MCG.CAPS.	1 MCG	CAPSULE	10's	6480
461	OSELTAMIVIR PHOSPHATE	200 MG	CAPSULE	NA	qty will be informed later
462	PARICALCITOL 1 MCG CAP.	1 MCG	CAPSULE	30's	11400
463	PARICALCITOL 2 MCG CAP.	2 MCG	CAPSULE	30's	6480
464	PARICALCITOL 4 MCG CAP.	4 MCG	CAPSULE	30's	5040
465	PHENYTOINE 100 MG	100mg	CAPSULE	1x100	120000
466	PROCARBAZINE HYDROCHLORIDE 50 MG CAPS.	50 MG	CAPSULE	1X10	5160
467	RETINOL (VITAMIN A), 200,000 IU CAPSULE	200,000 IU capsule	CAPSULE	1X30	33600
468	RIBAVIRIN 200 MG CAPS.	200 MG	CAPSULE	1X10	2616
469	RIFABUTIN 150 MG CAPS.	150 MG	CAPSULE	1x6	3480
470	RIFABUTIN 300 MG CAPS.	300 MG	CAPSULE		3840

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
471	RIFAMPICIN 120 MG + ISONIAZIDE 50 MG + PYRAZINAMIDE 300 MG CAPS	120 MG/ 50 MG/ 300 MG	CAPSULE	1X10	30000
472	RIFAMPICIN 150 MG + ISONIAZIDE 150 MG CAPS.	150 MG/ 150 MG	CAPSULE	1X10	30000
473	RIFAMPICIN 150 MG CAPS.	150 MG	CAPSULE	1X10	22200
474	RIFAMPICIN 300 MG CAPS.	300 MG	CAPSULE	1X10	26400
475	RIPLPIVRINE 25 MG ,TENOFVIR 300MG +EMTRICITABINE 200MG TABS	25 MG/ 300 MG/ 200 MG	CAPSULE	30's	2280
476	RITONAVIR 100MG CAPS.	100 MG	CAPSULE	1X10	2160
477	SAQUINAVIR MESILATE 1GM + RETONAVIR 100 MG TABS.	1 GM / 100 MG	CAPSULE	60's	3480
478	SAQUINAVIR MESILATE 200 MG CAPS.	200 MG	CAPSULE	270's	3960
479	SAQUINAVIR MESILATE 300 GM + RETONAVIR 100 MG TABS.	300 MG/ 100 MG	CAPSULE	30's	2640
480	SAQUINAVIR MESILATE 500 MG CAPS	500 MG	CAPSULE	120's	2364
481	STAVUDINE 30 MG	30 MG	CAPSULE	1X30	6000
482	STIRIPENTOL 250MG CAPS	250 MG	CAPSULE	60's	3840
483	STIRIPENTOL 500MG CAPS	500 MG	CAPSULE		3360
484	TACROLIMUS 5 MG CAPS.	5 MG	CAPSULE	50's	4200
485	TACROLIMUS 500 MCG CAPS.	500 MCG	CAPSULE	1X10	9600
486	TACROLIMUS MONOHDRATE(MODIFIED REALASE) 1 MG CAPS.	1 MG	CAPSULE	100's	4800
487	TACROLIMUS MONOHDRATE(MODIFIED REALASE) 3 MG CAPS.	3 MG	CAPSULE		4200
488	TACROLIMUS MONOHDRATE(MODIFIED REALASE) 500 MG CAPS.	500 MG	CAPSULE		3000
489	TACROLIMUS MONOHDRATELMODIFIED REALASE) 5 MG CAPS.	5 MG	CAPSULE		3900
490	TEMAZEPAM 10 MG CAPS.	10 MG	CAPSULE		4620
491	TOPIRAMATE SPRINKLES 25MG CAPS	25 MG	CAPSULE	1X10	15000
492	TOPIRAMATE SPRINKLE 15 MG. CAPS	15 MG	CAPSULE		9000
493	TOPIRAMTE SPRINKLES 50MG CAPS	50 MG	CAPSULE	1X10	11400
494	TRETINOIN 10 MG CAPS.	10 MG	CAPSULE		2280
495	TTEMOZOLAMIDE 5 MG CAPS	5 MG	CAPSULE		3420
496	VALPORIC ACID 150 MG	150mg	CAPSULE	1x10	12000
497	Z1DO'VUDINE 300 MG+LAMIVUDINE 150 MG CAPS.	300 MG/ 150 MG	CAPSULE	1X10	15000
498	ZINC ACETATE DEHYDRATE 25MG CAP	25 MG	CAPSULE		6600
499	ZINC ACETATE DEHYDRATE50MG CAPS	50 MG	CAPSULE		7800
500	ZIPRASIDONE HYDROCHLORIDE 20 MG CAPS.	20 MG	CAPSULE	1X10	11400
501	ZIPRASIDONE HYDROCHLORIDE 80 MG CAPS.	80 MG	CAPSULE	1X10	13800
INJECTIONS					
502	5-FLURO-URACIL SODIUM 2.5 MG / ML 10 ML AMPS.	2.5 MG/ ML	INJECTIONS	1 PCS	6000
503	ABCIXIMAB 2 MG/ML 5ML VIALS.	2 MG/ ML	INJECTIONS	1 PCS	600
504	ACTINOMYCIN D,500 MICROGRAM VIALS.	500 MCG	INJECTIONS	1 PCS	7800
505	ADALIMUMAB 20 MG VIALS PRE FILLED SYRINGE.	20 MG	INJECTIONS	1 PCS	1200

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
506	ADALIMUMAB 40 MG VIALS PRE FILLED SYRINGE.	40 MG	INJECTIONS	1 PCS	3000
507	AGALSIDASE ALFA	ALFA	INJECTIONS	1 PCS	1200
508	AGALSIDASE BETA	BETA	INJECTIONS	1 PCS	1200
509	ALEMTUZUMAB 30 MG / ML 1ML AMPS.	30 MG/ ML	INJECTIONS	1 PCS	600
510	ALFENTANYL 0.5 MG/ML 2 ML AMPS (N)	0.5 MG/ ML	INJECTIONS	1 PCS	3600
511	ALFENTANYL 5 MG/ML 1 ML AMPS.(N)	5 MG/ ML	INJECTIONS	1 PCS	5400
512	ALGLUCOSIDASE ALFA	ALFA	INJECTIONS	1 PCS	900
513	ALPHA/BETA RECOMBINANT HUMAN ERYTHROPOIT 2000IU/0.5ML	2000IU/ 0.5mL	INJECTIONS	1 PCS	600
514	ALTEPASE10 MG (5.8 MILLION UNITS) VIALS WITH DILUENT AND ; TRANSFER DEVICE.	10 MG	INJECTIONS	1 PCS	4800
515	AMINO ACID 500 ML	500 ML	INJECTIONS	1 PCS	840
516	AMINOPHYLLINE	25 MG/ML	INJECTIONS	1 PCS	360
517	AMIODARON HCL 200 MG	200mg	INJECTIONS	1 PCS	420
518	ANAKINRA 100 MG	100 MG	INJECTIONS	1 PCS	12000
519	ANTI-D HUMAN IMMUNOGLOBULIN 300MG/ML	300mg/ml	INJECTIONS	1 PCS	480
520	ANTI-HUMAN THYMOCYTE IMMUNOGLOBULIN 25MG POWDER FOR RECONSTITUTION VIALS.	25 MG	INJECTIONS	1 PCS	3000
521	ANTILYMPHOCYTE IMMUNOGLOBULIN 50 MG/ML 5 ML VIALS.	50 MG/ ML	INJECTIONS	1 PCS	3000
522	ANTI-TETANUS SERUM 20000 IU/5ML	20000 IU/5ml	INJECTIONS	1 PCS	192
523	APREITANT 115 MG VAIL	115 MG	INJECTIONS	1 PCS	3600
524	ATROPINE SULPHATE 1MG + PROCAINE HCL 6 MG + ADRENALINE SOL. (1:1000) 0.12 ML/ 0.3 ML AMP.FOR SUBCONJUNCTIVAL INJ	1 MG/ 6 MG/ 0.12 ML/3 ML	INJECTIONS	1 PCS	6000
525	ATROPINE, SOLUTION FOR INJECTION 1 MG / ML	1 mg / ml	INJECTIONS	1 PCS	420
526	AZACITIDINE INJ.	100 MG	INJECTIONS	1 PCS	1500
527	BASILIXIMAB 10 MG VIAL	10 MG	INJECTIONS	1 PCS	900
528	BASILIXIMAB 20 MG VIAL	20 MG	INJECTIONS	1 PCS	900
529	BENDAMUSTINE 25 MG AMP.	25 MG	INJECTIONS	1 PCS	900
530	BENZATHIN PENICILLIN 1200000 IU	1200000 IU	INJECTIONS	1 PCS	2400
531	BENZATHINE BENZYL- PENICILLIN 1.2 MU	1.2 MU	INJECTIONS	1 PCS	1200
532	BENZATHINE BENZYL- PENICILLIN 2.4 MU	2.4 MU	INJECTIONS	1 PCS	1020
533	BENZYL PENICILLIN 1.44MG/5ML VIALS IM	1.44mg/5ML	INJECTIONS	1x10	12000
534	BENZYL PENICILLIN 900MG/5ML VIALS 1M	900mg/5ML	INJECTIONS	1 PCS	12000
535	BENZYL PENICILLIN PROCAINE, SOLUTION FOR INJECTION 3-4 MILLION IU/VIAL	3-4 million IU/vial	INJECTIONS	1 PCS	1680
536	BENZYL PENICILLIN SODIUM 10 MG	10 MG	INJECTIONS	NA	qty will be informed later
537	BENZYL PENICILLIN, SOLUTION FOR INJECTION 5 MILLION IU / VIAL	5 million IU / vial	INJECTIONS	1 PCS	2100
538	BEVACIZUMAB 25 MG / 16 ML VIALS	25 MG/ 16 ML	INJECTIONS	1 PCS	900
539	BEVACIZUMAB 25 MG / 4 ML VIALS	25 MG/ 4 ML	INJECTIONS	1 PCS	900

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
540	BIPHASIC INSULIN ASPART (30% INSULIN ASPART + 70% INSULIN :ASPART PROTAMINE 100 UNITS/ML 3MLCARTRIDGE	30/70	INJECTIONS	1 PCS	1440
541	BOTULINUM TOXIN TYPE B 5000 UNITE	5000 IT	INJECTIONS	1 PCS	600
542	BOTULINUM TOXIN TYPE A 50 UNITE	50 UNITS	INJECTIONS	1 PCS	600
543	BRETYLIUM TOSYLATE 50 MG /ML IOML AMPS.	50 MG/ ML	INJECTIONS	1 PCS	1500
544	BUPIVACAINE 0.25% 10 ML (PLAN) VIALS.	0.25%	INJECTIONS	1 PCS	1500
545	BUPIVACAINE 0.5% 10 ML (PLAN) VIALS.	0.50%	INJECTIONS	1 PCS	1500
546	BUSLPHAN CONCENTRATE 6MG / ML - 10 ML VIALS FOR I.V. INFUSION	6 MG/ ML	INJECTIONS	1 PCS	1500
547	CABAZITAXEL 60 MG AMPS.	60 mg	INJECTIONS	1 PCS	1200
548	CALCIUM GLUCONATE, SOLUTION FOR INJECTION 100 MG / ML	100 mg / ml	INJECTIONS	1 PCS	8484
549	CANAKINUMAB 150 MG VIALS	150 MG	INJECTIONS	1 PCS	1500
550	CARMUSTINE (BCNU) 100 MG VIALS.	100 MG	INJECTIONS	1 PCS	1500
551	CERTOLIZUMAB PEGOL 200 MG PREFILLED SYRINGE	200 MG	INJECTIONS	1 PCS	900
552	CETUXIMAB 5MG/ML 100ML VIALS.	5 MG/ML	INJECTIONS	1 PCS	2400
553	CHLOROPHENERAMIN MALEATE	10 MG / ML	INJECTIONS	1 PCS	6000
554	CHLORPROMAZINE HYDROCHLORIDE 25 MG/ML. 2 ML. AMPS.	25 MG/ ML	INJECTIONS	1 PCS	6000
555	CISATRACURIUM BESYLATE 2MG/ML - 2ML AMPS.	2 MG/ ML	INJECTIONS	1 PCS	540
556	CLADRIBINE 1MG/ML 10 ML	1 MG/ ML	INJECTIONS	1 PCS	1800
557	CLOFARABIN 1MG/ML	1 MG/ ML	INJECTIONS	1 PCS	2400
558	CLONAZEPAM 1 MG/ML. 1 ML. AMPS.	1 MG/ ML	INJECTIONS	1 PCS	6000
559	CLOZAPINE 25 MG/ML-1 ML AMPS	25 MG/ ML	INJECTIONS	1 PCS	4800
560	CMV IMMUNOGLOBULIN VF C2...5 MILLION UNITLEI	2.5 MIU	INJECTIONS	1 PCS	5400
561	CODEINE PHOSPHATE 60 MG/ML IML AMPS.(N)	60 MG/ ML	INJECTIONS	1 PCS	2400
562	COLASPASE (L.ASPARAGINAS 1.5 MG/ ML. VIALS.	1.5 MG/ ML	INJECTIONS	1 PCS	4800
563	COLECALCIFEROL 100,000 IU/ML AMPS.	100000 IU/ ML	INJECTIONS	1 PCS	2400
564	COLECALCIFEROL 300,000 IU/ML AMPS.	200000 IU/ ML	INJECTIONS	1 PCS	1800
565	CYCLOPHOSPHAMIDE 50 MG / ML 2 ML AMPS.	50 MG/ ML	INJECTIONS	1 PCS	1800
566	CYCLOSPORINE 50MG /ML 1ML AMPS.	50 MG/ ML	INJECTIONS	1 PCS	1800
567	CYTOSIN ARABINOSIDE 100 MG VIALS.	100 MG/ ML	INJECTIONS	1 PCS	1800
568	CYTOSIN ARABINOSIDE 500 MG VIALS.	500 MG	INJECTIONS	1 PCS	1800
569	CYPROTERONE 300 MG/3ML	100 MG/ ML	INJECTIONS	1 PCS	3060
570	DARBEPOETIN ALFA 150MCG	150 MCG	INJECTIONS	1 PCS	1800
571	DARBEPOETIN ALFA 20MCG	20 MCG	INJECTIONS	1 PCS	1800
572	DARBEPOETIN ALFA 300MCG	300 MCG	INJECTIONS	1 PCS	1800
573	DARBEPOETIN ALFA 40MCG	40 MCG	INJECTIONS	1 PCS	1800
574	DARBEPOETIN ALFA 500MCG	50 MCG	INJECTIONS	1 PCS	1800
575	DARBEPOETIN ALFA 60MCG	60 MCG	INJECTIONS	1 PCS	1800
576	DARBEPOETIN ALFA 80MCG	80 MCG	INJECTIONS	1 PCS	1800

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
577	DARBEPOETIN ALFA 10 MCG	10 MCG'	INJECTIONS	1 PCS	1800
578	DECITABINE 50 MG VIALS .	50 MG	INJECTIONS	1 PCS	1800
579	DEGARELIX 120 MG VIALS.	120 MG	INJECTIONS	1 PCS	1800
580	DEGARELIX 80 MG VIALS.	80 MG	INJECTIONS	1 PCS	1800
581	DENOSUMAB 60MG/ML 1 ML AMPS.	60 MG/ ML	INJECTIONS	1 PCS	1800
582	DENOSUMAB 70MG/ML 1.7 ML AMPS.	70 MG/ ML	INJECTIONS	1 PCS	1800
583	DEXMEDETOMIDINE HCL INJECTION	100 MCG/ ML	INJECTIONS	1 PCS	1800
584	DIAZEPAM 10 MG/2 ML	10 MG/2 ML	INJECTIONS	1 PCS	6600
585	DIAZEPAM 2ML INJ 5 MG/ML	5 MG/ML	INJECTIONS	1 PCS	24000
586	DIAZEPAM 5 MG/ML , 1 ML AMPS.	5 MG/ ML	INJECTIONS	1 PCS	6000
587	DIAZEPAM, SOLUTION FOR INJECTION 5 MG / ML	5 mg / ml	INJECTIONS	1x1	1680
588	DICLOFENAC SODIUM INJ 25 MG	25 mg	INJECTIONS	1 PCS	49200
589	DIGOXIN 0.05 MG	.05 mg	INJECTIONS	1 PCS	240
590	DIHYDROCODEINE TARTRATE 50 MG/ML 1ML AMPS. (N)	50 MG/ ML	INJECTIONS	1 PCS	600
591	DOCETAXEL 40 MG / ML - 0.5 ML FOR 1.V. INFUSION VIALS.	40 MG/ ML	INJECTIONS	1 PCS	2400
592	DOCETAXEL 40 MG / ML - 2 ML FOR 1.V. INFUSION VIALS	40 MG/ ML	INJECTIONS	1 PCS	2400
593	DOX RUBIC 5 MG A	5 MG	INJECTIONS	1 PCS	1800
594	DOXORUBICIN 100MG VIALS	100 MG	INJECTIONS	1 PCS	1500
595	DOXORUBICIN 20MG VIALS	20 MG	INJECTIONS	1 PCS	2400
596	DOXORUBICIN HYDROCHLORIDE 10 MG	10 MG	INJECTIONS	1 PCS	600
597	DOXORUBICIN HYDROCHLORIDE 200 MG	200 MG	INJECTIONS	1 PCS	600
598	DOXORUBICIN HYDROCHLORIDE 50 MG	50 MG	INJECTIONS	1 PCS	600
599	DROPERIDOL 2.5 MG/ML. 1ML AMPS.	2.5 MG/ ML	INJECTIONS	1 PCS	1800
600	DROPERIDOL 5 MG/ML. - 2 ML AMPS.	5 MG/ ML	INJECTIONS	1 PCS	1800
601	EPHIDRIN HCL 30 MG/ ML	30 MG/ ML	INJECTIONS	1 PCS	1800
602	EPINEPHRINE (ADRENALINE), SOLUTION FOR INJECTION 1 MG / ML	1 mg / ml	INJECTIONS	1 PCS	420
603	ERGOCALCIFEROL 7.5 MG / ML , 1 ML AMPS	7.5 MG/ ML	INJECTIONS	1 PCS	1800
604	ERIBULIN MESYLATE 1 MG INJECTION	1 MG	INJECTIONS	1 PCS	2400
605	ERTHYROMYCIN 500MG VIAL IM	500mg	INJECTIONS	NA	qty will be informed later
606	ESMOLOL HYDROCHLORIDE	10 MG / ML	INJECTIONS	1 PCS	120
607	ETANERCEPT 50 MG PREFILLED SYRINGE	50 MG	INJECTIONS	1 PCS	3000
608	ETOMIDATE 2 MG/ML 10 ML VIALS.	2 MG/ ML	INJECTIONS	1 PCS	3000
609	ETOPOSIDE 100 MG	100 MG	INJECTIONS	1 PCS	600
610	ETUXIMAB 5MG/ML 20ML VIALS.	5 MG/ ML	INJECTIONS	1 PCS	3000
611	EXENATIDE 2 MG VIALS	2 MG/ ML	INJECTIONS	1 PCS	1800
612	EXENATIDE 5 MCG VIALS	5 MCG/ ML	INJECTIONS	1 PCS	1800
613	FENTANYL CITRATE 50 MCG / ML IOML VIALS.	50 MCG/ ML	INJECTIONS	1 PCS	1800
614	FENTANYL CITRATE 50 MCG/ML. -2 ML. AMPS. (N)	50 MCG/ ML	INJECTIONS	1 PCS	1800

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
615	FIBRINOGEN 100MG/250ML	100mg/250mL	INJECTIONS	1 PCS	180
616	FIMIGLUCERASE 400 I.O POWDER FOR RECONSTITION VIALS.	400IU	INJECTIONS	1 PCS	1200
617	FLUCONAZOLE INJECTION 400 MG	400 MG	INJECTIONS	1 PCS	600
618	FLUDARABINE PHOSPHATE 50 MG VIALS.	50 MG	INJECTIONS	1 PCS	1800
619	FLUMAZENIL 0.5 MG/ML 5 ML AMPS.	0.5 MG/ ML	INJECTIONS	1 PCS	1800
620	FLUPEN'THIXOL DECANOATE 20 MG/ ML -5 ML. AMPS.	20 MG/ML	INJECTIONS	1 PCS	1800
621	FLUPHENAZINE ENANTHATE 25 MG/ML. - 1 ML. AMPS.	25 MG/ML	INJECTIONS	1 PCS	1800
622	FOLINIC ACID 10 MG/ML 100ML VIALS.	10 MG/ ML	INJECTIONS	1 PCS	1800
623	FOLINIC ACID 1000 MG VIALS.	1000 MG	INJECTIONS	1 PCS	1800
624	FOLINIC ACID 200 MG VIALS.	200 MG	INJECTIONS	1 PCS	1800
625	FOLINIC ACID 25 MG/ML 10ML VIALS.	25 MG/ ML	INJECTIONS	1 PCS	1800
626	FOLINIC ACID CALCIUM SALT 3 MG/ML, _5 ML. I.V. VIALS.	3 MG/ ML	INJECTIONS	1 PCS	1800
627	FOSPHENYTOIN SODIUM 75 MG/ML	75 MG/ ML	INJECTIONS	1 PCS	1800
628	FULVESTRANT 250 MG VAIL	250 MG	INJECTIONS	1 PCS	600
629	FULVESTRANT 500 MG VAIL	500 MG	INJECTIONS	1 PCS	1200
630	FUNDAPARINUX 2.5 MG VIALS	2.5 MG/ ML	INJECTIONS	1 PCS	1800
631	FUNDAPARINUX 5 MG VIALS	5 MG	INJECTIONS	1 PCS	1800
632	FUROSEMIDE, SOLUTION FOR INJECTION 10 MG / ML	10 mg / ml	INJECTIONS	1 PCS	168
633	G AMMAGLOBULIN 10 GM ,100 ML VIALS	10 MG	INJECTIONS	1 PCS	1440
634	GALSULFASE IMG/ML VIALS	1 MG/ ML	INJECTIONS	1 PCS	1200
635	GENTAMYCIN SUPHATE 80 MG/2 ML	80 MG/2 ML	INJECTIONS	1 PCS	6000
636	GLUCAGON HCL WITH LACTOSE POWER FOR RECONSTITUTION 1 MG VIALS WITH DILUENT.	1 MG	INJECTIONS	1 PCS	654
637	GLYCOPYRRONIUM BROMIDE 200MG / ML - 3ML AMPS.	200 MG/ ML	INJECTIONS	1 PCS	1200
638	GLYCOPYRRONRJM BROMIDE 200 MCG/ML. 1 ML AMPS.	200 MCG/ ML	INJECTIONS	1 PCS	600
639	GOLIMUMAB INJECTION	100 MG/10 ML	INJECTIONS	1 PCS	600
640	GOSERELIN 10.8 MG DEPOT AMPS	10.8 MG	INJECTIONS	1 PCS	600
641	GOSERELIN 3.6 MG DEPOT AMPS.	3.6 MG	INJECTIONS	1 PCS	900
642	GRANISETRON HYDROCHLORIDE 1MG/ML 1 ML AMPS	1 MG/ ML	INJECTIONS	1 PCS	900
643	GRANISETRON HYDROCHLORIDE 1MG/ML 1 ML AMPS	1 MG/ ML	INJECTIONS	1 PCS	720
644	HALOPERIDOL 5 MG/ ML. , 1 ML AMPS.	5 MG/ ML	INJECTIONS	1 PCS	480
645	HALOPERIDOL DECANOATE 100 MG/ML, 1 ML AMPS.	100 MG/ ML	INJECTIONS	1 PCS	540
646	HALOPERIDOL, SOLUTION FOR INJECTION 5MG / ML	5mg / ml	INJECTIONS	1x1	168
647	HEPARIN CALCIUM 5,000 I U./ML, 5 ML AMPS.	5000 IU	INJECTIONS	1 PCS	6000
648	HEPARIN FLUSH 100 I U/ML , ML AMPS.	100 IU/ ML	INJECTIONS	1 PCS	6000
649	HUMAN ALBUMIN 12.5% SOLUTION 50ML BOTTS.	12.50%	INJECTIONS	1 PCS	780

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
650	HUMAN ALBUMIN 20% SOLUTION 50ML BOTTS.	20%	INJECTIONS	1 PCS	1200
651	HUMAN ALBUMIN 25% SOLUTION 50ML BOTTS.	25%	INJECTIONS	1 PCS	600
652	HUMAN ALBUMIN 4% SOLUTION 50ML BOTTS.	4%	INJECTIONS	1 PCS	720
653	HUMAN ALBUMIN SOLUTION 4.5% 50 ML BOTTS	4.50%	INJECTIONS	1 PCS	600
654	HUMAN ALUMUN 20 %	20%	INJECTIONS	1 PCS	120
655	HUMAN ANTI THROMBIN III 1000 IU FOR IV ADMINSTRATION	1000 IU	INJECTIONS	1 PCS	3000
656	HUMAN C1 ESTERASE INHIBITOR 500 UNITS LYOPHILIZED CONCENTRATE IN A SINGLE-USE VIAL FOR RECONSTITUTION WITH 10 ML OF DILUENT (STERILE WATER)	500 UNITS	INJECTIONS	1 PCS	720
657	HUMAN FACTOR IX CONCENTRATE 1000 IU VIALS	1000 IU	INJECTIONS	1 PCS	1440
658	HUMAN FACTOR IX CONCENTRATE 500 IU VIALS	500 IU	INJECTIONS	1 PCS	3000
659	HUMAN FACTOR IX CONCENTRATE 600 IU VIALS	600 IU	INJECTIONS	1 PCS	3600
660	HUMAN FACTOR VII RECOMBINANT	VII RECOMBINANT	INJECTIONS	1 PCS	600
661	HUMAN FACTOR VIII + WILBRAND FACTOR	VIII + WILDBRAND	INJECTIONS	1 PCS	600
662	HUMAN FACTOR VIII INHIBITOR BYPASSING FRACTION.	VIII+ BYPASSING	INJECTIONS	1 PCS	600
663	HUMAN FACTOR VIII RECOMBINANT 1000 IU VIALS	1000 IU	INJECTIONS	1 PCS	600
664	HUMAN FACTOR VIII RECOMBINANT 250 IU VIALS	250 IU	INJECTIONS	1 PCS	600
665	HUMAN FACTOR VIII RECOMBINANT 500 IU VIALS	500 IU	INJECTIONS	1 PCS	600
666	HUMAN FIBRIN STABILISNIG FACTOR XIII VIAL	XIII FACTOR	INJECTIONS	1 PCS	600
667	HUMAN FIBRINOGEN CONCENTRATE 1 GM VIALS	1 GM	INJECTIONS	1 PCS	600
668	HUMAN GAMA GLOBULIN. 1 G I.V. VIALS.	1 GM	INJECTIONS	1 PCS	600
669	HUMAN GAMA GLOBULIN. 10 G I.V. VIALS.	10 GM	INJECTIONS	1 PCS	600
670	HUMAN GAMA GLOBULIN. 2.5 G I.V. VIALS.	25 GM	INJECTIONS	1 PCS	600
671	HUMAN GAMA GLOBULIN. 5 G I.V. VIALS.	5 GM	INJECTIONS	1 PCS	600
672	HUMAN GROWTH HORMONE 12 I.U. VIALS.	12 IU	INJECTIONS	1 PCS	600
673	HUMAN GROWTH HORMONE 4 I.U. VIALS.	4 IU	INJECTIONS	1 PCS	600
674	HUMAN HEPATITUS B IMMUNOGLOBULIN 100 LU AMPS.	100 IU	INJECTIONS	1 PCS	2400
675	HUMAN HEPATITUS B IMMUNOGLOBULIN 250 IU AMPS.	250 IU	INJECTIONS	1 PCS	2400
676	HUMAN HEPATITUS B IMMUNOGLOBULIN 320 IU 1 ML AMPS.	320 IU	INJECTIONS	1 PCS	2400
677	HUMAN HEPATITUS B IMMUNOGLOBULIN 500 IU AMPS.	500 IU	INJECTIONS	1 PCS	2400
678	HUMAN HEPATITUS B IMMUNOGLOBULIN_320_IU 5_ML AMPS.	320 IU	INJECTIONS	1 PCS	2400

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
679	HUMAN IMMUNOGLOBULIN, 1 ML SOLUTION CONTAINES, PROTEIN 50MG, NOT LESS THAN 95%. 1GM 6MG. IGG 38MG. GLUCOSE MONOHRATE FOR INJECTION 27.5MG PRESERVATIVE FREE 100ML BOTTS.	50 MG/ 1 GM/ 27.5 G	INJECTIONS	1 PCS	600
680	HUMAN INSULIN N.P.H 100 IU/ML 10 ML	100 IU/ML	INJECTIONS	1 PCS	840
681	HUMAN NORMAL GAMA GLOBULIN. 16% 2 ML AMPS.	16 %/ 2 ML	INJECTIONS	1 PCS	600
682	HUMAN NORMAL IMMUNO GLOBULIN. 360 MG FOR IM INJECTION	360 MG	INJECTIONS	1 PCS	600
683	HUMAN NORMAL IMMUNO GLOBULIN. 800 MG FOR IM INJECTION	800 MG	INJECTIONS	1 PCS	600
684	HUMAN PLASMA PROTEIN FRACTON WITH ADM. SET 100 ML BOTTS.	100 ML	INJECTIONS	1 PCS	1320
685	HUMAN PLASMA PROTEIN FRACTON WITH ADM. SET 250 ML. BOTF.	250 ML	INJECTIONS	1 PCS	900
686	HUMAN RECOMBINANT EPIDERMAL GROWTH STIMULATING FACTOR	1 MG	INJECTIONS	1 PCS	1800
687	HUMAN TETANUS IMMUNOGLOBULIN 250 IU AMP.	250 IU	INJECTIONS	1 PCS	2400
688	HUMAN TETANUS IMMUNOGLOBULIN 4000 IU AMP.	4000 IU	INJECTIONS	1 PCS	2400
689	HUMAN ZOSTER IMMUNOGLOBULIN 200 IU/ 1M INJ.	200 IU/ ML	INJECTIONS	1 PCS	2400
690	IDARUBICIN HYDROCHLORIDE 10 MG AMP.	10 MG	INJECTIONS	1 PCS	3000
691	IDARUBICIN HYDROCHLORIDE 5 MG AMP.	5 MG	INJECTIONS	1 PCS	3000
692	INDURSULFASE	2 GM/ ML	INJECTIONS	1 PCS	3000
693	IMIGLUCERASE 200 IU POWDER FOR RECONSTITUTION VIALS.	200 IU/ ML	INJECTIONS	1 PCS	1200
694	IMIPRAMINE HYDROCHLORIDE 25 MG/ML 1 ML AMPS.	25 MG/ ML	INJECTIONS	1 PCS	600
695	INFLIXIMAB 100MG POWDER FOR RECONSTITUTION FOR IV INFUSION VIALS	100 MG	INJECTIONS	1 PCS	600
696	INSULIN ASPART 100 UNITS/ML 10 ML VAILS	100 UNITS/ ML	INJECTIONS	1 PCS	1440
697	INSULIN ASPART 100 UNITS/ML 3 ML CARTRIDGE	100 UNITS/ ML	INJECTIONS	1 PCS	600
698	INSULIN DETEMIR RECOMBINANT HUMAN INSULIN ANALOGUE- LONG ACTING) 100 1 U/ML-3 ML CARTRIDGE	100 IU/ ML	INJECTIONS	1 PCS	1440
699	INSULIN DETEMIR RECOMBINANT HUMAN INSULIN ANALOGUE- LONG ACTING)100 I U/ML- 10 ML VIALS	100 IU/ ML	INJECTIONS	1 PCS	1440
700	INSULIN GLARGINE 100IU/ML SOLOSTAR	100 IU/ ML	INJECTIONS	1 PCS	1440
701	INSULIN GLILUSINE 100 IU - 10 ML VIALS	100 IU/ ML	INJECTIONS	1 PCS	1440
702	INSULIN GLILUSINE 100 IU/ML CARTRIDGE	100 IU/ ML	INJECTIONS	1 PCS	1200
703	INSULIN GLILUSINE 100 IU/ML SOLOSTAR	100 IU/ ML	INJECTIONS	1 PCS	1800
704	INSULIN HUMAN INJECTION 100IU (SOLUBLE)	100IU	INJECTIONS	1 PCS	2400
705	INSULIN HUMAN ZINC SUSPENSION INJECTION 100IU (LENTE)	100IU	INJECTIONS	1 PCS	3600
706	INSULIN LISPRO (RECOMBINANT HUMAN INSULIN ANALOGUE) 100 IU/ML-10 ML CARTRIDGE	100IU	INJECTIONS	1 PCS	900

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
707	INSULIN LISPRO (RECOMBINANT HUMAN INSULIN ANALOGUE) 100 IU/ML-10 ML VIALS	100IU	INJECTIONS	1 PCS	1200
708	INSULIN NEUTRAL HM 100 IU/ML CARTRIDGE	100IU	INJECTIONS	1 PCS	600
709	INSULIN NEUTRAL HM 100 IU/ML VIALS.	100IU	INJECTIONS	1 PCS	600
710	INSULIN NEUTRAL HM 30% , INSULIN RETARD HM 70% , 100 IU/ML , 10ML CARTRIDGE	30 %/ 70 %	INJECTIONS	1 PCS	1800
711	INSULIN NEUTRAL HM 30% , INSULIN RETARD HM 70% , 100 IU/ML , 10ML VIALS	30 %/ 70 %	INJECTIONS	1 PCS	1800
712	INTER FERON BETA - 1 A 30 MCG 6 MILLION PREFILLED SYRINGE.	30 MCG	INJECTIONS	1 PCS	600
713	INTER FERON BETA - 1 A 60 MCG 2 MILLION PREFILLED SYRINGE.	60 MCG	INJECTIONS	1 PCS	600
714	INTERFERON 3MILLION UNITS VIALS.	3 MIU	INJECTIONS	1 PCS	600
715	INTERFERON 4.5 MILLION UNITS VIALS.	4.5 MIU	INJECTIONS	1 PCS	600
716	INTERFERON BETA - 1 A 44 MCG 12 MILLION PREFILLED SYRINGE.	44 MCG 12 MILLION	INJECTIONS	1 PCS	600
717	INTERFERON BETA - 1B 300 MCG (9.6 MILLION UNIT) WITH DILUENT VIALS.	300 MCG	INJECTIONS	1 PCS	600
718	INTERFERON GAMA-1B 200 MCG/ML 0.5 ML VIALS	200 MCG/ ML	INJECTIONS	1 PCS	600
719	INTERMEDIATE-ACTING INSULIN (PROTAPHANE) 100IU/ML	100IU/mL	INJECTIONS	1 PCS	5550
720	IRINOTECAN HYDROCHLORIDE 20 MG / ML - FOR I.V. INFUSION 2 ML VIALS.	20 MG/ ML	INJECTIONS	1 PCS	600
721	IRINOTECAN HYDROCHLORIDE 20 MG / ML - FOR I.V. INFUSION 5 ML VIALS.	20MG/ML	INJECTIONS	1 PCS	600
722	IRINOTECAN HYDROCHLORIDE 300 MG / ML - FOR I.V. INFUSION 2 ML VIALS.	300 MG/ ML	INJECTIONS	1 PCS	600
723	KANAMYCIN ACID SULPHATE 1000 MG	1 GM	INJECTIONS	1 PCS	6000
724	KETAMINE INJECTION 50MG/ML	50MG/ML	INJECTIONS	1 PCS	4800
725	KETAMINE HYDROCHLORIDE 10 MG/ML 20 ML VIALS. (N)	10 MG/ ML	INJECTIONS	1 PCS	600
726	KETOROLAC TROMETHAMINE 30 MG	30 MG	INJECTIONS	1 PCS	600
727	LACOSAMIDE IV 200 MG/20ML INJECTION	200 MG/20 ML	INJECTIONS	1 PCS	720
728	LANREOTIDE 120 MG AMPS.	120 MG	INJECTIONS	1 PCS	900
729	LANREOTIDE 180 MG AMPS.	180 MG	INJECTIONS	1 PCS	900
730	LANREOTIDE 60 MG AMPS.	60 MG	INJECTIONS	1 PCS	900
731	LARONIDASE 500 I.U VIALS	500 IU	INJECTIONS	1 PCS	540
732	L-CARNITINE 100 MG /ML 10 ML BOTTS.	100 MG/ ML	INJECTIONS	1 PCS	2400
733	LENALIDOMIDE VIALS .	5 MG/ ML	INJECTIONS	1 PCS	600
734	LENOGRASTIM 34 VIALS.	34 MG	INJECTIONS	1 PCS	600
735	LETANERCEPT 25 MG PREFILLED SYRINGE	25 MG	INJECTIONS	1 PCS	3000
736	LEVOBUPIVACAINE HYDROCHLORIDE 5MG/ML - 10 ML AMPS.	5 MG/ ML	INJECTIONS	1 PCS	900
737	LEVOBUPIVACAINE HYDROCHLORIDE 7.5MG/ML - 10 ML AMPS.	7.5 MG/ ML	INJECTIONS	1 PCS	900
738	LIGNOCAIN HYDROCHLORIDE 100 MG READY FOR USE 5 ML AMPS.	100 MG	INJECTIONS	1 PCS	900
739	LIGNOCAINE FOR SPINAL ANAESTHESIA 5% HEAVY AMPS.	5%	INJECTIONS	1 PCS	720

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
740	LIGNOCAINE HYDROCHLORIDE 1% 20 ML VIALS.	1%	INJECTIONS	1 PCS	600
741	LIGNOCAINE HYDROCHLORIDE 2% 20 ML VIALS.	2%	INJECTIONS	1 PCS	600
742	LIGNOCAINE HYDROCHLORIDE 2% CARTRIDGES OF 1.8 ML AMPS.	2%	INJECTIONS	1 PCS	900
743	LIGNOCAINE HYDROCHLORIDE 2% WITH ADRENALINE (1.200.000) 25 ML VIALS.	2%	INJECTIONS	1 PCS	600
744	LIGNOCAINE HYDROCHLORIDE 2% WITH ADRENALINE CARTRIDGES.	2%	INJECTIONS	1 PCS	1200
745	LIGNOCAINE HYDROCHLORIDE 2% WITH NORADRENALINE 1.50,000, 50 ML VIALS.	2%	INJECTIONS	1 PCS	1200
746	LIPOSOMAL DOXORUBICIN 20MG/10MLS OR 50MG/25MLS	20 MG/ 10 ML	INJECTIONS	1 PCS	1500
747	LIRAGLUTIDE 1.2 MG 3 ML PREFILLED PEN	1.2 MG/ 3 ML	INJECTIONS	1 PCS	1800
748	LORAZEPAM 1 MG 1 ML AMPS	1 MG/ ML	INJECTIONS	1 PCS	12000
749	LORAZEPAM 2MG / ML - 1ML AMPS	2 MG/ ML	INJECTIONS	1 PCS	12000
750	LORAZEPAM 4MG /ML, 1 ML AMPS	4 MG/ ML	INJECTIONS	1 PCS	6000
751	LOW MOLECULAR WEIGHT HEPARIN AMPS :BEMIPARIN SODIUM 2500 I.U/0.2 ML SYRINGEOR EQUIVALENT PER SYRINGE	2500 IU/0.2 ML	INJECTIONS	1 PCS	1800
752	LOW MOLECULAR WEIGHT HEPARIN AMPS :BEMIPARIN SODIUM 3500 I.U/0.2 ML SYRINGEOR EQUIVALENT PER SYRINGE	3500 IU/0.2 ML	INJECTIONS	1 PCS	1800
753	LOW MOLECULAR WEIGHT HEPARIN AMPS TINAZPARINE 20000 IU IN(40.7 ML) EQUIVALENT PER SYRINGE	20000 IU	INJECTIONS	1 PCS	1200
754	LOW MOLECULAR WEIGHT HEPARIN AMPS TINAZPARINE 20000 IU IN(0.5 ML) EQUIVALENT PER SYRINGE	20000 IU	INJECTIONS	1 PCS	1200
755	LOW MOLECULAR WEIGHT HEPARIN AMPS TINAZPARINE 20000 IU IN(10.9 ML) EQUIVALENT PER SYRINGE	20000 IU	INJECTIONS	1 PCS	1800
756	LOW MOLECULAR WEIGHT HEPARIN AMPS TINAZPARINE 4500 IU; EQUIVALENT PER SYRINGE	4500 IU	INJECTIONS	1 PCS	1200
757	LOW MOLECULAR WEIGHT HEPARIN AMPS TINZAPARINE 3500 IU 0.3 ML OR EQUIVALENT PER SYRINGE	3500 IU	INJECTIONS	1 PCS	1200
758	LOW MOLECULAR WEIGHT HEPARIN AMPS: CERTOPRIN OR DALTEPARIN OR ENOXAPARINE OR TINAPARINE 16000 IU 1.0.8 ML OR EQUIVALENT PER SYRINGE	16000 IU	INJECTIONS	1 PCS	1800
759	LOW MOLECULAR WEIGHT HEPARIN AMPS: CERTOPRIN OR DALTEPARIN OR ENOXAPARINE OR TINZAPARINE 7500 IU 0.3 ML OR EQUIVALENT PER SYRINGE	7500 IU	INJECTIONS	1 PCS	1200
760	LOW MOLECULAR WEIGHT HEPARIN AMPS: DALTEPARIN 2500IU 0.3 ML OR EQUIVALENT PER SYRINGE	2500 IU/0.3 ML	INJECTIONS	1 PCS	1200
761	LOW MOLECULAR WEIGHT HEPARIN AMPS: DALTEPARIN 5000IU 0.3 ML OR EQUIVALENT PER SYRINGE	5000 IU/0.3 ML	INJECTIONS	1 PCS	1800
762	LYSINE ACETYSALICYLATE 900MG/5ML	900mg/5mL	INJECTIONS	1 PCS	70680

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
763	MAGNESIUM SULPHATE 10 %	10%	INJECTIONS	1 PCS	360
764	MAGNESIUM SULPHATE 500MG/ML 10 ML INJECTION	500MG/ML	INJECTIONS	1 PCS	3600
765	MECASERMIN VIALS	10 MG/ ML	INJECTIONS	1 PCS	3000
766	MECTOCLOPRAMIDE HCL 5MG/ML	5MG/ML	INJECTIONS	1 PCS	12000
767	MEPHENTERMINE SULPHATE 15MG /ML 2ML AMPS.	15 MG/ML	INJECTIONS	1 PCS	1800
768	METARAMINOL TARTRATE IOMG/ML 1 ML AMPS.	10 MG/ ML	INJECTIONS	1 PCS	2400
769	METHOTREXATE SODIUM 100 MG/ML -1 ML VIALS.	100 MG/ ML	INJECTIONS	1 PCS	2400
770	METHOTREXATE SODIUM 2.5 MG/ML -2 ML VIALS.	2.5 MG/ ML	INJECTIONS	1 PCS	3000
771	METHOTREXATE SODIUM 50 MG/ML - 1 ML INTRATHECAL PRESERVATIVE FREE VIALS.	50 MG/ ML	INJECTIONS	1 PCS	5400
772	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 100MCG/0.3 ML	100 MCG/0.3 ML	INJECTIONS	1 PCS	2400
773	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 120MCG/0.3 ML	120 MCG/ 0.3 ML	INJECTIONS	1 PCS	1200
774	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 150MCG/0.3 ML	150 MCG/ 0.3 ML	INJECTIONS	1 PCS	1200
775	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 200MCG/0.3 ML	200 MCG/ 0.3 ML	INJECTIONS	1 PCS	1200
776	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 30MCG/0.3 ML	30 MCG/ 0.3 ML	INJECTIONS	1 PCS	2400
777	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 50MCG/0.3 ML	50 MCG/ 0.3 ML	INJECTIONS	1 PCS	2400
778	METHOXY POLYETHYLENE GLYCOL EPOETIN BETA 75MCG/0.3 ML	75 MCG/ 0.3 ML	INJECTIONS	1 PCS	2400
779	METRONIDAZOLE 500MG IM	500mg	INJECTIONS	1x10	6000
780	MIDAZOLAM 15 MG	15 MG	INJECTIONS	1 PCS	1800
781	MIDAZOLAM 1MG/ML 5ML IV AMPS.	1 MG/ ML	INJECTIONS	1 PCS	1800
782	MIDAZOLAM HCL 5 MG/ML .2 ML I.V AMPS.	5 MG/ ML	INJECTIONS	1 PCS	1800
783	MITOZANTRONE 25 MG VIALS.	25 MG	INJECTIONS	1 PCS	1200
784	MIVACURIUM CHLORIDE 2MG/ML 5 ML AMPS.	2 MG/ ML	INJECTIONS	1 PCS	600
785	MIXED INTERMEDIATE-ACTING INSULIN (ACTRAPHA 100IU/ML	100IU/ML	INJECTIONS	1 PCS	3744
786	MORPHINE (PRESERVATIVE FREE) 0.5 MG/ML 2ML AMPS.(N)	0.5 MG/ ML	INJECTIONS	1 PCS	1200
787	MORPHINE CHLORIDE 10MG/ML IML AMPS. FOR SPINAL AND EPIDURAL ANAESTHESIA .(N)	10 MG/ ML	INJECTIONS	1 PCS	1800
788	MORPHINE SULPHATE 10 MG/ML. - 1 ML AMPS. (N).	10 MG/ ML	INJECTIONS	1 PCS	1800
789	MORPHINE SULPHATE 30 MG/ML 1 ML AMPS. (N)	30 MG/ ML	INJECTIONS	1 PCS	1200
790	MOXIFLOXACIN 400 MG	400 MG	INJECTIONS	1 PCS	144
791	MUSTINE HYDROCHLORIDE 10 MG VIALS.	10 MG	INJECTIONS	1 PCS	900
792	NALOXONE HYDROCHLORIDE ADULT 400 MCG/ML -1 ML AMPS	400 MCG/ ML	INJECTIONS	1 PCS	2400
793	NALOXONE HYDROCHLORIDE NEONATAL 20 MCG/ML -2 ML AMPS	20 MCG/ ML	INJECTIONS	1 PCS	1200
794	NALTREXONE HCL380_ MG AMPS	380 MG	INJECTIONS	1 PCS	1200

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
795	NORADRENALINE	1 MG/ML	INJECTIONS	1 PCS	1800
796	NEOSTIGMINE METHYLSULPHATE 2.5 MG/ML - 1 ML AMPS.	2.5 MG/ ML	INJECTIONS	1 PCS	1200
797	NON SPECIFIC HUMAN IMMUNOGLOBULIN 8001-MG/5ML	8001-Mg/5mL	INJECTIONS	1 PCS	240
798	OCTREOTIDE ACETATE 20 MG LAR PRE FILLED SYRINGE	20 MG	INJECTIONS	1 PCS	1800
799	OCTREOTIDE ACETATE 30 MG LAR PRE FILLED SYRINGE	30 MG	INJECTIONS	1 PCS	1800
800	OLANAZEPIN 10 MG/ML1ML AMPS	10 MG/ ML	INJECTIONS	1 PCS	600
801	ONE - ALPHA HYDROXYCHOLECALCIFEROL 2 MCG/ML 0.5 ML	2 MCG/ ML	INJECTIONS	1 PCS	3000
802	ONE - ALPHA HYDROXYCHOLECALCIFEROL 2 MCG/ML 1 ML	2 MCG/ ML	INJECTIONS	1 PCS	4200
803	OXALIPLATIN 50 MG POWDER FOR RECONSTITUTION FOR I.V. INFUSION VIALS	50 MG	INJECTIONS	1 PCS	600
804	OXYTOCIN, SOLUTION FOR INJECTION 10 IU / MI3	10 IU / ml	INJECTIONS	1 PCS	1680
805	PACLITAXEL150MG/25ML	150 MG/25 ML	INJECTIONS	1 PCS	600
806	PALIPERDONE PALMITATE 100 MG VIALS. PREFILLED SYRIN .	100 MG	INJECTIONS	1 PCS	600
807	PALIPERDONE PALMITATE 50 MG VIALS. PREFILLED SYRING .	50 MG	INJECTIONS	1 PCS	600
808	PALIPERDONE PALMITATE 75 MG VIALS. PREFILLED SYRING .	75 MG	INJECTIONS	1 PCS	600
809	PANCURONIUM BROMIDE 2 MG/ML -2 ML AMPS	2 MG/ ML	INJECTIONS	1 PCS	1200
810	PANITUMUMAB 20 MG/ML 20 ML AMP.	20 MG/ ML	INJECTIONS	1 PCS	1200
811	PANITUMUMAB 20 MG/ML 5 ML AMP.	20 MG/ ML	INJECTIONS	1 PCS	1200
812	PEG- INTER FERON 120 MCG VIALS	120 MCG	INJECTIONS	1 PCS	1200
813	PEG- INTER FERON 80 MCG VIALS	80 MCG	INJECTIONS	1 PCS	900
814	PEG-INTERFERON ALFA-2A 100 MCG VIALS	100 MCG	INJECTIONS	1 PCS	600
815	PEG-INTERFERON ALFA-2A 135 MCG VIALS	135 MCG	INJECTIONS	1 PCS	600
816	PEG-INTERFERON ALFA-2A 150 MCG VIALS	150 MCG	INJECTIONS	1 PCS	600
817	PEG-INTERFERON ALFA-2A 180 MCG VIALS	180 MCG	INJECTIONS	1 PCS	600
818	PEG-INTERFERON ALFA-2A 50 MCG VIALS	50 MCG	INJECTIONS	1 PCS	600
819	PEGLATED ASPARGINASE AMP.	100 MG/ ML	INJECTIONS	1 PCS	4200
820	PENICILLIN G BENZATHINE 2.4	2.4 MU	INJECTIONS	NA	qty will be informed later
821	PENTAZOCINE LACTATE 30 MG/ML- 2 ML AMPS. (N)	30 MG/ ML	INJECTIONS	1 PCS	240
822	PENTOSTATIN 10 MG VIALS.	10 MG	INJECTIONS	1 PCS	600
823	PERITONEAL DIALYSIS SOL. CONTAINS IN EACH LITRE ABOUT 130 MMOL OF SOD. , 1.5 MMOL OF CA., 0.75 MMOL OF MG., 100 MMOL OF CHLORIDE, 35 MMOL OF BICARCONATE (AS ACETATE)- 2 LIT. CANISTER.	2 LITRE	INJECTIONS	1 PCS	600
824	PERITONEAL DIALYSIS SOL. CONTAINS IN EACH LITRE ABOUT 140 MMOL OF SOD. , 1.8 MMOL OF CA., 0.75 MMOL OF MAG., 100 MMOL OF CHLORIDE, 45 MMOL OF BICARCONATE (AS LACTATE)- 2 LIT. CANISTER.	2 LITRE	INJECTIONS	1 PCS	600
825	PETHIDINE HYDROCHLORIDE 50 MG/ML - 1 ML AMPS. (N)	50 MG/ ML	INJECTIONS	1 PCS	900

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
826	PETHIDINE HYDROCHLORIDE 50 MG/ML - 2 ML AMPS. (N)	50 MG/ ML	INJECTIONS	1 PCS	900
827	PHENOBARBITAL SODIUM 100MG/ML,2ML INJECTION	100MG/ML	INJECTIONS	1 PCS	4500
828	PHENOBARBITONE	200 MG / ML	INJECTIONS	1 PCS	720
829	PHENOXYMETHYLPENICIL LIN POTASSIUM 125MG/ 5ML	125 MG/5 ML	INJECTIONS	NA	qty will be informed later
830	PHENOXYMETHYLPENICIL LIN POTASSIUM 250MG/ 5ML	250 MG/5 ML	INJECTIONS	NA	qty will be informed later
831	PLERIXAFOR	20MG/ML	INJECTIONS	1 PCS	900
832	POTASSIUM CHLORIDE 10%	10%	INJECTIONS	1 PCS	9600
833	PREMIXED NEOTIGMINE 2.5 MG + GLYCOPYROLATE 0.5 MG/ ML- 1 ML AMPS.	2.5 MG/ 0.5 MG/ ML	INJECTIONS	1 PCS	900
834	PROCAINE PENICILLIN	1.2 MIU	INJECTIONS	1 PCS	1200
835	PROCHLOPERAZINE MESYLATE 12.5 MG/ML - 1 ML AMPS.	12.5 MG/ ML	INJECTIONS	1 PCS	1440
836	PROGESTERONE	500 MG / 10 ML	INJECTIONS	1 PCS	2400
837	PROPOFOL 10 MG/ML 1% - 20 ML VIALS	10 MG/ ML	INJECTIONS	1 PCS	1500
838	PROPOFOL 20 MG / ML 2 % - PREFILD SYRINGE - 50 ML.	20 MG/ ML	INJECTIONS	1 PCS	2400
839	PROPOFOL 5 MG/ML 0.5% - 20 ML VIALS	5 MG/ ML	INJECTIONS	1 PCS	3000
840	PROPOFOL 500 MG/20 ML	500 MG/20 ML	INJECTIONS	1 PCS	360
841	PROTAMINE SULPHATE 10 MG/ML. 5 ML VIALS	10 MG/ ML	INJECTIONS	1 PCS	900
842	PROTEIN C CONCENTRATE	1000 IU	INJECTIONS	1 PCS	1200
843	PROTHROMBIN COMPLEX 500 I.U. INJ.	500 IU	INJECTIONS	1 PCS	1200
844	RALTITREXED 5 ML VIALS	5 ML	INJECTIONS	1 PCS	900
845	RANIBIZUMAB 10MG/ML SOLUTION FOR INJECTION	10 MG/ ML	INJECTIONS	1 PCS	600
846	RASBURICASE 1.5MG	1.5 MG	INJECTIONS	1 PCS	900
847	RASBURICASE7.5MG	7.5 MG/ ML	INJECTIONS	1 PCS	900
848	REMIFENTANIL HYDROCHLORIDE 2 MG VIALS (N)	2 MG/ ML	INJECTIONS	1 PCS	600
849	REMIFENTANIL HYDROCHLORIDE 5 MG VIALS (N)	5 MG	INJECTIONS	1 PCS	600
850	RIBAVIRIN 6 GM FOR RECONSTITUTION WITH 300 ML WATER FOR INJECTION VIALS	6 MG	INJECTIONS	1 PCS	600
851	RISPERIDONE CONSTA 25 MG WITH DILUENT VIALS.	25 MG	INJECTIONS	1 PCS	600
852	RISPERIDONE CONSTA 37.5 MG WITH DILUENT VIALS.	37.5 MG	INJECTIONS	1 PCS	600
853	RISPERIDONE CONSTA 50 MG WITH DILUENT VIALS.	50 MG	INJECTIONS	1 PCS	600
854	RITODRINE HYDROCHLORIDE 10MG/ 5ML AMPS.	10 MG/5 ML	INJECTIONS	1 PCS	600
855	RITUXIMAB 10 MG /ML - 50 ML FOR I.V INFUSION VIALS	10 MG/ M;	INJECTIONS	1 PCS	900
856	RITUXIMAB 10MG /ML - 10ML FOR I.V INFUSION VIALS .	10 MG/ M;	INJECTIONS	1 PCS	1200
857	ROCRONIUM BROMIDE 10MG/ML 10ML VIALS.	10 MG/ M;	INJECTIONS	1 PCS	600
858	ROMIPLOSTIM 150 MCG	150 MCG	INJECTIONS	1 PCS	600

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
859	ROMIPLOSTIM 250 MCG	250 MCG	INJECTIONS	1 PCS	600
860	ROMIPLOSTIM 500 MCG	500 MCG	INJECTIONS	1 PCS	600
861	ROPIVACAINE 0.2% 10ML VIALS	0.20%	INJECTIONS	1 PCS	900
862	ROPIVACAINE 0.75% 10ML VIALS	0.75%	INJECTIONS	1 PCS	1200
863	ROPIVACAINE 1% - 10ML VIALS	1%	INJECTIONS	1 PCS	1200
864	SECRETIN 75 I.U. VIALS.	75 IU	INJECTIONS	1 PCS	600
865	SHORT-ACTING INSULIN (ACTRAPID) 100IU/ML	100IU/mL	INJECTIONS	1 PCS	3300
866	SHORT-ACTING INSULIN (ULTRA RAPID) 100IU/ML	100IU/mL	INJECTIONS	1 PCS	756
867	SODIUM BICARBONATE 8.4 %	8.40%	INJECTIONS	1 PCS	600
868	SODIUM STIBOGLUCONATE EQUIVELANT TO PENTAVALENT TO PENTAVALENT ANTIMONY 100 MG/ML - 100 ML VIALS.	100 MG/ ML	INJECTIONS	1 PCS	1200
869	SODIUM VALOPROATE 200 MG , 4 ML AMPS.	200 MG	INJECTIONS	1 PCS	2400
870	SOLUBLE INSULIN AND ISOPHANE INSULIN 30/70	30/70	INJECTIONS	1 PCS	600
871	STAVIR SYRUP 250 ML VIALS	250 ML	INJECTIONS	1 PCS	840
872	STREPTOMYCIN SULPHATE 1 MG	1 MG	INJECTIONS	1 PCS	6000
873	SUFENTANYL 250 MG / ML , 1 ML AMPS.(N)	250 MG/ ML	INJECTIONS	1 PCS	1800
874	SUGAMMADEX SODIUM 100 MG/NIL - 2ML AMPS.	100 MG/ ML	INJECTIONS	1 PCS	900
875	SUXAMETHONIUM CHLORIDE 50 MG/ML , 2 ML AMPS.	50 MG/ ML	INJECTIONS	1 PCS	1200
876	SYNTHETIC A.C,T.H. 0.25 MG. LYPHOLISED WITH SOLVENT AMPS.	0.25 MG/ ML	INJECTIONS	1 PCS	1800
877	TACROLIMUS 5MG/ML 1 ML FOR I.V INFUSION AMPS.	5 MG/ ML	INJECTIONS	1 PCS	900
878	TELUMAZENIL 100 MCG/ML - 5 ML AMPS.	100 MCG/ ML	INJECTIONS	1 PCS	1800
879	TEMSIROLIMUS 25 MG/ML VAIL	25 MG/ ML	INJECTIONS	1 PCS	1200
880	TENECTEPLASE 50MG INJ. WITH TRANSFER DEVICE	50 MG/ ML	INJECTIONS	1 PCS	1200
881	TEPIRUBICIN 50 MG AMPS.	50 MG	INJECTIONS	1 PCS	1500
882	TFUNDAPARINUX 7.5 MG VIALS	7.5 MG	INJECTIONS	1 PCS	2400
883	TOCILIZUMB 200 MG 20 ML VIALS	200 MG	INJECTIONS	1 PCS	1440
884	TOCILIZUMB 400 MG 20 ML VIALS	400 MG	INJECTIONS	1 PCS	1440
885	TOCILIZUMB 80 MG 10 ML VIALS	80 MG	INJECTIONS	1 PCS	1440
886	TOPOTECAN 4 MG IV AMP.	4 MG	INJECTIONS	1 PCS	1200
887	TRABECTEDIN 1 MG VIALS .	1 MG	INJECTIONS	1 PCS	1800
888	TROMETAMOL 7% SOLUTION (THAM) AMPS	7%	INJECTIONS	1 PCS	2400
889	USTEKINUMAB 45 MG SOLUTION FOR INFUSION	45 MG	INJECTIONS	1 PCS	900
890	USTEKINUMAB 90 MG SOLUTION FOR INFUSION	90 MG	INJECTIONS	1 PCS	900
891	VARICELLA-ZOSTER IMMUNOGLOBULIN 500 MG AMP.	500 MG	INJECTIONS	1 PCS	240
892	VERNAKALANT I.V 200 MG/ML INFUSION	200 MG/ ML	INJECTIONS	1 PCS	600
893	VINBLASTINE SULPHATE	1 MG / ML	INJECTIONS	1 PCS	600
894	VINCRISTINE SULPHATE 1 MG WITH SOLVENT VIALS	1 MG	INJECTIONS	1 PCS	900
895	VINFLUNINE IV VIALS	25 MG/ ML	INJECTIONS	1 PCS	900

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
896	VITAMIN D 60K IU INJ	60k IU	INJECTIONS	1 PCS	1200
897	VON WILLEBRAND FACTOR 1000 I.U VIALS	1000 IU	INJECTIONS	1 PCS	600
898	ZIDOVUDINE 10 MG / ML - 20 ML VIALS.	10 MG/ ML	INJECTIONS	1 PCS	900
899	ZINC SULPHATE 10MG	10mg	INJECTIONS	1 PCS	60000
900	ZOLEDRONIC ACID 50 MCG /ML (5 MG) FOR I.V. INFUSION 100 ML VIALS.	50 MCG/ ML	INJECTIONS	1 PCS	1200
901	GOLIMUMAB INJECTIONS	50 MG/0.5ML	INJECTIONS	1PCS	600
902	VINORELBINE TARTRATE 10 MG / ML -1 ML VIALS.	10 MG/ML	INJECTIONS	1 PCS	1200
903	VINORELBINE TARTRATE 10 MG / ML -5 ML VIALS.	10 MG/ML	INJECTIONS	1 PCS	1200
CREAM / LOTIONS / OINTMENTS					
904	BECLOMETHASONE DIPROPIONATE	0.05%	cream	1 PCS	6000
905	BETAMETHASONE VALERATE	0.10%	cream	1 PCS	12000
906	CHLORHEXEDINE GLUCONATE	5%	cream	1 PCS	1284
907	HYDROCORTISONE CREAM 1%	1%	cream	1 PCS	48000
908	MICONAZOLE, CREAM 2%	2%	cream	1 PCS	1680
909	SULFADIAZINE SILVER, CREAM 1%	1%	cream	1 PCS	252
910	TETRACYCLINE, OPHTHALMIC OINTMENT 1%	1%	ophthalmic ointment	1 PCS	4200
911	ACYCLOVIR	5%	TUBE	1 PCS	1200
912	CIPROFLOXACINE	20%	TUBE	1 PCS	1200
913	CLOBETASOLE PROPIONATE 0.05% 15 GM	0.05%	TUBE	1 PCS	3000
914	DEXAMETHASONE + TOBRAMYCIN	0.10 % / 0.30 %	TUBE	1 PCS	1200
915	DIAZEPAM 2 MG/ ML 2.50 ML RECTAL SOLUTION TUBES	2 MG/ ML	TUBE	1 PCS	1800
916	ERYTHROMYCIN	5 MG / 1 GM	TUBE	1 PCS	1200
917	FLUCIDIC ACID	2%	TUBE	1 PCS	1200
918	GLIBENCLAMIDE 5 MG + METOFORMINE 500 MG	5mg+500mg	TUBE	1 PCS	120000
919	HYDROCORTISON 1 %	1%	TUBE	1 PCS	1200
920	KETOCONAZOL	2%	TUBE	1 PCS	1200
921	LIDOCAINE HCL 2 %	2%	TUBE	1 PCS	1200
922	PERMETHRIN 5%CREAM 30 GM	5%	TUBE	1 PCS	1200
923	SILVER SULFADIAZINE 1%	1%	TUBE	1 PCS	1200
SYRUPS / ELIXERS/ SUSPENSIONS					
924	BECLOMETHASONE	1 MG / ML	BOTTLE	1 PCS	1200
925	CARBAMAZEPINE 100 MG/5 ML - 300 ML. LIQUID BOTTS	100 MG/ 5 ML	BOTTLE	1 PCS	1200
926	CHLOROPROMAZINE HYDROCHLORIDE 25 MG/5 ML SYRUP 100 ML BOTTS.	25 MG/ 5 ML	BOTTLE	1 PCS	780
927	CLONAZEPAM 2.5 MG/ML - 10 ML. BOTTS.	2.5 MG/ ML	BOTTLE	1 PCS	600
928	COLECALCIFEROL ORAL DROPS 10,000 IU/ML	10000 IU/ ML	BOTTLE	1 PCS	900
929	COLECALCIFEROL ORAL DROPS 25,000 IU/ML	25000 IU/ ML	BOTTLE	1 PCS	1200
930	CYCLOSPORINE SUSPENSION 100 MG/ML 50ML BOTTS	100 MG/ ML	BOTTLE	1 PCS	1200

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
931	DEFERIPRONE 100MG/500 ML & 500MG/100ML BOTTLE	100 MG/ 500 ML	BOTTLE	1 PCS	540
932	DIAZEPAM 2MG /5ML 100 ML	2 MG/ 5 ML	BOTTLE	1 PCS	1800
933	ENTECAVIR (AS MONO HYDRATE) 50 MCG / ML ORAL SOLUTION 200 ML BOTTSS	500 MCG/ ML	BOTTLE	1 PCS	780
934	ETHOSUXIMIDE ELIXIR 250 MG/5 ML.100 ML BOTTSS.	250 MG/5 ML	BOTTLE	1 PCS	600
935	FLEET - ENEMA	100 ML	BOTTLE	1 PCS	1200
936	FLUTICASONE PROPIONATE 1%	1%	BOTTLE	1 PCS	1200
937	HALOPERIDOL 2 MG/ML 100 ML BOTTSS.	2 MG/ ML	BOTTLE	1 PCS	900
938	ISONIAZID ELIXIR 50 MG/5 ML - 100 ML BOTTSS.	50 MG/ 5 ML	BOTTLE	1 PCS	480
939	KETOCONAZOL 2% 100 ML	2%	BOTTLE	1 PCS	1200
940	LAMIVUD1NE 50 MG / 5 ML SYRUP 250 ML BOTTSS.	50 MG/ 5 ML	BOTTLE	1 PCS	1800
941	LEVETRIACETAM 100 MG/ ML ORAL LIQUID 200 ML BOTTSS.	100 MG/ ML	BOTTLE	1 PCS	1800
942	LOPINAVIR 400 MG + RITONAVIR 100 MG / 5ML SYRUP 250 ML BOTTSS.	400 MG/ ML	BOTTLE	1 PCS	2400
943	MELATONIN 1MG/IML ORAL LIQUID	1 MG/ ML	BOTTLE	1 PCS	1200
944	MIDAZOLAM 10MG/ML BUCCAL LIQUID.	10 MG/ ML	BOTTLE	1 PCS	900
945	MIDAZOLAM 2.5MG/ML BUCCAL LIQUID.	2.5 MG/ ML	BOTTLE	1 PCS	900
946	MORPHINE SULPHATE 10MG/5ML SYPUP 100 ML BOTTSS.(N)	100 ML	BOTTLE	1 PCS	3000
947	NEVIRAPINE 50 MG / 5 ML SYRUP 250 ML BOTTSS.	50 MG/ 5 ML	BOTTLE	1 PCS	2700
948	NITRAZEPAM 2.5 MG/5ML 150 ML	2.5 MG/ 5 ML	BOTTLE	1 PCS	1500
949	PHENOBARBITAL SOD. ELIXIR15 MG/5 ML - 200 ML- 200 ML BOTTSS.	15 MG/ 5 ML	BOTTLE	1 PCS	1200
950	PHENYTOIN SODIUM 30 MG/5 ML SYRUP 500ML BOTTSS.	30 MG/ 5 ML	BOTTLE	1 PCS	1500
951	POTASSIUM PERMANGANATE	6.4 G / 100 ML	BOTTLE	1 PCS	1200
952	PRAZEPAM 1.5% DROPS	1.50%	BOTTLE	1 PCS	1800
953	RIBAVIRIN 200 MG / 5 ML ORAL SOLUTIONS 200 ML BOTTSS	200 MG/ 5ML	BOTTLE	1 PCS	1200
954	RIFAMPICIN 100 MG / 5 ML - SYRUP 120 ML BOTTSS.	100 MG/ 5 ML	BOTTLE	1 PCS	1500
955	RISPERIDONE 1 MG / ML ORAL SOLUTION 200 ML BOTTSS.	1 MG/ 5 ML	BOTTLE	1 PCS	900
956	RITONAVIR 400 MG / 5ML SYRUP. 200 ML BOTTSS.	400 MG/ 5 ML	BOTTLE	1 PCS	1800
957	RIVASTIGMINE 2MG/ML ORAL SOLUTION	2 MG/ ML	BOTTLE	1 PCS	1080
958	SABUTAMOL + BECLOMETHASONE	5 GM / 5 ML	BOTTLE	1 PCS	1200
959	SIROLIMUS 1MG /ML ORAL SOLUTION 60 ML BOTTSS..	1 MG/ ML	BOTTLE	1 PCS	900
960	SODIUM VALPROATE 200 MG/ 5 ML DROPS 100 ML BOTTSS.	200 MG/ 5 ML	BOTTLE	1 PCS	1320
961	SODIUM VALPROATE 200 MG/5 ML ELIXIR 200 ML BOTTSS..	200 MG/ 5 ML	BOTTLE	1 PCS	1200
962	STAVUDINE 1 MG / ML SYRUP. 200 ML BOTTSS.	1 MG/ ML	BOTTLE	1 PCS	480
963	THIORIDAZINE HYDROCHLORIDE 25 MG/5 ML - 100 ML BOTTSS.	25 MG/ 5 ML	BOTTLE	1 PCS	600

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
964	TOCOFERSOLAN 20M1+1M1 ORAL SYRINGE	20 ML	BOTTLE	1 PCS	1320
965	TOCOFERSOLAN 60M1+2M1 ORAL SYRINGE	60 ML	BOTTLE	1 PCS	1500
966	TRAMADOL 100 MG/ML ORAL DROPS	100 MG/ML	BOTTLE	1 PCS	1500
967	NYSTATIN DROPS 100 000 IU	100 000 IU	BOTTLE	1 PCS	qty will be informed later
968	CLONAZEPAM 2MG	2mg	BOTTLE	1 PCS	1440
969	PROPOFOL 1%	1%	Emulsion	1 PCS	12000
970	ENFLURANE 200 ML	200 ML	LIQUID	1 PCS	qty will be informed later
971	HALOTHANE 250 ML	250 ML	LIQUID	1 PCS	qty will be informed later
972	METHADONE LIQUID	5mg/ml	LIQUID	1 PCS	12000
973	SEVOFLURANE 250 ML	250 ML	LIQUID	1 PCS	qty will be informed later
974	ISOFLURANE 250 ML	250 ML	LIQUID	1 PCS	qty will be informed later
975	LAMIVUDINE 10 MG/ML	10 MG/ML	oral suspension	1 PCS	qty will be informed later
976	LAMIVUDINE 100MG/ML	100 MG/ML	oral suspension	1 PCS	qty will be informed later
977	ZIDOVUDINE 50MG/500ML	50 MG/500 ML	oral suspension	1 PCS	qty will be informed later
978	ZIDOVUDINE ORAL SOLUTION USP 50 MG/ 5 ML	50 MG/5 ML	oral suspension	1 PCS	qty will be informed later
979	AMOXYCILLIN TRIHYDRATE; POTASSIUM CLAVULANATE 250-62.5 MG/ 5 ML	250 MG+62.5 MG/5 ML	Powder for oral suspension	1 PCS	36000
980	AMMONIUM CHLORIDE; PHENHYDRAMINE HYDROCHLORIDE, SODIUM CITRATE	14.08 MG / 0.138 GM / 57.03 MG	solution	1 PCS	1200
981	CHLORHEXIDINE GLUCONATE, 5% SOLUTION	5% solution	solution	1 PCS	84
982	LACOSAMIDE SYRUP 10 MG/ML ORAL SOLUTION	10 MG/ ML	solution	1 PCS	1260
983	LAMIVUDINE	300 mg	solution	1 PCS	qty will be informed later
984	RISPERIDONE 1 MG/5ML	1 MG/5 ML	solution	1 PCS	24000
985	ZIDOVUDINE	200 mg	solution	1 PCS	qty will be informed later
986	AMMOXYCILLIN TRIHYDRATE, POTASSIUM CLAVULANATE	250 MG / 125 MG	Suspension	1 PCS	12000
987	AMOXYCILLIN TRIHYDRATE 250 MG/ 5 ML	250 MG/5 ML	Suspension	1 PCS	12000
988	CALCIUM CARBONATE; .SODIUM ALGINATE; SODIUM BICARBONATE	160 MG / 500 MG / 267 MG	Suspension	1 PCS	6000
989	FLUCONAZOLE 50MG/5ML	50mg/5mL	Suspension	1 PCS	7200
990	MEBENDAZOLE	100 MG / 5 ML	Suspension	1 PCS	12000
991	NEVIRAPINE	300 mg	Suspension	1 PCS	qty will be informed later
992	NEVIRAPINE 50MG/5ML	50 MG/5 ML	Suspension	1 PCS	qty will be informed later
993	NITROFURANTOIN 25MG/5ML	25mg/5mL	Suspension	1 PCS	3756

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
994	NYSTATIN 100000IU/M1	100000IU/m1	Suspension	1 PCS	43200
995	PHENOXYMETHYL PENICILLIN 250MG/5ML	250mg/5mL	Suspension	1 PCS	234000
996	RUFINAMIDE 200 MG ORAL SUSPENSION	200 MG	Suspension	1 PCS	720
997	RUFINAMIDE 400 MG ORAL SUSPENSION	400 MG	Suspension	1 PCS	600
998	SULPHAMETHOXAZOLE, TRIMETHOPRIM	200 MG / 40 MG PER 5 ML	Suspension	1 PCS	60000
999	ABACAVIR 20 MG / ML- 240 ML SYRUP	20 MG/ ML	SYRUP	1 PCS	480
1000	ABACAVIR 20 MG + LAMIVUDIN -250 ML SYRUP.	20 MG/ 240 MG	SYRUP	1 PCS	600
1001	AMBROXOL HCL	15 MG / 5 ML	SYRUP	1 PCS	7200
1002	AMITRIPTYLINE 10 MG/5 ML - 100 ML BOTTS.	10 MG/ 5 ML	SYRUP	1 PCS	720
1003	AMOXYCILLIN + CLAVULANTIC ACID 156 MG	156mg	SYRUP	1 PCS	4200
1004	AMOXYCILLIN + CLAVULANTIC ACID 312 MG	312mg	SYRUP	1 PCS	4200
1005	ATAZANAVIR + RITONAVIR 250 ML SYRUP .	250 ML	SYRUP	1 PCS	600
1006	AZITHROMYCIN 30 MG	30mg	SYRUP	1 PCS	5520
1007	CARBAMAZEPINE	100 MG / 5 ML	SYRUP	1 PCS	1440
1008	CASTOR OIL 60 ML	60 ML	SYRUP	1 PCS	3000
1009	CETRIZINE HCL	1 MG / ML	SYRUP	1 PCS	1920
1010	CHLOROPHENERAMIN MALEATE	2 mg / 5 ml	SYRUP	1 PCS	4200
1011	CYCLIZINE HYDROCHLORIDE	120 mg / 5 ml	SYRUP	1 PCS	qty will be informed later
1012	DEXTROMETHOPRAN	10 MG / 5 ML	SYRUP	1 PCS	6000
1013	LAMIVUDINE ALCOHOL FREE 10MG/ML 240 ML SYRUP.	10 MG/ ML	SYRUP	1 PCS	1800
1014	METRONIDAZOLE 200 MG/ 5 ML	200 MG/ 5 ML	SYRUP	1 PCS	6000
1015	NELVIR 250 ML SYRUP.	250 ML	SYRUP	1 PCS	900
1016	PHENYTON	30 MG / 5 ML	SYRUP	1 PCS	240
1017	POTASSIUM GLUCONATE	240 MG / 2 ML	SYRUP	1 PCS	720
1018	SALBUTAMOL 2 MG / 5 ML	2 mg / 5 ml	SYRUP	1 PCS	1680
1019	SODIUM VALPORATE 200MG	200mg	SYRUP	1 PCS	1200
1020	SULFAMETHOXAZOLE+ TRIMETHOPRIM	240 MG / 2 ML	SYRUP	1 PCS	4800
1021	ZIDOVUDINE 10 MG/ ML -200ML SYRUP	10 MG/ ML	SYRUP	1 PCS	780
EYE DROPS					
1022	ATROPINE 0.5%	0.50%	EYE DROPS	1 PCS	240
1023	DORZOLAMIDE 2% + TIMOLOL MALEATE 0.5%	2 % + 0.5%	EYE DROPS	1 PCS	1440
1024	POLYMXIN + NEOMYCIN +DEXAMETHASONE	3.5 MG / 10000 IU / 0.1 %	EYE DROPS	1 PCS	3600
1025	TEARS NATURAL	1 % W/V	EYE DROPS	1 PCS	1920
1026	TROPOCAMIDE 1%	1%	EYE DROPS	1 PCS	144
SPRAYS					
1027	BECLOMETHOSONE DIPROPIONATE	40 MCG	Metered Dose Spray	1 PCS	1200
1028	BUDESONIDE 100	100 MG	Metered Dose Spray	1 PCS	120
1029	BUDESONIDE 200	200 MG	Metered Dose Spray	1 PCS	120

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
1030	LIGNOCAINE 10% WITH ATOMISAR, METERED SPRAY BOTTS.	10%	SPRAY	1 PCS	600
INHALATIONS					
1031	BECLOMETHASONE DIPROPIONATE 100 HFA	100 HFA	Inhaler	1 PCS	12000
1032	BECLOMETHASONE DIPROPIONATE 200 HFA	200 HFA	Inhaler	1 PCS	6000
1033	BECLOMETHASONE DIPROPIONATE 250 HFA	250 HFA	Inhaler	1 PCS	qty will be informed later
1034	BECLOMETHASONE DIPROPIONATE 50 CFC FREE	50 MG	Inhaler	1 PCS	qty will be informed later
1035	BECLOMETHASONE DIPROPIONATE 50 HFA	50 HFA	Inhaler	1 PCS	qty will be informed later
1036	BECLOMETHOSONE DIPROPIONATE 100 MG	100 MG	Inhaler	1 PCS	600
1037	BECLOMETHOSONE DIPROPIONATE 200 MG	200 MG	Inhaler	1 PCS	600
1038	BECLOMETHOSONE DIPROPIONATE 50 MG	50 MG	Inhaler	1 PCS	qty will be informed later
1039	GLYCOPYRRONIUM BROMIDE 50MCG INHALATION POWDER HARD CAPSULES	50 MCG	Inhaler		600
1040	IPRATROPIUM BROMIDE 20 HFA	20 HFA	Inhaler	1 PCS	120
1041	IPRATROPIUM BROMIDE 40 HFA	40 HFA	Inhaler	1 PCS	12000
1042	SALBUTAMOL, INHALER 0.1 MG / DOSE	0.1 mg / dose	Inhaler	1 PCS	420
1043	SALMETEROL XINAFORATE; FLUTICASONE PROPIONATE 25/125 HFA	25/125 HFA	Inhaler	1 PCS	120
1044	SALMETEROL XINAFORATE; FLUTICASONE PROPIONATE 25/250 HFA	25/250 HFA	Inhaler	1 PCS	120
1045	SALMETEROL XINAFORATE; FLUTICASONE PROPIONATE 25/50 HFA	25/50 HFA	Inhaler	1 PCS	120
1046	BUDESONIDE 0.25	0.25 MG	Respules	1 PCS	1200
1047	BUDESONIDE 0.50	0.5 MG	Respules	1 PCS	1200
PATCH, SACHETS					
1048	FENTANYL SELF ADHESIVE TRANSPARENT PATCHES - 100 MCG	100 MCG	PATCH	1 PCS	3000
1049	FENTANYL,SELF ADHESIVE TRANSPARENT PATCHES - 50 MCG	50 MCG	PATCH	1 PCS	3000
1050	FENTANYL,SELF ADHESIVE TRANSPARENT PATCHES - 25 MCG ()	25 MCG	PATCH	1 PCS	3000
1051	FENTANYL,SELF ADHESIVE TRANSPARENT PATCHES - 75 MCG	75 MCG	PATCH	1 PCS	3000
1052	GRANISETRON TRANSDERMAL PATCHES 34.3 MG	34.3 MG	PATCH	1 PCS	1800
1053	RIVASTIGMINE 13.3 MG PATCHES	13.3 MG	PATCH	1 PCS	1320
1054	RIVASTIGMINE 9.5 MG PATCHES	9.5 MG	PATCH	1 PCS	1800
1055	RJVASTIGMINE 4.6 MG PATCHES	4.6 MG	PATCH	1 PCS	2400
1056	ROTIGOTINE SELF ADHESIVE 1 MG / 24 HOURS PATCHES .	1 MG	PATCH	1 PCS	1800
1057	ROTIGOTINE SELF ADHESIVE 2 MG / 24 HOURS PATCHES .	2 MG	PATCH	1 PCS	1800
1058	ROTIGOTINE SELF ADHESIVE 4 MG / 24 HOURS PATCHES .	4 MG	PATCH	1 PCS	1800
1059	ROTIGOTINE SELF ADHESIVE 6 MG / 24 HOURS PATCHES .	6 MG	PATCH	1 PCS	1800

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
1060	ROTIGOTINE SELF ADHESIVE 8 MG / 24 HOURS PATCHES .	8 MG	PATCH	1 PCS	1800
1061	CALCIUM POLYSTYRENE SULPHONATE 300 GM. SACHETS.	300 MG	SACHETS	1 PCS	12000
1062	PARA AMINO SALCYLIC ACID 4 GM SACHETS	4 GM	SACHETS	1 PCS	15000
1063	SODIUM POLYSTYRENE SULPHONATE FLAVOURED GRANULES 100 GM. BOTTS.	100 GM	SACHETS	1 PCS	12000
1064	VIGABTR1NE 500MG SACTH POWDER	500 MG	SACHETS	1 PCS	3000
PESSARIES & SUPPOSITORIES					
1065	CLOTTR1MAZOLE PESSARY WITH APPLICATOR PESSARY 100 MG	100MG	PESSARY	1x6	36000
1066	Clotrimazole Pessaries I.P 200mg	200 MG	PESSARY	1 PCS	14400
1067	BISACODYL 10 MG	10 MG	SUPPOSITORIES	1x10	6000
1068	CHLORPROMAZINE HYDROCHLORIDE 100 MG SUPP.	100 MG	SUPPOSITORIES	1 PCS	2400
1069	GLYCERIN + GELATIN ADULT	5 GM / 5 ML	SUPPOSITORIES	1 PCS	1200
1070	PARACETAMOL 125 MG	125mg	SUPPOSITORIES	1 PCS	1200
1071	PARACETAMOL 250 MG	250mg	SUPPOSITORIES	1 PCS	1200
1072	GLYCERIN + GELATIN INFANT	NA	SUPPOSITORIES	1 PCS	12000
CYLINDER					
1073	NITROUS OXIDE GAS CYLINDER 30KG.	30 KGS	CYLINDER	1 PCS	120
SERUM					
1074	BOTULISM -ANTIBOTULINIC SERUM (HORSE)	N/A	SERUM	1 DOSE	4800
1075	SERUM FROM SPIDER BITES KARAKURT	N/A	SERUM	1 DOSE	480
1076	RABIES IMMUNOGLOBULIN PFS (HUMAN)	300 IU /PFS	SERUM	VIAL	20000
1077	ANTI-SCORPION SERUM NORTH AFRICA TYPE DOSES.	SINGLE DOSE	SERUM	1 DOSE	600
1078	ANTI-SNAKE BITE SERUM NORTH AFRICA TYPE	SINGLE DOSE	SERUM	1DOSE	1800
1079	ANTI-TOXIN TETANUS SERUM (ATS) INJ 1500 IU/IML	1500 IU/IML	SERUM	1 PCS	12000
1080	DESFLURANE 240ML BOTTLES	SINGLE DOSE	SERUM	1 DOSE	4200
1081	FIUMAN ANTI D IMMUNOGLOBULIN 1,250 IU	SINGLE DOSE	SERUM	1DOSE	1800
1082	MONOCLONAL ANTI D IMMUNOGLOBULIN PROPHYLACTIC 2 ML VIAL	SINGLE DOSE	SERUM	VIAL	4200
1083	HUMAN ANTITETANIC SERUM 250 I.U./ DOSE AMPS.	SINGLE DOSE	SERUM	AMP	3000
1084	HUMAN GAS GANGRENE ANTITOXIN MIXED THERAPEUTIC 20.000 1 U IAMPS.	SINGLE DOSE	SERUM	AMP	1800
1085	RABIES – IMMUNOGLOBULIN (HORSE)	Rabies Antiserum 1,000 IU Equine Immunoglobulin 5 ml vial	SERUM	DOSE	10000
1086	RABIES – IMMUNOGLOBULIN (HUMAN)	300 IU/2 ml PFS	SERUM	DOSE	10000
1087	SERUM ANTI RABIES COURSES. (300 IU/PFS)	SINGLE DOSE	SERUM	VIAL	5400
1088	TETANUS ANTITOXIN PROPHYLACTIC 1,500 IU/AMPS.	SINGLE DOSE	SERUM	AMP	6000

Sr No.	Product Name	Formulation / strength specifications	Type	UoM	FINAL QTY
1089	TETANUS ANTITOXIN THERAPEUTIC 25,000 IU/AMPS.	SINGLE DOSE	SERUM	AMP	6000
1090	TRIVALENT BOTULIUM ANTITOXIN	SINGLE DOSE	SERUM	VIAL	6000
1091	TUBERCULIN P.P.D.2 IU/0.1 ML.	SINGLE DOSE	SERUM	VIAL	4200
1092	RABBIT ANTI HUMAN THYMOCITE IMMUNOGLOBULIN	SINGLE DOSE	SERUM	VIAL	600
1093	TETANUS ANTI TOXIN 1500 IU	1500 IU	SERUM	1 PCS	3000

ANNEXURE – 6 A

INSTRUCTION FOR PACKAGING OF DRUGS & MEDICAL CONSUMABLES

1. Every Consignment of Blood and related products should be certified to be
(a) AIDS Free (b) Hepatitis B Free.
2. Strips of Aluminium foils refer to gauge 04.
3. Aluminium foils as back material for blisters refer to gauge 025.
4. The rigid PVC used in blister packing should be of not less than 250 micron
5. All plastic / glass bottles should be new / virgin neutral glass as per relevant Pharmacopeia Requirement and Non-Pyrogenic
6. Ointments should be packed in liquidized Aluminium Tubes.
7. LVP Fluid bottles should be FFS / BFS Plastic Bottle as per revised Schedule – M and Eye / Ear Drops should be of FFS plastic bottles.
8. Small Tablets packed in blisters should be packed to facilitate easy removal of the tablet without breaking / crushing.
9. Specification of outer cartons are as per Annexure
10. All tablets should have a score line.
11. All liquid orals should be provided with a measuring device.
12. All plastic containers should be made of virgin grade plastics as per relevant pharmacopeia requirement.
13. All plastic jars above 450 gms / ml should carry an inner plastic lid.
14. Injection in vials should have a snap of seals.
15. Bioavailability report should be submitted in the case of the following drug
(1) Tab Digoxin
16. The strips shall be aluminium strip / blisters with aluminium foil back.
17. All injectable (Ampoules) should have a cutter in each unit box.
18. All hygroscopic drugs and sugar coated tablets should be stripped in Aluminium foil / Blister pack.
19. Bandage, Gauze, Plaster Bandage, Roller Bandage & Cotton should be packed in first packed in plastic bags.
20. Each packing shall be marked with nomenclature of the Item and shall be labeled in accordance with the requirement of relevant standards as applicable.
21. All primary packing containers should be strictly conforming to the specification included in the relevant pharmacopoeia / Standards.
22. Packing should be able to prevent damage or deterioration during transit
23. Bidder should ensure sufficient packing adequate for export purpose for the products quoted.

ANNEXURE – 6 B

I. SCHEDULE FOR PACKAGING OF DRUGS AND MEDICAL CONSUMABLES

GENERAL SPECIFICATIONS

1. No corrugate package should weigh more than 15 Kgs (i.e., product + inner carton + corrugated box).
2. All Corrugated boxes should be of 'A' grade paper i.e., Virgin.
3. All items should be packed only in first hand boxes only.

FLUTE:

4. The corrugated boxes should be of narrow flute.

JOINT:

5. Every box should be preferably single joint and not more than two joints.

STITCHING:

6. Every box should be stitched using pairs of metal pins with an interval of two inches between each pair. The boxes should be stitched and not joined using calico at the corners.

FLAP:

7. The flaps should uniformly meet but should not overlap each other. The flap when turned by 45 - 60 should not crack.

TAPE:

8. Every box should be sealed with gum tape running along the top and lower opening.

HOOPING STRAP:

9. Every box should be strapped with two parallel nylon carry straps (they should intersect).

LABEL:

10. The product label on the cartoon should be large enough and should carry the correct technical name, strength of the product, batch No., date of manufacturing, date of expiry, quantity packed, Manufacturer's details (Mfg. Lic. No., Address and other relevant information), Gross Wt., and Net Wt. of the box.

OTHERS:

12. No box (shipper carton) should contain mixed products.

II. SPECIFICATION FOR CORRUGATED BOXES HOLDING TABLETS / CAPSULES / PESSARIES

- (1) The box should not weigh more than 7-8 kgs. The grammage of outer box should be 150 gsm and inside partition / lining should be 120 gsm.
- (2) The box should be of 5 ply with Bursting strength of 9 Kg/ Cm²

III. SPECIFICATION FOR LARGE VOLUME BOTTLE i.e., ABOVE 100 ml. AND BELOW 1 LIT.

- (1) All these bottles should be packed only in single row with partition between each and also with top and bottom pad of 3 ply.
- (2) Grammage: Outer box should be 150 gsm inside partition / lining should be 120 gsm
- (3) Ply: 7 Ply.
- (4) Bursting Strength: Not less than 12 Kg/Cm²

IV. SPECIFICATION FOR IV FLUIDS

- (1) Each corrugated box may carry a maximum of
 - a. 12 bottles of 1000 ml or
 - b. 24 bottles of 500 ml or

c. 100 bottles of 100 ml individual sealed polythene cover and centre partition pad, top and bottom pads of 3 ply.

(2) Grammage: Outer box should be 150 gsm inside partition / lining should be 120 gsm

(3) Ply: 5 or 7

(4) Bursting Strength: Not less than 12 Kg/Cm²

V. SPECIFICATIONS FOR LIQUID ORALS – 50 ml to 120 ml bottles.

(1) Maximum 120 bottles of 50ml or 60ml may be packed in a single corrugated in 2 rows with top, bottom and centre pad of 3 ply. Maximum 100 bottles of 100 ml - 120 ml may be packed in a similar manner in a single corrugated box.

(2) If the bottles are not packed in individual carton, 3 ply partition should be provided between each bottle. The measuring device should be packed individually.

(3) Grammage : Outer box should be 150 gsm inside partition / lining should be 120 gsm

(4) Ply : 7 ply

(5) Bursting Strength : Not less than 12 Kg/Cm²

(6) In case the box is heavier than 7 Kg but less than 10 kg, the grammage may be 150 gsm (outer 150 gsm and others 120 gsm) 5 ply and bursting strength should not be less than 9 Kg/Cm².

VI. SPECIFICATIONS FOR OINTMENT / CREAM / GELS PACKED IN TUBES:

(1) No corrugate box should weigh more than 7-8 Kgs.

(2) Every Ointment tube should be individually packed in cartoon and then packed in 20's in a grey board box, which may be packed in a corrugated box.

(3) Grammage : Outer box should be 150 gsm inside partition / lining should be 120 gsm

VII. SPECIFICATIONS FOR INJECTABLE (IN VIALS AND AMPOULES)

(1) Vials may be packed in corrugated boxes weighing upto 15 Kgs. Ampoules should be packed in C.B weighing not more than 8 kgs.

(2) C.B. for vials should be of 150 Gsm (outer box should be 150 gsm and inside partition / lining should be 120 gsm) and 7 ply, while C.B. for ampoules should be of 150 Gsm (outer box should be 150 gsm and inside partition / lining should be 120 gsm) and 5 ply.

(3) Bursting strength for CB boxes for

a. Vials : Note less than 13 Kg/Cm²

b. Amp : Note less than 9 Kg/Cm²

(4) In the case of 10 ml Ampoules 100 or 50 ampoules may be packed in a grey board box. Multiples of grey board boxes packed in CB. In case of ampoules larger than 10 ml only 25 ampoules may be packed in a grey board box with partition.

(5) If the vial is packed in individual cartoon, there is no necessity for grey board box packing. The individual carton may be packed as such in the CB with centre pad.

(6) In case of ampoules every grey board box should carry 5 amps. Cutters placed in a polythene bag.0

(7) Vials of eye and ear drops should be packed in an individual cartoon with a dispensing device. If the vial is of FFS technology, they should be packed in 50's in a grey board box.

VIII. SPECIFICATION FOR THERMOCOOL BOXES HOLDING TABLETS / CAPSULES / INJECTABLE (IN VIALS AND AMPOULES)

(1) The thermo cool box should be of standard thickness capable of withstanding all types of shock during transportation and to preserve the **cold temperature** throughout the period of transit.

(2) The thermo cool box should be packed with sufficient number of **cold packs** to maintain the desired temperature for the entire contents throughout the period of transit. Only first hand thermo cool boxes should be used

ANNEXURE – 6 C

SPECIMEN LABEL FOR OUTER CARTON

Product Name: (like Paracetamol IP - 500mg)

Batch No. :

Mfg. Date:

Exp. Date:

Total Quantity:

Net Weight of the Carton:

Manufactured By:

Annexure-7

EMD BANK GURANTEE FORMAT

Whereas _____ (hereinafter called "the Bidder") has submitted its bid dated _____ (date of submission of bid) for the supply of _____ (name and/or description of the goods) (hereinafter called "the Bid") .

KNOW ALL PEOPLE by these presents that We, _____ (name of bank) of _____ (Name of Country), having our registered office at _____ (address of bank) (hereinafter called "theBank") are bound unto _____ (name of purchaser) (hereinafter called "the Purchaser") in the sum of _____ for which payment well and truly to be made to the said Purchaser, the Bank binds itself, its successors and assigns by these presents. Sealed with the Common Seal of the said Bank this _____ day of _____, 20____.

THE CONDITIONS of this obligation are:

1. If the Bidder
 - (a) withdraws its Bid during the period of bid validity specified by the Bidder on the Bid Form;
OR
 - (b) does not accept the correction of errors in accordance with Instruction to Bidders
OR
2. If the Bidder, having been notified of the acceptance of its bid by the Purchaser during the period of bid validity:
 - (a) fails or refuses to execute the Contract Form if required; or
 - (b) fails or refuses to furnish the Performance Security, in accordance with the Instruction to Bidders;

we undertake to pay the Purchaser up to the above amount upon receipt of its first written demand, without the Purchaser having to substantiate its demand, provided that in its demand the Purchaser will note that the amount claimed by it is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This guarantee will remain in force up to and including days/months after the date of bid opening i.e, days/months after(date), and any demand in respect thereof should reach the Bank not later than the above date.

.....
(Signature of the Bank)

Annexure-8

MANUFACTURER'S AUTHORIZATION FORM

No. _____ Dated _____

To

Dear Sir,

Bid Ref. No. _____

We _____ who are established and reputable manufacturers of _____ having factories at _____ Registered office at _____ possessing Manufacturing Licence No. _____, dated _____, valid upto _____ (copy enclosed) do hereby authorize M/s _____ (Name and Address of Representative) to submit a bid, and subsequently negotiate and sign the contract with you against the above mentioned tender.

No company or Firm or individual other than M/s _____ are authorized to bid, negotiate and conclude the contract in regard to this business against this specific tender.

We hereby extend our full guarantee and warranty as per the tender conditions for the goods offered for supply against this invitation for bid by the above firm.

Your faithfully,
(Name)
for and on behalf of M/s _____
(Name of Manufacturers)

Note : This letter of authority should be on the letterhead of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.

**For and behalf of the firm
(Firm Name & Address)**