

**GOVERNMENT OF TRIPURA
OFFICE OF THE MEDICAL SUPERINTENDENT
DISTRICT HOSPITAL, DHARMANAGAR, NORTH TRIPURA**

F.No.20(2)/NHM/MS/DH/DMR/2020

Dated:13/03/2020

Tender Notice for supply of Medicine

The undersigned, on behalf of the Chairman of RKS Committee, a tender notice is inviting from GST Registered Proprietors / Agency / Supplier / Manufacturers in connection with supply of Medicine for District Hospital, Dharmanagar, North Tripura. The interested bidders may submit the sealed quotation on or before 27/03/2020 up to 5.30 PM in the office of the Medical Superintendent, District Hospital, Dharmanagar, North Tripura. The tender should be sent under strong cover marked as "Tender for supply of Medicine" in a big envelope containing 2(two) envelope (one Technical Bid and another Financial Bid). The envelop of Technical Bid should be contained Technical parameters along with others supporting document i.e. Trade Licence, GST registration, PAN card, Drug Licence etc. and the Financial Bid should contained only price bid.

Terms and Condition:

- 1) Tender will be received in sealed cover addressed to the "Office of the Medical Superintendent, District Hospital, North Tripura, Govt. Of Tripura PO- Dharmanagar, pin -799250 by speed post/register post/courier service only" on or before 5:30 pm, 27/03/2020. Tenderers should provide details address along with phone number, fax number, and STD code number for communication. Tender received after the aforesaid date and hours shall be rejected. The Medical Superintendent of District Hospital, North Tripura, Shall not remain responsible for any postal delay.
- 2) A declaration shall be submitted as per Annexure -B.
- 3) An undertaking should be submitted as per Annexure - C.
- 4) Demand Draft against EMD amounting Rs. 10,000/- (ten thousand) only from any schedule Bank by the concerned Bidder by speed Post / Registered Post / Courier services only in sealed envelope must be submitted to the tendering authority " O/o the Medical Superintendent, District Hospital, North Tripura, Dharmanagar - 799250" upto 4.00 PM of scheduled opening date of tenders. **Guidelines and Terms & conditions will have to be downloaded from the websites of www.eprocure.gov.in and www.dhfwsnorth.co.in**
- 5) **Financial Bid will be opened only for qualified bidders in Technical Bid.**
- 6) Tender shall not be accepted for the product /products for which the concerned company has been blacklisted / banned /debarred either by Tender inviting authority of Govt. of Tripura or by any other state / Central Govt. and its Drugs procurement agencies.
- 7) The concerned firm / company whose product has been declared as of spurious or adulterated and any criminal case is field and pending in any court shall not be eligible to participate in the tender. Similarly convicted firm / company shall also not be eligible to participate in the tender.
- 8) **The name and signature of bidder /authorized person shall have to put on each page of the Tender documents. All the pages of the tender document shall be serially numbered and submitted as a package along with forwarding letter on bidders letter pad.**

- 9) The supply of Medicines / Drugs must be exhausted within a) **3 (Three)** months from the date of manufacture for then Drugs which are having shelf life (Expiry date) of **1 (one)** year b) For those drugs having more than **1(one)** year shelf life the supply must be executed within **6 (six)** months from the date of manufacture, but in no circumstances the time of period between date of supply & date of expiry shall not be less than **1(one)** year except a) above.
- 10) Medicine / Drugs must be supplied directly by the winner bidder. An authorized agent / representative of the firm should remain present during delivery of the ordered items.
- 11) Further supply order should not be given to those agencies as soon as declared as blacklisted within the validity period.
- 12) The supply order of Medicine / drugs must be completed within **30 (Thirty)** days from the date of issue of order. A penalty **@ 1%** on the total value shall be charged for every week or part of week of delay beyond stipulated date of supply up to **4 (four)** week & else supply order will be treated as cancelled. However, Relaxation will be entertained only in special circumstances (Natural calamities, war or any other situation beyond human control). Supply order must be executed by supplying the items by single batch. If the ordered quantity is more than the batch size, then the supply may be made by next batch.
- 13) 5% of the value of ordered quantity will have to deposit as security money by demand draft from any nationalized Bank/ Scheduled Bank by the firm within 10 days from the date of issue of supply order. Which is to be treated as mandatory. The security money will be released as per discretion of the authority.
- 14) A Successful bidder have to supply drugs having expiry date of minimum 2 yrs. from the date of receipt of each supply order.
- 15) **Income Tax / Other Tax** shall be deducted from the bill as per guidelines of the Government.
- 16) Any enhancement of rate within the validity period of contract will not be considered except for imposition of any levy or increase in existing levy by the Government.
- 17) Payment to successful Tenderers shall be made on bill basis only after completion of supply of the items ordered. No advance payment shall be made under any circumstances. Procuring authority shall take all possible steps to pay the bills within 90days from the date of completion of supply. Payment will be made after completion of supply as per supply order.
- 18) **Items of tablets and capsules are to be supplied in strip / Blister Packets.** Supply order must be executed by supplying the items by single batch.
- 19) Yearly approximate requirement is incorporated in the list of Medicine which are likely to increase or decrease as per actual requirement. The yearly supply order may be issued once or in part supply as per requirement.
- 20) The Medicines should conform to the standards Mentioned against each item and as laid down under the **Drugs & cosmetic Act 1940 & Rules there under.**
- 21) In case of Supply of each and every item the labels of Packing strips /blister etc. Should bear the inscription "**Tripura Govt. Supply, Not for sale**" in indelible ink. Relaxation, if needed, is entitled as per discretion of procuring authority.
- 22) All the drugs should have a life period up to the maximum limit mentioned in the **schedule-P of the Drugs & cosmetic Rules, 1945.**
- 23) **Rate must be quoted in both word and figure.**
- 24) Price quoted should be for F.O.R. Door delivery to **District Hospital Store, North Tripura, Dharmanagar** and other places in Tripura.
- 25) No Insurance charge is admissible and successful Tenderers will be responsible for any breakage, damage and loss in transit on way to destination.

- 26) Any default or breach of contract and non- execution of supply order shall lead to forfeiture of earnest money / security deposit of the successful Tenderers beside to such action as may be considered appropriate by the Medical Superintendent, District Hospital, North Tripura, Dharmanagar.
- 27) In Case of legal dispute the jurisdiction will be the Tripura High Court, Agartala.
- 28) **5% security** deposit against value of ordered quantity of items are exempted for public sector undertaking subject to production of documents from appropriate authority.
- 29) Office of The **Medical Superintendent, District Hospital ,North Tripura, Dharmanagar** reserves the right to accept or reject any tender without assigning any reason thereof and Tender may be accepted or rejected in part or in whole.
- 30) If any of the certificates/documents furnished by the Bidder, found to be false / fabricated / bogus, the bidder will be liable to blacklisted and their E.M.D. will be forfeited.
- 31) O/o The Medical Superintendent, District Hospital, North Tripura, Dharmanagar, may extend the dates for issue and receipts of bids by issuing an amendment in which case all rights and obligations of the Medical Superintendent, District Hospital, North Tripura, Dharmanagar and the bidder will remain same as previously.
- 32) On the top left side of the sealed Tender file number date, due date of opened should be mentioned. Tender will be opened on the next working day at last date of receipt if possible. Tender will be on 17 /03/2020 at 12 Noon, if possible, Tenderer or their representative may remain present at the time of opening the tender.
- 33) EMD/ SMD shall not be applicable in case of Govt. organization / Public sector under taking for that case documentary evidence to be submitted to that effect.
- 34) On emergency basis one or more Medicine Drugs & Consumable require, may also purchase from the selected vendor.


13/3/2020

**Medical Superintendent
District Hospital, North Tripura
Dharmanagar.**

MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, NORTH TRIPURA, DHARMANAGAR CONTRACTOR / BIDDER.

BINDING DOCEMENT FOR TENDERING AT MEDICAL SUPERINTENDENT.DISTRICT HOSPITAL, DHARMANAGAR,
NORTH TRIPURA

Other important Documents:-

SL.NO	Name of The Documents
1.	GST Registration & last GST return to be uploaded
2.	PAN card
3.	Trade license from Municipality or Pourosabha
4.	Valid Drug License Certificate
5.	Copy of bank Passbook in the name of Vender/Distributor must be submitted

For each above mentioned Documents, the bidders shall scan in 100 dpi resolution into PDF and upload them.

FINANCIAL DOCUMENTS

- ❖ Bill of Quantity (BOQ)



BINDING DOCUMENT FOR TENDERING AT MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, DHARMANAGAR, NORTH TRIPURA

Annexure -A

List of Drugs & Consumable with Specification

List of Drugs & Consumable for procurement for the year 2020-2021

(Valid up to 31.03.2021)

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
1	Cap. Amoxicillin IP 250mg.		
2	Cap. Amoxicillin IP 500mg		
3	Cap. Clindamycin IP 150mg		
4	Cap. Clindamycin IP 300mg		
5	Cap. Fluoxetine IP 10mg		
6	Cap. Fluoxetine IP 20mg		
7	Cap. Omeprazole IP 10mg		
8	Cap. Omeprazole IP 20mg		
9	Cap. Omeprazole IP 40mg		
10	Cap. Doxycycline 100 mg		
11	Inj. Aciclovir 250mg		
12	Inj. Aciclovir IV Infusion 500mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
13	Inj. Adenosine IP 6mg/2ml		
14	Inj. Adrinalin 1:1000		
15	Inj. Amikacin IP 100mg./2ml		
16	Inj. Amikacin IP 500mg./2ml		
17	Inj. Amiodarone 150mg/3ml.		
18	Inj. Amphotericin IP 500mg/ml		
19	Inj. Ampicillin IP 500mg.		
20	Inj. Anti Titenus Immunoglobulin 10000IU		
21	Inj. Anti Titenus Immunoglobulin 5000IU		
22	Inj. Anti Titenus Immunoglobulin 750IU		
23	Inj. Artacurium IP 10mg/ml		
24	Inj. Artesonate 60mg/vial		
25	Inj. Atracurium Besylate 10mg/ml		
26	Inj. Atropin Sulphate IP 0.6mg/ml.		
27	Inj. Bupivacaine HCl. IP 0.5% Plain		
28	Inj. Bupivacane HCl in Dextrose(Heavy)		
29	Inj. Buprenorphine IP 300ug/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
30	Inj. Calcium Gluconate IP 1g/10ml		
31	Inj. Cefotaxime IP 500mg		
32	Inj. Ceftazidime 1 G		
33	Inj. Ceftazidime IP 250mg		
34	Inj. Ceftazidime IP 500mg		
35	Inj. Ceftriaxone IP 500mg		
36	Inj. Ciprofloxacin Infusion 2mg/ml, 100ml		
37	Inj. Clindamycin IP 150mg/ml		
38	Inj. Compound Sod.Lactate IP 500ml		
39	Inj. Desferrioxamine Messylate IP 500mg		
40	Inj. Dexamethasone Sod.Phos.4mg/ml		
41	Inj. Dextrose IP 10% , 500ml.		
42	Inj. Dextrose IP 25%		
43	Inj. Dextrose IP 5% , 500ml.		
44	Inj. Dextrose+Sod.Chloride IP 500ml		
45	Inj. Diazepam IP 5mg/ml.		
46	Inj. Dicylomine IP 10mg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
47	Inj. Digoxin 250ug/ml		
48	Inj. Diphtheria Anti toxin 10000IU		
49	Inj. Diphtheria Anti toxin 20000IU		
50	Inj. Dobutamine I/V Infusion 250mg		
51	Inj. Dopamin HCl USP 40mg/ml		
52	Inj. Enoxaparin Sodium 40mg		
53	Inj. Esmolol Hcl 100mg.		
54	Inj. Ethamsylate 250mg/2ml		
55	Inj. Ethio+Theo IP 169.4mg+50.6mg/2ml		
56	Inj. Factor IX Complex 600IU		
57	Inj. Factor VIII Concentrate 1000IU		
58	Inj. Factor VIII Concentrate 250IU		
59	Inj. Factor VIII Concentrate 500IU		
60	Inj. Fentanyl Citrate 50ug/ml		
61	Inj. Fluphenazine IP 2.5mg/ml.		
62	Inj. Frusemide IP 10mg/ml		
63	Inj. Gentamycin Sulphate IP 40mg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
64	Inj. Glycopyrolate IP/BP/USP 0.2mg/ml		
65	Inj. Halothane BP 250ml		
66	Inj. Heloperidol IP 5mg/ml.		
67	Inj. Heparine 1000 IU/ml		
68	Inj. Hydrocortisone Sod. Suc. 100mg/ml		
69	Inj. Insulin IP 10ml		
70	Inj. Isoflurane USP 100ml		
71	Inj. Ketamine Hcl 50mg/ml.		
72	Inj. Labetalol 5mg/ml.		
73	Inj. Lignocaine +Adrenallin Bit. 20mg/ml + 0.01mg/ml , 30ml		
74	Inj. Lignocaine HCL 1% w/v		
75	Inj. Lignocaine HCL 2%		
76	Inj. Lignocaine HCL 5%		
77	Inj. Lignocaine HCL+Dextrose		
78	Inj. Long. Act. H. Insulin 40IU		
79	Inj. Lorazepam IP 2mg.ml		
80	Inj. Mapentermine IP15mg/ml.		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
81	Inj. Methyle Ergomatrine IP 0.2mg/ml		
82	Inj. Methyl Prednisolone Acetate 40mg/ml		
83	Inj. Metronidazole I/V 100ml.		
84	Inj. Midazolam IP 1mg/ml		
85	Inj. Midazolam IP 5mg/ml		
86	Inj. Monitol 20% IP , 350ml		
87	Inj. Morphine Sulphate IP 10mg/ml		
88	Inj. Morphine Sulphate IP 15mg/ml		
89	Inj. Moxifloxacin IP 400mg		
90	Inj. Naloxone IP 0.4mg/ml		
91	Inj. Neostigmine 0.5mg/ml		
92	Inj. Neostigmine+Glycopyrolat 2.5+0.5mg		
93	Inj. Nitroglycerin USP 5mg/ml		
94	Inj. Nor Adrenaline Bitartrate 4ug/ml		
95	Inj. Omeprazole IP/BP 40mg/Vial		
96	Inj. Ondansetran IP 4mg./2ml		
97	Inj. Oxytocin IP 10unit/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
98	Inj. Oxytocin IP 5unit/ml		
99	Inj. Pancuronium Bromide BP 2mg/ml		
100	Inj. Pathidine HCl IP 50mg/ml		
101	Inj. Pentazocin Lactate IP 30mg/ml.		
102	Inj. PG F2 a(Carbaprost)0.25mg/ml		
103	Inj. PG F2 a Dinoprost 5mg/ml		
104	Inj. Pheniramine Meleate IP 22.75mg/ml		
105	Inj. Phenobarbitone IP 130mg/ml		
106	Inj. Phenobarbitone IP 30mg/ml		
107	Inj. Phenobarbitone IP 60mg/ml		
108	Inj. Phenobarbitone IP 65mg/ml		
109	Inj. Phenytoin Sod 100mg		
110	Inj. Phenytoin Sod 250mg		
111	Inj. Piperacillin-500+ Tazobactam-500		
112	Inj. Polymer fro degraded Geletin 500ml.		
113	Inj. Pot. Chloride IP 150mg/ml		
114	Inj. Pralidoxine Chloride 25mg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
115	Inj. Pre-Mix H. Insuline 30:70		
116	Inj. Promethazine IP 25mg/ml		
117	Inj. Propafol IP 10mg/ml		
118	Inj. Protamin Sulphate IP 10mg/ml		
119	Inj. Quinine Dihydrochloride IP 300mg/ml		
120	Inj. Short Act. H. Insulin 40IU		
121	Inj. Sodium bi Carbonate IP 7.5% w/v		
122	Inj. Sodium Chloride 0.9%, 500ml.		
123	Inj. Sodium Nitroproside 50mg/ml		
124	Inj. Sod. Thiopentone IP 1G		
125	Inj. Sod. Thiopentone IP 500mg		
126	Inj. Sod. Valporate 100 mg.		
127	Inj. Succinyl choline Chloride		
128	Inj. Terbutaline 500mcg IP		
129	Inj. Tramadol Hcl 50mg.		
130	Inj. Vacurinium Bromide IP 4mg		
131	Inj. Verapamil IP 2.5Mg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
132	Inj. Vitamin-A 40,000IU		
133	Inj. Vitamin-D 300000IU/ml		
134	Inj. Vitamin-D 600000IU/ml		
135	Inj. Vitamin-K IP		
136	Inj. Piperillin + Tazobactam 4.5 gm		
137	Inj. Ceftriaxone +Sulbactam 1.5 mg		
138	Inj. Piperillin + Tazobactam 1.125 gm		
139	Inj. Metronidazole 100 ml		
140	Inj. Drotaverin Hydrochloride 2 ml		
141	Inj. Ranitidine 25 mg		
142	Inj. Etophylline + Theophylline I.P 169.4 mg +50.6 mg/ 2ml		
143	Inj. Amikacin 100 mg		
144	Inj. Amikacin 250 mg		
145	Inj. Amikacin 500 mg		
146	Inj. Ondensatron 4 mg		
147	Inj. MVI(Multivitamin Injection)		
148	Inj. Atropine Sulphate 0.6 mg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
149	Inj. Isoprenaline (Isolin) 2 mg		
150	Inj .Trenexamic acid 500 mg		
151	Inj. Potassium Chloride(KCL) 150 mg (15% w/v)		
152	Inj. Haloperidol 5 mg/ ml		
153	Inj. Nor-adrenaline		
154	Inj. Hydrocortisone 100 mg/ml		
155	Inj. Lorazepam 2 mg/ml		
156	Inj. Pentazocine Lactate(Fortwin) 30 mg		
157	Inj. L-oRNITHINE / L-Aspartate		
158	Inj. Dopamine Hydrochloride		
159	Inj. Tramadol HCl 50 mg		
160	Inj. Sodium Chloride (N.S) 3%		
161	Inj. Pantoprazole 40 mg		
162	Ipratropium Bromide + Levosalbutamol Respules		
163	Levosalbutamol Respules		
164	Budesonide Respules		
165	Salbutamol Respulse		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
166	Inj. Midazolam 1 mg/ml		
167	Inj. Pheniramine Maleate (Avil) 22.75 mg		
168	Inj. Primacort 100 mg		
169	Inj. Haemocoagulase		
170	Inj. Ethamsylate 500 mg/ml		
171	Inj. Calcium Gluconate 1 Gm/10 ml		
172	Inj. Succinyl Choline Chloride I.P 10 ml		
173	Inj. Phenytoin Sodium 50 mg		
174	Inj. Magnesium sulphate (MgSO ₄)		
175	Inj. Nitroglycerin 50 mg/ 10 ml		
176	Inj. Caffeine 1 g		
177	Inj. Phenobarbitone Sodium (Gardenal)		
178	Inj. Dextrose 25% (500 ml)		
179	Inj. Adrenaline		
180	Inj. Ringer Lactate (R.L)		
181	Inj. Insulin regular		
182	Inj. Amiodarone 150 mg/3 ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
183	Inj. Nalbuphine 20 mg/ml		
184	Inj, Anti – D		
185	Inj. Propofol		
186	Inj, Glycopyrolate + Neostigmine		
187	Inj. Adrenaline		
188	Inj, Nor Adrenaline		
189	Inj, Citicoline		
190	Inj. Ondansetron -4mg		
191	Inj. Tramadol-100mg		
192	Inj. Pantoprazol 40 mg		
193	Inj. Ceftraxone + Sulbactam (1.5 gm)		
194	Inj. Metronidazole-100mg		
195	Inj. Methyl Ergometrin		
196	Inj. Colloide(Volvulyte)		
197	Inj. Bupivacaine Heavy (5 mg)		
198	Inj. Lignocaine 2%		
199	Inj.Drotavarine , 40mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
200	Inj Ranitidine, 2ml amp		
201	Inj. Vit K		
202	Inj. Meropenam 125mg		
203	Inj. Calcium gluconote		
204	Inj. Piperacillin+Tazobactum		
205	Inj. Phenobarbitone Sodium		
206	Inj. Caffine		
207	Inj. Hyoscine buty 20mg in 1 amp		
208	Inj.Menadione		
209	Inj.Paracetamol		
210	Tab. Acetazolamide 250mg.		
211	Tab. Aciclovir 400mg		
212	Tab. Aciclovir 800mg		
213	Tab. ACT AL 20mg , 6 Pkts.		
214	Tab. ACT AL 40mg , 6 Pkts.		
215	Tab. ACT AL 60mg , 6 Pkts.		
216	Tab. ACT AL 80mg , 6 Pkts.		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
217	Tab. Albendazole 400mg		
218	Tab. Alluporinol IP 100mg		
219	Tab. Alprazolam IP 0.25mg		
220	Tab. Amlodopine 2.5mg.		
221	Tab. Amlodopine 5mg.		
222	Tab. Amoxycillin IP 125mg. DT		
223	Tab. Antacid		
224	Tab. Atenolol IP 50Mg Coated		
225	Tab. Azitromycin IP 100mg. DT		
226	Tab. Azitromycin IP 250mg.		
227	Tab. Azitromycin IP 500mg.		
228	Tab. B.Complex NFI		
229	Tab. Carbamazepine 100mg IP		
230	Tab. Carbamazepine 200mg IP		
231	Tab. Carbamazepine 400mg IP		
232	Tab. Carbimazole-10mg IP		
233	Tab. Carbimazole-5mg IP		

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Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
234	Tab. Cefixime 100mg.		
235	Tab. Cefixime 400mg.		
236	Tab. Chlordiazepoxide 10mg.		
237	Tab. Chloroquine Phos IP 250mg		
238	Tab. Chlorpromazine IP 50mg		
239	Tab. Ciprofloxacin IP 250Mg.F.coat.		
240	Tab. Ciprofloxacin IP 500Mg.F.coat.		
241	Tab. Citrizine HCL IP 10mg.		
242	Tab. Clonazepam 0.5mg.		
243	Tab. Clonazepam 1mg.		
244	Tab. Clonazepam 2mg.		
245	Tab. Co-Trimoxazole 80mg+200mg		
246	Tab. Diazepam IP 5mg		
247	Tab. Digoxin IP 0.25mg		
248	Tab. Domperidone IP 10mg		
249	Tab. Doxycycline 100mg.		
250	Tab. Etamsylate IP/BP/USP250mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
251	Tab. Ethyl Oestrediol 10mcg		
252	Tab. Ethyl Oestrediol 20mcg		
253	Tab. Ethyl Oestrediol 50mcg		
254	Tab. Fluconazole IP 150 mg.		
255	Tab. Fluconazole IP 50 mg.		
256	Tab. Frusemide IP 40mg		
257	Tab. Glibenclamide 5mg. IP		
258	Tab. Gliclazide IP 80mg.		
259	Tab. Glimpiride IP 1 mg.		
260	Tab. Glipexide IP 5mg.		
261	Tab. Halozane USP 4mg.		
262	Tab. Heloperidol IP 5mg.		
263	Tab. Hydrochlorothiazide IP 25mg.		
264	Tab. Hydrocortisone 10mg		
265	Tab. Hydrocortisone 5mg		
266	Tab. Ibuprofen IP 400mg (Film Coated)		
267	Tab. Imipramine IP 25mg.		

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Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
268	Tab. Iron Folic Acid (Large)		
269	Tab. Iron Folic Acid (Small)		
270	Tab. Iso-Sorbide-Dinitrate IP 10mg		
271	Tab. Iso-Sorbide-Dinitrate IP 5mg		
272	Tab. Iso-Sorbide-Mononitrate IP 10mg		
273	Tab. Iso-Sorbide-Mononitrate IP 20mg		
274	Tab. Iso-Sorbide-Mononitrate IP SR 30mg		
275	Tab. Iso-Sorbide-Mononitrate IP SR 60mg		
276	Tab. Isoxsuprine IP 0.1		
277	Tab. Labetatol IP 100mg		
278	Tab. Levodopa 100mg + Carbedopa 10mg		
279	Tab. Levodopa 100mg + Carbedopa 25mg		
280	Tab. Lithium Carb. IP 300mg.		
281	Tab. Lorazepam BP 2mg.		
282	Tab. Matformine IP 500mg.		
283	Tab. Medroxy Progesteron Acetate		
284	Tab. Methyledopa IP 250mg.		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
285	Tab. Methyldopa IP 500mg.		
286	Tab. Methyl Ergomatrine 0.125mg		
287	Tab. Metronidazole IP 400mg.		
288	Tab. Mifepristone IP 200mg		
289	Tab. Misoprostal 25ug		
290	Tab. Misoprostal 400ug		
291	Tab. Misoprostal 600ug		
292	Tab. Moxifloxacin IP 400mg		
293	Cap. Nifedipine Softules 5mg		
294	Cap. Nifidipine Softules 10mg		
295	Tab. Nitrazepam IP 10mg.		
296	Tab. Nitroglycerine USP 2.5mg		
297	Tab. Norethisterone IP 5mg		
298	Tab. Ofloxacin IP 200 mg.		
299	Tab. Olanzepine IP 10 mg.		
300	Tab. Olanzepine IP 2.5 mg.		
301	Tab. Olanzepine IP 5 mg.		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
302	Tab. Ornidazole IP 500mg		
303	Tab. Paracetamol IP 500		
304	Tab. Paracetamol IP 650		
305	Tab. Pheniramine mEleate 25mg		
306	Tab. Phenobarbitone IP 30mg		
307	Tab. Phenytoin Sod. IP 50mg. (Coated)		
308	Tab. Prednisolone IP 10mg.		
309	Tab. Prednisolone IP 20mg.		
310	Tab. Prednisolone IP 5mg.		
311	Tab. Primaquine IP 2.5 mg.		
312	Tab. Primaquine IP 7.5 mg.		
313	Tab. Promethazine IP 10mg		
314	Tab. Promethazine IP 25mg.		
315	Tab. Propranolol IP 10mg		
316	Tab. Propranolol IP 40mg		
317	Tab. Propranolol IP 80mg		
318	Tab. Quinine Sulphate 100mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
319	Tab. Quinine Sulphate 300mg		
320	Tab. Ranitidine IP 150mg		
321	Tab. Risperidone USP 1mg		
322	Tab. Risperidone USP 2mg		
323	Tab. Risperidone USP 3mg		
324	Tab. Risperidone USP 4mg		
325	Tab. Salbutamol IP 4mg.		
326	Tab. Sodium Valporate IP 200mg		
327	Tab. Sodium Valporate IP 300mg		
328	Tab. Sodium Valporate IP 500mg		
329	Tab. Spironolactone IP 50mg.		
330	Tab. Thioridazine BP 10mg		
331	Tab. Thyroxin IP 50mg.		
332	Tab. Trifluoperazine 5mg		
333	Tab. Trihexyphanidyl HCl. USP 2mg		
334	Tab. Vitamin D 1000IU DT		
335	Tab. Zinc Sulphate USP 200mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
336	Tab. Telmisarten +Hydrochlorothiazide (40 mg + 12.5 mg)		
337	Tab. Labetalol 100 mg.		
338	Tab. Clopidogrel + Aspirin		
339	Tab. Aspirin 75 mg		
340	Tab. Promethazine 25mg/ ml		
341	Tab. Nitrazepam 10 mg		
342	Tab. Digoxin 0.25 mg		
343	Tab. Tramadol 100 mg		
344	Tab. Misoprostol 200 mg		
345	Tab. Levocetirizine 5 mg		
346	Tab. Levocetirizine 10 mg		
347	Tab. Prednisolone 10 mg		
348	Tab. Prednisolone 20 mg		
349	Tab. Prednisolone 30 mg		
350	Tab. Prednisolone 40 mg		
351	Tab. Methyl Prednisolone 4 mg		
352	Tab. Methyl Prednisolone 8 mg		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
353	Tab. Methyl Prednisolone 16 mg		
354	Tab. Methotrexate 2.5 mg		
355	Tab. Methotrexate 7.5 mg		
356	Tab. Dapsone 100 mg		
357	Tab. Montelukast + Levocetirizine (10 mg + 5 Mg)		
358	Tab. Orciprenaline 10 mg		
359	Tab. Verapamil 40mg		
360	Tab., Paracetamol 1000 mg		
361	Tab, Gervisa		
362	Tab. Misoprostol-600mg		
363	Tab Digixin ip 250 MG		
364	Tab. Methyldopa 250 mg		
365	Albumin Human Albumin 20%		
366	Anti Rabies Vaccine		
367	Anti Snake Venum Anti Serrum (Powder)		
368	Anti Snake Venum Serum		
369	Atropin Sulphate Eye oint. 1% ,3G		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
370	Betamethasone Vele. 0.025% w/w Oint.		
371	Betamethason Neomycin Eye Ear Drop		
372	Black Disinfectant Fluid 5L.		
373	Budesonide Nabalising sol.		
374	Chlorhexidine Gluconate 1L.		
375	Ciprofloxacin+Dexa. Eye oint.		
376	Comp. Benz + Salicylic Oint. 500g		
377	Cream Silver Sulphadiazine USP 1% 250g.		
378	Darrows Solution 500ml		
379	Dilute Alcohol 90% (Rectified) BP 450ml		
380	Domperidone Drop		
381	Drop. Digoxin Drop 50mcg/ml		
382	Drop. Frusemide IP 10mg/ml.		
383	Gatifloxacin Eye Drop 0.3mg/ml		
384	Glutaldehyde IP 1% ,		
385	Glycerin (500ml.)		
386	Ipratropium Bromide Nabalising Sol. 250mcg/ml		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
387	Lignocaine Gel IP 1% 30g		
388	Lignocaine Gel IP 2% 30g		
389	Lignocain Spray 10% Solution: 1050mg		
390	Lignocain Spray 2% Solution: 300mg		
391	Lindane Lotion USP 1% w/v, 500ml		
392	Liquid Paraffin IP 100% , 500G		
393	Lotion Calamine 500ml IP		
394	Moxifloxacin Eye Drops		
395	Oint Miconazole IP 2% , 15G		
396	Potasium Chloride Oral Liquid 500mg/5ml		
397	Povidine Iodine Solution IP 500ml.		
398	Proparecain Eye Drop		
399	Prostaglandin PGE2 Gel 0.5mg X 20mg		
400	Pulv. Gention Violate IP 85 100g		
401	Pulv. Merbromin USNF 100G.		
402	Pulv. Oral Rehydration Salt IP 20.5 G		
403	Pulv. Pot. Permanganate IP 500G		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
404	Salbutamol Nebulised Sol. Inhalation 2.5mg		
405	Sevoflurane Liquid USP 250ml.		
406	Sodalime Granules 8mesh		
407	Susp. Albendazole IP 200mg/5ml		
408	Susp. Amphotericin B 100mg/ml		
409	Susp. Co-Trimoxazole Oral 40+200mg/5ml.		
410	Susp. Fluconazole 20mg/ml		
411	Susp. Insulin Zinc 40IU/ml		
412	Susp. Metronidazole 200mg/5ml.		
413	Susp. Ofloxacin IP 50mg/5ml(60ml.)		
414	Susp. Prednisolone Acetate Ophthalmic 1mg		
415	Susp. Zinc 20mg/5ml.		
416	Syp. Carbamazepine IP 100mg/5ml.		
417	Syp. Carbamazepine IP 200mg/5ml.		
418	Syp. Sodium Velporate 200mg/5ml		
419	Syrup. Chloroquine IP 50mg/5ml.		
420	Syrup. Dicyclomine HCL		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
421	Syrup Ondansetran IP 2mg/5ml		
422	Syrup. Paracetamol IP/BP 125MG/5ml.		
423	Syrup Prednisolone IP 5mg/5ml		
424	Syrup. Promethazine IP 5mg/5ml.		
425	Syrup. Quinine Sulphate IP 150/5ml		
426	Syrup. Salbutamol 2mg/5ml		
427	Tobramycin Eye Drop USP 0.3%/ml		
428	Tobramycin Eye Oint. USP 3%/ml		
429	Vitamin D Granules 60000 IU/Sachet		
430	Water for Injection IP 5ml		
431	White Phenyl 5Ltrs		
432	Xymethazoline Nasal Drop		
433	Xymethazolin Nasal Solution		
434	Silver Nitrate Ointment (250 gm)		
435	Lotion Povidine Iodine 10 % (500ml)		
436	Oint. Mupirocin 15 gm (tube)		
437	Oint. Nadifloxacin		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
438	Oint. Clobetasol Propionate		
439	Oint. Mometasone		
440	Permethrine 5% lotion		
441	Oint. Luliconazole		
442	Oint. Miconazole		
443	Oint. Beclomethasone		
444	Lacto calamine Lotion		
445	Aloe Vera Moisturizer		
446	Oint. Clobetasol + Salicylic Oint		
447	Oint. Clobetasol + fusidic acid		
448	Podophyllin Solution		
449	Oint. Metrogyl 2%		
450	Syp. Zinc (Zn) 20 mg		
451	Ointment Silver Sulfadiazine 250 mg (Container)		
452	Povidine iodine solution 10 % W/V		
453	Ointment Cerviprime		
454	Syrup, Lactose		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
455	In, Phentarmine Maleate		
456	Surgical spirit 500 ml		
457	Rectal Enema (Adult)		
458	Povidone iodine Solution 500ml		
459	Oint.Mupirocine 2%		
460	Disposable syringe 2cc		
461	Disposable syringe 5cc		
462	Disposable syringe 10cc		
463	Catgut (No-1)		
464	Polyglactin 910 (No1)vicryl		
465	Spinal Niddle 25G		
466	Urobag		
467	Foleys catheter 14F		
468	IV Cannula(20-g)		
469	IV set		
470	Syringe Insulin		
471	Salbutamol respules		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
472	Nasal drop oxymethazoline 0.01%		
473	Probiotic liquid (Minibottles)		
474	Syr paracetamol 125mg		
475	Drop paracetamol 100mg/ml		
476	Saline nasal drops		
477	Syr. Deflazacort		
478	Syr. Levosalbutamol		
479	Drop Levosalbutamol		
480	Iv canula 24G		
481	Rectal Enema (Child)		
482	Prostaglandin (E2) gel		
483	Vitamin D3 Drop (400Iu/ml)		
484	Iron Drop		
485	Chloramphenical eye drop		
486	Triclotos Sodium 500mg/ml		
487	Syp. Potasium Chloride		
488	Hydroxyethyl starch 6% ip		

Sl. No.	Name of Drugs & Consumable	Unit	Rate (In word and figure)
489	Polyglycolic acid		
490	Intravenous Set (I.V. set 1 packet x 25 nos.)		
491	Intra Catheter Size12		
492	Intra Catheter Size14		
493	Intra Catheter Size16		
494	I.V. Canula Size 18		
495	I.V. Canula Size 20		
496	I.V. Canula Size 22		
497	I.V. Canula Size 24		

MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, NORTH TRIPURA, DIARMANAGAR



Annexure-B

Declaration

I.....S/O, D/O, W/O.....
..... AUTHORIZED Signatory of
(Manufacturer / Importer) situated atdo hereby
Solemnly affirm and declare that any individual / Firm / companies back listed by the union Govt. or
state Government is / are not directly or indirectly concerned with or has / have any subsisting interest in
business of my/ our above said firm.

I do hereby solemnly declared and affirm that the above declaration is true and correct to the best of
Knowledge and belief. No. part of it is false and nothing has been concealed therein.

Signature in
(with Official seal)

Date:-

Place:-

Address:-

.....
.....
.....

BINDING DOCUMENT FOR TENDERING AT MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, DHARMANAGAR, NORTH TRIPURA

Annexure-C

UNDERTAKING

I..... S/O, D/O, W/O.....

Authorized Signatory Of.....(Manufacturer / Importer)

Situated AtDo here by state that all information furnished with the spot quotation true and correct and the agency will execute the full supply off ordered quantity and they will abide by the terms and conditions of NIT.

Signature:-

Seal:-

Date:-

MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, NORTH TRIPURA, DHARMANAGAR

MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, NORTH TRIPURA, DHARMANAGAR CONTRACTOR / BIDDER.

BINDING DOCUMENT FOR TENDERING AT MEDICAL SUPERINTENDENT, DISTRICT HOSPITAL, DHARMANAGAR, NORTH TRIPURA

Annexure- E

To
The Medical Superintendent
District Hospital, Dharmanagar, North Tripura.

Dear Sir,

Having Examined the Tender documents , the receipt of which is hereby acknowledged, we , the undersigned, offer to supply and deliver the goods under the above – named contract in full conformity with the said tender documents and our financial offer in the price schedule submitted in Envelope No. 2 which is made part of this tender .

2. We undertake, if our tender is accepted, to deliver the goods in accordance with the delivery schedule specified in the tender document.
3. If our tender is accepted, we undertake to submit the security deposit in the form, in the amounts, and within the times specified in the tender documents.
4. We agree to abide by this tender, for the tender validity period specified in the tender documents and it shall remain binding upon us and may be accepted by you and any time before the expiration of that period.
5. Until the formal final Contract is prepared and executed between us, this tender together with your written acceptance of the tender and your acceptance of tender shall constitute a binding contract between us. We understand that you are not bound to accept the lowest or any tender you may receive.

Signed:- _____

Date:- _____

In the capacity of _____

Duly authorized to sign this bid for and on behalf of _____

Signature & Stamp of Tenderer