****

**TENDER NO. 01**

**Rs. 1000/-**

**SCHEDULE OF REQUIREMENT / BILL OF QUANTITIES (BOQ)**

**Price Rs.1000/- (Non-Refundable / Transferable)**

**PURCHASE OF MEDICINE/DRUGS**

**TENDER ENQUIRY NO.DHO/Central/Tender 2017-18**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S# | DESCRIPTION OF STORES | A/U | TENDER QUANTITY | RATE OFFER | AMOUNT |
| 1 | ASCARD 75 | Per Tab | 4000 |  |  |
| 2 | ATENOLOL 50 MG | Per Tab | 4000 |  |  |
| 3 | B.COMPLEX | Per Tab | 6000 |  |  |
| 4 | CALCIUM+VITAMIN-D | Per Tab | 6000 |  |  |
| 5 | CHLOROQUIN 250 MG | Per Tab | 6000 |  |  |
| 6 | CHLOROPHENERAMINE 25 mg | Per Tab | 10000 |  |  |
| 7 | CIPROFLOXACINE 250 MG | Per Tab | 2000 |  |  |
| 8 | CIPROFLOXACINE 500 MG | Per Tab | 2000 |  |  |
| 9 | DEXAMETHASONE 0.5 MG | Per Tab | 10000 |  |  |
| 10 | DIAZEPAM 5 MG | Per Tab | 2000 |  |  |
| 11 | DICLOFENEC SODIUM 50 MG | Per Tab | 50000 |  |  |
| 12 | DIMEN HYDRINATE | Per Tab | 1000 |  |  |
| 13 | DISPRIN 300 MG | Per Tab | 1000 |  |  |
| 14 | ERYTHROMYCINE 500 MG | Per Tab | 500 |  |  |
| 15 | FOLIC ACID 5 MG | Per Tab | 10000 |  |  |
| 16 | GLIMPRIDE 2 MG | Per Tab | 500 |  |  |
| 17 | IBUPROFEN 200 MG | Per Tab | 5000 |  |  |
| 18 | IBUPROFEN 400 MG | Per Tab | 5000 |  |  |
| 19 | LORATIDINE 10 MG | Per Tab | 500 |  |  |
| 20 | MAG. TRICILICATE ANTACID | Per Tab | 30000 |  |  |
| 21 | MEFENEMIC ACID | Per Tab | 5000 |  |  |
| 22 | METRONIDAZOLE 200 MG | Per Tab | 5000 |  |  |
| 23 | METRONIDAZOLE 400 MG | Per Tab | 5000 |  |  |
| 24 | MONTLUKAST 10 MG | Per Tab | 500 |  |  |
| 25 | MULTIVITAMIN | Per Tab | 5000 |  |  |
| 26 | PARACETAMOL 500 MG | Per Tab | 10000 |  |  |
| 27 | SALBUTAMOL 2 MG | Per Tab | 2000 |  |  |
| 28 | AMOXYCILLINE 500 MG | Per Tab | 5000 |  |  |

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| --- | --- | --- | --- | --- | --- |
| S# | DESCRIPTION OF STORES | A/U | TENDER QUANTITY | RATE OFFER | AMOUNT |
|  | CAPSULES |  |  |  |  |
| 29 | DOXYCYCLLINE 100 MG | Per Cap | 5000 |  |  |
| 30 | ESOMEPERAZOLE 20 MG | Per Cap | 3000 |  |  |
| 31 | FERROUS SULPHATE | Per Cap | 5000 |  |  |
| 32 | LINCOMYCINE | Per Cap | 3000 |  |  |
| 33 | AMOXYCILLINE 125 MG | Per Cap | 500 |  |  |
|  | **SYRUP** |  |  |  |  |
| 34 | AMOXYCILLINE 250 MG | Per Bottle | 500 |  |  |
| 35 | ANTACID 120 ML | Per Bottle | 3000 |  |  |
| 36 | B.COMPLEX+VITAMIN C | Per Bottle | 10000 |  |  |
| 37 | CEPHRADINE 125 MG | Per Bottle | 1000 |  |  |
| 38 | CEPHRADINE 250 MG | Per Bottle | 1000 |  |  |
| 39 | IBUPROFEN 90 ML | Per Bottle | 500 |  |  |
| 40 | PARACETAMOL 60 ML | Per Bottle | 500 |  |  |
| 41 | METRNIDAZOLE 50 ML | Per Bottle | 300 |  |  |
| 42 | SALBUTAMOL | Per Bottle | 200 |  |  |
| 43 | SODIUM ACID CITRATE | Per Bottle | 200 |  |  |
| 44 | ZINC SULPHATE 60 ML | Per Bottle | 200 |  |  |
|  | **INJECTIONS** |  |  |  |  |
| 45 | B.COMPLEX | Per Amp | 100 |  |  |
| 46 | CEFTRIAXONE SODIUM 1 GM | Per Amp | 100 |  |  |
| 47 | DICLOFENEC SODIUM | Per Amp | 200 |  |  |
| 48 | DROTAVERIN 20 MG/AMP 2 ML | Per Amp | 200 |  |  |
| 49 | HYDROCORTISON 100 MG | Per Amp | 100 |  |  |
| 50 | HYDROCORTISON 250 MG | Per Amp | 100 |  |  |
| 51 | METHERGIN | Per Amp | 1000 |  |  |
| 52 | METRONIDAZOLE 100 ML | Per Amp | 150 |  |  |
| 53 | NORMAL SALINE 0.9% 1000 ML | Each | 500 |  |  |
| 54 | XYLOCAINE 2% | Per Amp | 100 |  |  |

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| --- | --- | --- | --- | --- | --- |
| S# | DESCRIPTION OF STORES | A/U | TENDER QUANTITY | RATE OFFER | AMOUNT |
|  | **SURGICAL SUNDRIES** |  |  |  | 0 |
| 55 | DISPOSABLE SYRINGE 10 CC | Each | 500 |  |  |
| 56 | DISPOSABLE SYRINGE 5 CC | Each | 500 |  |  |
| 57 | DISPOSABLE SYRINGE 3 CC | Each | 500 |  |  |
| 58 | IV CANULA 18 NO. | Each | 300 |  |  |
| 59 | IV CANULA 20 NO. | Each | 300 |  |  |
| 60 | IV CANULA 22 NO. | Each | 300 |  |  |
| 61 | IV CANULA 24 NO. | Each | 300 |  |  |
| 62 | COTTON ROLL OF 400 GM | Each | 300 |  |  |
| 63 | O.R.S. | Each | 8000 |  |  |
| 64 | ADHESIVE PLASTER 6” | Each | 20 |  |  |
| 65 | SPRIT | SACHET | 100 |  |  |
| 66 | SURGICAL GAUZE | EACH | 100 |  |  |
| 67 | SURGICAL GLOVES 8 NO | PAIR | 100 |  |  |
| 68 | VERGIN SILK 8/0, 10/0 | EACH | 100 |  |  |
|  |  |  |  |  |  |
|  | **DROPS/OINTMENTS** |  |  |  |  |
| 69 | TOBRAMYCIN EYE DROP | EACH | 20 |  |  |
| 70 | HYDROSOL SKIN CREAM | EACH | 50 |  |  |
|  |  |  |  |  |  |
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| --- | --- |
| **NAME OF FIRM** |  |
| **SEAL OF FIRM** |  |
| **ADDRESS OF FIRM** |  |