

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

Adv. No. 167 Date 11.01.19

TENDER NOTICE

Sealed Tenders in the prescribed format are invited from the Registered Manufactures/ Authorized Distributors/Reputed Supplier for supply of BCL, Lab Chemicals & Drugs & Medical consumables and other requirements under NIDAN scheme.

The sealed Tender will be received through Speed Post/Reg. Post/Courier only on or before 31.01.2019 till 05:00PM at the office of the Chief District Medical & Public Health Officer, Angul and the said tender will be opened on 01.02.2019 at 11:00 AM in presence or absence of Bidders or their authorized Representatives at the office chamber of the Chief District Medical & Public Health Officer, Angul. Tenders received after the scheduled date & time shall be rejected. For details Terms and conditions log on to www.angul.nic.in

Pradhan
11/01/19

Chief District Medical & Public Health Officer,
Angul

**TENDER DOCUMENT FOR SUPPLY OF DRUGS, MEDICAL
CONSUMABLES AND OTHER REQUIREMENTS FOR THE YEAR
2018-2019**

**CHIEF DISTRICT MEDICAL&PUBLIC HEALTH OFFICER, ANGUL
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)**

Bid Reference No. 167 Dt 11.01.19 - CDM&PHO/Angul 2018-19

DATE OF COMMENCEMENT OF THE BID DOCUMENT:/11/...../.....01...../.....2019.....

LAST DATE & TIME OF RECEIPT OF BID DOCUMENT : 31/01/2019 up to 5:00 PM

DATE & TIME OF OPENING OF COVER-A (Technical Bid) : 01/02/2019 at 11:00 AM

DATE OF OPENING OF COVER-B (Price Bid): Will be intimated later on. :

PLACE OF OPENING OF BID DOCUMENTS: Office Chamber, CDM &PHO, ANGUL


ADDRESS FOR COMMUNICATION : O/o Chief District Medical & Public Health Officer, Angul
Tel: 9439994973 e-mail: cdmo.angul@gmail.com

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

Pradip
**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

TERMS & CONDITIONS

1. Sealed tenders will be received by the CDM & PHO, Angul in the O/o The Chief District Medical & Public Health Officer, Angul for the purchase of Drugs, Medical Consumables and Other Requirements by **31/01/2019** up to 5:00 PM **through Regd. Post / Speed Post/Courier only**. Any tender received after the due date & time will be rejected / returned back the sealed tender to the tenderer. The bidder(s) are to submit their tenders in separate sealed covered envelopes by **super scribing Cover "A" (Technical Bid) and Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover super scribed as "TENDER FOR THE SUPPLY OF DRUGS, MEDICAL CONSUMABLES, OTHER REQUIREMENTS FOR THE YEAR 2018-2019" and TENDER NO WITH DATE OF CDM&PHO, ANGUL.**
2. The Sealed tenders "Cover A" (Technical Bid) submitted by the bidders will be opened by the C.D.M.& P.H.O., Angul in the office chamber of the C.D.M.&P.H.O, Angul **at 11.00 A.M on dated 01/02/2019** . The bidders or their duly authorized representatives are allowed to be present during opening of the tenders, if they so like.
3.
 - (i) Valid manufacturing license of the manufacturer or duly acknowledge renewal application with old license issued by the state licensing authority/central licensing approving authority.
 - (ii) Manufacture shall have to submit valid ISO, drug license and GMP/BIS Certificate whichever is applicable. Authorized Distributer/Supplier also has to submit the valid drug license in the name of the firm along with valid ISO, drug license and GMP/BIS Certificate whichever is applicable of the manufacturer of the quoted products in the price bid.
 - (iii) Proof of annual turnover of the Manufacturer/Authorized Distributer/Supplier of Rs.3 Crore or more in each three (3) financial years i.e.2015-16,2016-17,2017-18.
 - (iv) Bidder must be registered under GST Act.
 - (v) Bidder/Manufacturer/Supplier unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender process.
 - (vi) End user certificate from **Three (03)** different districts consequently supported by 2 (two) work order copies of each year for last 3 years.
 - (vii) Cover -B (Price Bid) will be opened only of the bidders, those who will qualify in Technical Bid (cover-A).
 - (viii) The price of the items should be quoted inclusive FOR destination (*door delivery basis*). The GST and entry tax charges (if any) should be quoted in


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a separate column. The rate should be quoted for *each item* both in figures and words in **Indian Rupees only**. **In case of difference in words and figures, words will be taken into consideration.**

- (ix) An amount of Rs.3,000/-(Rupees Three Thousand only) towards Tender Document & Processing Fee is to be deposited in shape of Demand Draft in favour of CDMO, CENTRAL WAREHOUSE-02, ANGUL from any nationalised bank payable at Angul which is Non-Refundable.
- (x) An amount of Rs 75,000/-(Rupees Seventy five Thousand) only towards EMD money is to be deposited in shape of Demand Draft in favour of CDMO, CENTRAL WAREHOUSE-02, ANGUL from any nationalised bank payable at Angul which is kept as security for the selected lowest bidders and will be return back after completions of the Tender validity period.
- (xi) All the documents should be typewritten or computerized and any correction in the tender should be invariably self attested by the tenderer with date before submission, failing which the tender will be ineligible for further consideration.
- (xii) In the event of the date being declared as a holiday by Govt. of Orissa, the due date of submission of bids and opening of bids will be the following next working day at the appointed place & time.
- (xiii) To ensure sustain supply without any interruption, the tender inviting authority reserves the right to split orders for supplying the requirements among more than one tenderer if the lowest eligible bidder fails to supply in scheduled time and L₂& L₃ firms agree to supply at L₁ rate.
- (xiv) No tenderer shall be allowed at any time on any ground whatsoever to claim revision of or modification in the rate quoted by him. Clerical error / typographical error, etc. committed by the bidders in the tender forms shall not be considered after opening of tender paper.
- (xv) If at any time during the period of contract, the price of tendered item is reduced or brought down by any law or act of the Central or State Government or the tenderer, the tenderer shall be morally and statutorily bound to inform the C.D.M. & PHO., Angul, immediately about such reduction in the contracted price. The C.D.M &PH.O., Angul , Odisha is empowered to unilaterally effect such reduction in rate in case the tenderer fails to notify or fails to agree for such reduction of rate.
- (xvi) Approved rate with terms, conditions & the quoted price of the tender shall remain valid for a period of 12 months from the date of approval of the Comparative Statement.
- (xvii) If any information or documents furnished by the tenderer with the tender papers are found to be misleading or incorrect at any stage, the tender of the relevant items in the approved list shall be cancelled and steps will be taken to blacklist the said firm.

T. Pradhan
11/01/14
Chief Dist. Medical &
Public Health Officer
Angul, Odisha

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- (xviii) Both Cover-A and Cover-B should have an **index and page number** of all the documents submitted inside that cover.
 - (xix) In the event of any dispute arising out of the tender, such disputes would be subject to the jurisdiction of the Civil Court Dist. Angul or High Court of Odisha,
 - (xx) The C.D.M & PHO., Angul Orissa reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
 - (xxi) The C.D.M. & PHO., Angul Orissa will have the liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
 - (xxii) The supply should be completed within 30 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 30 days or 45 days with liquidated damage from the date of issue of the purchase orders from the C.D.M &PHO., Angul such orders will stand cancelled automatically without further notice. The approved firm shall also suffer forfeiture of the EMD.
 - (xxiii) If the approved supplier fails to execute the supply within the stipulated time, the C.D.M. &PHO., Angul is empowered to purchase the same items from L2 or L3 tenderer at L1 rate.
 - (xxiv) All the documents submitted by the bidders in Cover –A & cover-B should be self attested with their seal.

LIQUIDATED DAMAGE

1. The C.D.M &PHO, Angul may allow extension for a maximum period of 15 days after the stipulated date of supply (i.e. 30 days) with a penalty of 0.5% which will be deducted from the purchase order value as “Liquidated Damage”, for each week (7 days) up to a maximum 2% on the value of the goods.
2. If the supplier fails to complete the supply within the extended period, i.e 45 days after being allowed by the C.D.M.& PHO., Angul, no further purchase order will be placed to the firm for the said items .

CONDITIONS FOR PAYMENT

1. No advance payments towards items will be made to the qualified Bidders.
2. No claims shall be made against the C.D.M & P.H.O, Angul Dist- Angul, Odisha in respect of interest on earnest money deposit or any delayed payment.
3. Payments will be made in shape of Demand Draft/e-payment/ on-line transfer and may be handed over to the authorized person of the supplier.

Pradeep
11/01/14
**Chief Dist. Medical &
Public Health Officer**
Angul, Odisha

Documents is to be submitted in technical bid (cover-A)

1. Checklist with detail of the documents enclosed in **Cover "A"** with page number. The document should be *serially arranged* as per **Annexure-1** should be securely tied and bound.
2. Tender document & processing fee of Rs 3, 000/- in shape of Demand Draft.
3. Earnest Money Deposit of Rs75, 000/- in shape of Demand Draft.
4. Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor/supplier. (**Annexure - II**).
5. The declaration form in **Annexure - III** duly signed by the tenderer before Notary Public / Executive Magistrate.
6. Original in signed Manufacturer's Authorization Format.(**Annexure- IV**)
7. Certificate duly filled by the Auditor / Chartered Accountant (as per **Annexure -V**) that the annual turnover of the manufacturing firm/bidder/supplier /distributor is Rs.3 Crore or more in each three (3) financial years. i.e 2015-16, 2016-1, 2017-18.
8. End user certificate of Three different districts consequently supported by 2 (Two) Purchase order copies of each year for last 3 years.(All the End user & work order copies will be crosschecked from concern authority through phone or e-mail at the time of opening of bid, if found any false document his EMD money will be forfeited and bid will be cancelled without giving any reasons their of. The copy of Purchase orders and certificate from the users should be furnished in support of the information provided in the performance statement.(**Annexure - VI**)
9. Copy of ISO & GMP/BIS of manufacturer whichever is applicable.
10. Copy of Valid Manufacturing License of the manufacturer for each quoted product by the drug licensing authority.
11. Copy of GST Regd. Certificate copy.
12. Copy of valid Drug License.
13. Copy of valid PAN card.
14. Copy of Income Tax Return for last three assessment years. (2016-17, 2017-18 & 2018-19).
15. Copy of Audit reports of last three financial years. (2015-16, 2016-17, 2017-18).
16. The Original Tender Book with Conditions and the schedules should signed by the tenderer at the bottom of each page with his official seal duly affixed.

Fondan
11/01/19

**Chief Dist. Medical &
Public Health Officer
Anaul. Odisha**


(To be submitted in Cover A - Technical Bid)

ANNEXURE -I

CHECK LIST

Note: The documents have to be arranged serially as per the order mentioned in the check list. Please put the Page No. & ✓ in the respective box for DOCUMENTS SUBMITTED OR NOT

1. Tender document Fee	Page No		Yes		No	
2. Earnest Money Deposit	Page No		Yes		No	
3. Details of Manufacturing Unit/ Contact person/Liasoning agent (Annexure III)	Page No		Yes		No	
4. Declaration form (Annexure -IV) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No		Yes		No	
5. Original signed Manufacturer's Authorization	Page No		Yes		No	
6. Proof of Annual turnover of Rs.3 Crore or more in each preceding 3 financial years (Annexure - VI)	Page No		Yes		No	
7. Performance Statement (Item Wise) during the preceding 3 financial years. (Annexure -VII)	Page No		Yes		No	
8. Copy of valid ISO & GMP Certificate in case of Manufacturer Authorized Distributer/ Supplier, whichever is applicable	Page No		Yes		No	
9. Copy of valid ISO & BIS Certificate in case of Manufacturer Authorized Distributer/ Supplier, whichever is applicable	Page No		Yes		No	


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 Angul, Odisha

10. Copy of Manufacturing License

Page		Yes		No	
No					

11. Copy of GST Regd. Certificate

Page		Yes		No	
No					

12. Photocopy of PAN

Page		Yes		No	
No					

13. Photo copy of Valid Drug license of Manufacturer/
Authorized Distributer/Supplier

Page		Yes		No	
No					

14. Copy of Income tax return of last 3
Assessment Years (2016-17 to 2018-19)

Page		Yes		No	
No					

15. Copy of audit reports of last three financial
years (2015-6 to 2017-18)

Page		Yes		No	
No					

16. Copy of Income tax return of last 3
Assessment Years (2016-17 to 2018-19)

Page		Yes		No	
No.					

17. Copy of original Tender papers duly
signed by the tenderer

Page		Yes		No	
No.					

Handwritten signature
11/01/19

**Chief Dist. Medical &
Public Health Officer
Ang**

(To be submitted in Cover A - Technical Bid)

ANNEXURE – II

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Office .
Name & Full Address		
Landline Telephone Nos.		
Mobile		
Fax		
E – Mail		

Signature of the Tenderer :

Date :

Official Seal :

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11/01/11P

**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

(To be submitted in Cover A - Technical Bid)

ANNEXURE – III
DECLARATION FORM

I / Wehaving My / our.....
.....office at..... do hereby declare that I / We
have carefully read all the terms & conditions of tender of the _____, Orissa for
the supply of medicines and consumables. The approved rate will remain valid for a period
of one year from the date of approval. I will abide with **all the terms & conditions** set forth
in the **Tender Reference no.** _____

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

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit
and blacklist me/us for a period of 2 years if, any information furnished by us proved to be
false at the time of inspection / verification and not complying with the Tender terms &
conditions.

Signature of the bidder

Seal

Date

Name & Address of the Firm:

Public Affidavit before Executive Magistrate / Notary.

Pradip
11/01/14

**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

(To be submitted in Cover A - Technical Bid)

ANNEXURE – IV

MANUFACTURER'S AUTHORISATION FORMAT

To

The CDM&PHO, Angul,
Deptt. of Health & Family Welfare
Govt. of Orissa.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We, _____ are the manufacturers of _____
---(name of Medicines/ Medical consumables having factories at -----

1. M/s _____ (name and address of the agent) is our authorized agent for sale and of _____ (name of Medicines/ Medical consumables).
2. We confirm that M/s _____ (name of the above agent) is authorized to submit a tender, and enter into a contract with for the above items manufactured by us.
3. We will provide test reports of supply items, if required by the purchaser.

Yours faithfully,

Seal

(Signature with date, name and designation)

For and on behalf of M/s _____

(Name & address of the manufacturers)

Note

:

1. This letter should be on the *letterhead* of the *manufacturer* and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached with the technical bid.
3. Supplier/Distributor/Manufacturer must submit in sign original manufacturing authorization.

*Prabha
11/11/14*

**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

(To be submitted in Cover A - Technical Bid)

ANNEXURE – V

(To be furnished in the letter head of the Auditor)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for products of M/s _____ who is a
Manufacturer/Distributor/Supplier for the last 03 years are given below and certified that the
statement is true and correct.

Sl.No.	Year	Turnover in Crores (Rs.)
1	2015-16	
2	2016-17	
3	2017-18	

Average Annual Turnover (for the above three years) in Crores (Rs.) _____

Date:

Signature of Auditor/

Place:

Chartered Accountant

(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

Note:

- To be issued in the **letter head** of the Auditor.
- Separate certificates** should be furnished for different manufacturer in case the bidder is quoting products of different manufacturers.

T. B. S. Das
11/01/19
**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

(To be submitted in Cover A - Technical Bid)

Annexure VI

PROFORMA FOR PERFORMANCE STATEMENT

(For the period of last three years)

Tender Reference No. :

Name of Tenderer :

Name of Manufacturer/Supplier/Distributor :

Sl. No	Order placed by (Address of purchaser) (attach documentary proof)*	Order no. & Date	Item Name	Manufacturer	Qty	Value of Contract (Rs.)
1						
2						
3						
....						

Signature and seal of the Tenderer

S. Panda
11/01/14
**Chief Dist. Medical &
Public Health Officer
Angul, Odisha**

(To be submitted in Cover B - Financial Bid)

ANNEXURE-VII

(Statement of Drug list Separately Enclosed & to be filled in that format only)
(PRICE SCHEDULE)

Sl No	Name of the Items	Specification/ Strength	Name of the Mfd. firm	Rate	GST + OT	Total Price
1						
2						
...						

Seal:

Signature of the bidder

Date :

Place :

Name of Manufacturer/Supplier/Distributor

Rates should be quoted both in figures & words and if there is any discrepancy, the quoted rates in words will be taken for evaluation.

N.B.:

1. All the rates need to be written in the final columns taking into account all the taxes for easier evaluation of price bid.
- 2 It is being informed to all the bidders those who are applying the tender, if any document is found incorrect (End user, order copy, drug license, manufacturing authorization etc) during the opening of technical bid or after, that his bid will be cancelled and his EMD money will be forfeited without any discussion with the bidder. All the documents may be crosschecked with the authority of other district through phone or e-mail for confirmation during the opening of technical bid.

Pradeep
11/01/14
Chief Dist. Medical &
Public Health Officer
Angul, Odisha

STATEMENT OF DRUGLIST TO BE TENDERED FOR THE YEAR 2018-19 OF ANGUL DISTRICT

14

SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
1	Inj. Anti Snake Venom	Each vial				
2	Inj. Gentamycin -20mg. /2ml. Vial	Each vial				
3	Inj. Atropine Sulphate 0.6mg/1ml.	Each amp				
4	Inj. Lincomycin 1ml. /Amp.	Each amp				
5	Inj. Lincomycin 2ml. /Amp.	Each amp				
6	Inj. Cefipime – 1gm.	Each vial				
7	Inj. Netromycin 10mg.	Each amp				
8	Inj. Xylocaine 2% with Adrenaline	Each vial				
9	Inj. PAM-20ml./Amp (Pralidoxime)	Each amp				
10	Inj. Sodium Bicarbonate -10ml. Amp.	Each amp				
11	Inj. Calcium Gluconate	Each amp				
12	Inj. 25 % Dextrose -100ml. Bott.	Each bot.				
13	Inj. Magnesium Sulphate	Each amp				
14	Inj. Ephidrine	Each amp				
15	Inj. M.V.I. 10 ml. amp.	Each amp				
16	Inj. Paracetamol	Each amp				
17	Inj. Ampicillin-250	Each vial				
18	Inj. Phenyton Sodium	Each amp				
19	Inj. Adrenalline	Each amp				
20	Inj. Citicholine-4mg	Each amp				
21	Inj. Piracetam	Each amp				
22	Inj. Diclofenac Aqua	Each amp				
23	Inj. Triamcinolone Acetonide-40mg(Kenacort-40mg)	Each vial				
24	Inj. Ketamine	Each amp				
25	Inj. Drotaverin-80mg	Each amp				
26	Inj. Ceftriaxone 1gm	Each vial				
27	Inj. 3% Saline	Each bott.				
28	Inj. Quinine 600mg (2ml/amp)	Each amp				
29	Inj. Artesunate (60mg)	Each vial				
30	Inj. Glycopyrolate	Each amp				
31	Inj. Diazepam	Each amp				
32	Inj. Thiopentone Sodium	Each vial				
33	Inj. Propofol	Each vial				
34	Inj. Succinyle Chloride	Each vial				
35	Inj. Vecuronium	Each amp				
36	Inj. Atracurium	Each amp				
37	Inj. Tramadol	Each amp				
38	Inj. Buterophenol	Each amp				
39	Inj. Bupicavaine heavy	Each amp				
40	Inj. Xylocaine	Each vial				
41	Inj. Clonion	Each amp				
42	Inj. Amikacin(100)	Each vial				
43	Inj. Phenobarbitone	Each amp				
44	Inj. Ondansetron	Each amp				
45	Inj. Promethazine	Each amp				
46	Inj. Pheneramine Maleate	Each amp				
47	Inj. Oxytocin	Each amp				
48	Inj. Ofloxacin -100ml	Each 100ml.				
49	Inj. Carboprost	Each amp				
50	Inj. Neostigmine-2ml/amp	Each amp				
51	Inj. L-Orithin	Each vial				
52	Inj. Ampicillin+Cloxacillin(500)	Each vial				
53	Inj. Ampicillin+Cloxacillin(250)	Each vial				
54	Inj. Normal Saline (100 ml)	Each bott.				
55	Inj Ampicilin (100mg)	Each vial				
56	Inj. Cefotaxime (125 mg)	Each vial				
57	Inj. Piperacillin + Tazobactam (1.125 gm)	Each vial				

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Angul, Odisha

SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
58	Inj. Ranitidine	Each amp				
59	Inj. Ethamsylate	Each amp				
60	Inj. Aminophylline	Each amp				
61	Inj. Dopamine	Each amp				
62	Inj. Caffine	Each amp				
63	Inj. Cloxacillin (250 mg)	Each vial				
64	Inj. Combilox (250 mg)(Ampicilin+cloxacilin)	Each vial				
65	Inj. Lorazepam	Each amp				
66	Inj. Meropenum	Each amp				
67	Inj. Trenexamic Acid -500mg.	Each amp				
68	Inj. Methyl Prednisolone-40mg.	Each vial				
69	Inj. Pentazocine	Each amp				
70	Inj. Pantopazole (IV)	Each vial				
71	Inj. Amikacin-500mg.	Each vial				
72	Inj. Mannitol	Each bot.				
73	Inj. Methyl Cobalamine	each amp				
74	Inj. Cefotaxime-250mg.	Each				
75	Inj. Cefotaxime-1gm.	Each				
76	Inj. Ceftriaxone – 250mg.	Each				
77	Inj. Ceftriaxone –500mg.	Each				
78	Inj. Ceftriaxone- 1gm.	Each				
79	Inj. Cefoperazone+Sulbactum 1.5mg.	Each				
80	Inj. Ceftriaxone + Sulbactum 1.5mg.	Each				
81	Inj. Piperillin + Tazobactum (4.5 gm)	Each vial				
82	Inj. Piperillin + Tazobactum (2.5 gm)	Each vial				
83	Inj. Iron Dextrose	Each amp				
84	Inj. Metronidazole IV.	Each 100ml. bot.				
85	Inj. Haloperidol	Each amp				
86	Inj. Primacort-100mg.	Each vial				
87	Inj. Primacort-200mg.	Each vial				
88	Inj. Theophylline +Etophylline	Each amp				
89	Inj. Diclofenac Sodium -3ml.	Each amp.				
90	Inj. Frusemide	Each amp				
91	Inj. Dexamethasone- 2ml.	Each vial				
92	Inj. Erythropoietin	Each				
93	Inj. Tetanus Toxid	Each				
94	Inj. Anti Tetanus Emmunogloblin	Each				
95	Inj. Anti Rabies Emmunogloblin	Each				
96	Inj. Anti Rabies Vaccine	Each				
97	Inj. Hydroxy Progesterone	Each amp				
98	Dulcolax (Bisacodyl) Suppositories	Each				
99	Tab. Seratopeptidase-10mg	10 tabs				
100	Tab. Bitahistidine -16mg	10 tabs.				
101	Tab. Cinnarazine-10mg	10tabs				
102	Tab. Prebiotic & Probiotic	10 tabs.				
103	Tab. Pantaprazole - 40mg	10 tabs.				
104	Tab. Cetrizine HCL-10mg.	10 tabs.				
105	Tab. Ofloxacillin +Orindazole	10 tabs.				
106	Tab. Folic Acid	10 tabs.				
107	Tab. Cefpodoxime-200mg.	10 tabs.				
108	Tab. Doxophyllin-400 mg.	10 tabs.				
109	Tab. Montelukast 10mg.+ Tab.Levocetizine-5mg.	10tabs.				
110	Tab. Citicholine -500mg.	10 tabs.				
111	Tab. Piracetam – 800mg.	10 tabs.				
112	Tab. Atrovastin -20mg.	10 tabs.				
113	Tab. Prednisolone – 5mg.	10 tabs.				
114	Tab. Prednisolone – 10mg.	10 tabs.				
115	Tab. Prednisolone – 20mg.	10 tabs.				

T. S. Reddy
 14/01/19
**Chief Dist. Medical &
 Public Health Officer
 Angul, Odisha**

SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
116	Tab. Prednisolone – 30mg.	10 tabs.				
117	Tab. Phenytoin Sodium	10 tabs.				
118	Tab. Hydroxyzine -25mg	10 tabs.				
119	Tab. Thyroxine -100 mg.	100 tabs				
120	Tab. Isosorbide-10mg	10 tabs.				
121	Tab. Frusemide	10tabs.				
122	Tab. Nifedipine retard 20mg	10 tabs.				
123	Tab. Telmisatran(40mg)	10tabs.				
124	Tab. Artesunate(200mg)+Pyrimethamine (37.5mg)+Sulphadoxine(750mg) Adult kit	Each kit				
125	Tab. Artesunate(25mg)+Pyrimethamine (6.25mg)+Sulphadoxine(125mg) [0-1 year] kit	Each kit				
126	Tab. Artesunate(50mg)+Pyrimethamine (25mg)+Sulphadoxine(500mg) [1-4year] kit	Each kit				
127	Tab. Artesunate(100)+Pyrimethamine (37.5)+Sulphadoxine(750mg) [5-8year] kit	Each kit				
128	Tab. Artesunate(100+50mg)+Pyrimethamine(25 mg)+Sulphadoxine(500mg) [9-14year] kit	Each kit				
129	Tab. Diazepam	10tabs.				
130	Tab. Voglibose(0.3)	10 tabs.				
131	Tab. Calcium	15 tabs.				
132	Tab. Primaquine (7.5mg.)	10 tabs.				
133	Tab. Primaquine (2.5mg.)	10 tabs.				
134	Tab. Chloroquine(250)	10 tabs.				
135	Tab. Cefpodoxime -100-DT	10 tabs.				
136	Tab. Cefixime -100 DT	10 tabs.				
137	Tab. Cefixime – 200 mg.	10 tabs.				
138	Tab. Amoxy +Clavonate(375)	10 tabs.				
139	Tab. Amoxy +Clavonate(625)	10 tabs.				
140	Tab. Azithromycin(500)	6 tabs.				
141	Tab. Cefuroxime -500mg.	10 tabs.				
142	Tab. Cefuroxime-250mg.	10 tabs				
143	Tab. Seratopeptidase-5mg	10 tabs.				
144	Tab. Methyl Prednisolone -8mg.	10 tabs.				
145	Tab. Methyl Prednisolone -16mg.	10 tabs.				
146	Tab. Clopidogrel-75mg.	10 tabs.				
147	Tab. Torsemide-10mg.	10 tabs.				
148	Tab. Montrate - 10mg.	10 tabs.				
149	Tab. Nitrofurantoin-100mg.	10 tabs.				
150	Tab. Metformin-500mg.	10tabs				
151	Tab. Misoprostol-200mg.	4 tabs.				
152	Tab. Norethisterone-5mg.	10 tabs.				
153	Tab. Medoxy Progesterone-10mg.	10 tabs.				
154	Tab. Doxylamine (10mg) + Pyridoxine(10mg)	10 tabs.				
155	Tab. Progesterone-200mg.	10 tabs.				
156	Tab. Progesterone-300mg.	10 tabs.				
157	Tab. Cabgolin -0.5mg.	10 tabs.				
158	Tab. Linezolid(600)	10 tabs.				
159	Tab. Linexolid (300)	10 tabs.				
160	Tab. Levofloxacin-500mg.	10 tabs.				
161	Tab. Rabeprazole-20mg.	10 tabs.				
162	Tab. Deflazacort-24mg.	10 tabs.				
163	Tab. Haloperidol-5mg.	10 tabs.				
164	Tab. Sodamint	10 tabs.				
165	Tab. Aspirin	10 tabs.				

Prodan
11/01/19
 Chief Dist. Medical &
 Public Health Officer
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
166	Tab. Sobitrate- 10mg.	10 tabs.				
167	Tab. Metoprolol-12.5mg.	10 tabs.				
168	Tab. Levocetizine	10 tabs.				
169	Tab. Cefodoxime-200mg.	10 tabs.				
170	Tab. Cefodoxime-100mg.	10 tabs.				
171	Tab. Cinarizine -75mg.	10 tabs.				
172	Tab. Flunarizine-5mg.	10 tabs.				
173	Tab. Fluconazole-150mg.	10 tabs.				
174	Tab. Fluconazole-50mg.	10 tabs.				
175	Tab. Terbinafin -250mg.	10tabs.				
176	Tab. Terbinafin -500mg.	10 tabs.				
177	Tab. Dexamethasone-	10 tabs.				
178	Tab. Ondansetron -4mg.	10 tabs.				
179	Tab. Glimepride – 1mg.	10 tabs.				
180	Tab. Glimepride – 2mg.	10 tabs.				
181	Tab. Methyl Dopa	10 tabs.				
182	Tab. Mifepriston	10 tabs.				
183	Tab. Isoxsuprine-10mg	10 tabs.				
184	Cap. Nefidipine-10mg.	10 caps				
185	Cap. Chloromphenicol --500mg	10 caps				
186	Cap. Acebrophylline- 100mg (AB Phylline)	10 caps				
187	Alkaline Phosphate- Robenic	Each				
188	Cap. Multivitamin	10 caps.				
189	Cap. Hydroxyurea – 250mg.	10 caps.				
190	Cap. Hydroxyurea – 500mg.	10 caps				
191	Cap. Acetylcysteine – 300mg. + Pyridoxamine Hydrochloride – 50 mg.	10 caps.				
192	Syp. Amoxicilline + Clavunate Potassium (228mg)	Each bott.				
193	Syp. Antacid-170 ml. bott.	Each bot.				
194	Syp. Sucralfate -100ml.	Each bot.				
195	Syp. Gardenal	Each bot.				
196	Syp. Vitamin B-Complex	Each bot.				
197	Syp. Digestive Enzyme(200ml)	Each bott.				
198	Syp. Lactulose(100ml)	Each bott.				
199	Syp. Enzyme -170ml.	Each bot				
200	Syp. Nurocetam -100ml.	Each				
201	Syp. Cefixime(100)	Each				
202	Syp. Cefpodoxime(100)	Each				
203	Syp. Paracetamol-125mg.	Each bot.				
204	Syp. Paracetamol – 250mg.	Each bot.				
205	Syp. Chloramphenicol	Each				
206	Syp. Anticold	Each				
207	Syp. Cefpodoxime(50 D/S)	Each				
208	Syp. Cefixime (50 D/S)	Each				
209	Syp. Iron	Each				
210	Syp. Alkaliser	Each				
211	Syp. Phenobarbitone-30ml.	Each				
212	Syrp Quinine (100 mg)	Each				
213	Syp. Dicyclomine	Each				
214	Susp. Azithromycin -100mg.	Each				
215	Susp. Azithromycin-200mg.	Each				
216	Dry. Cough (110ml)	Each bot.				
217	Cough Expectorant	Each bot				
218	Drop. Amoxicilline + Clavunate	Each				
219	Ofloxacillin Eye Drop	Each				
220	Drop. Vitamin E	Each				
221	Drop. Multivitamin	Each				
222	Drop. Iron	Each bott.				
223	Drop. Vit. D3	Each				

For
11/01/14

Chief Dist. Medical &
Public Health Officer
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
224	Oxymetazoline Nasal Drop(10ML)	Each				
225	Drop. Enzyme	Each				
226	Drop. Colistin	Each				
227	Drop. Ascoril-LS	Each				
228	Drop. Kofarest -PED	Each				
229	Drop. Sinarest -AF	Each				
230	Drop. Domperidone	Each				
231	Drop Liv-52	Each				
232	Drop. Anticold	Each				
233	Drop. Cefpodoxime	Each				
234	Carboxy Mythyl Cellulose Eye Drop	Each				
235	Drop. Cefixime	Each				
236	Drop. Azithromycin-(Jr.)	Each				
237	Eye Drop (ocupol)	Each				
238	Vit - D3 Drop	Each				
239	Domperidone Baby Drop	Each				
240	Drop. Ambroxil	Per bot.				
241	Moxifloxacin + Dexamethasone Eye Drop	Each				
242	Moxifloxacin Eye Drop	Each				
243	Timolol + Brimonidine Eye Drop	Each				
244	Natamycin Eye Drop	Each				
245	Ofloxacin Ear Drop	Each				
246	Ofloxacin+ Bclamethason Ear Drop	Each				
247	Drop. Paracetamol-10ml.	Each				
248	Drop. Dicyclomine	Each				
249	Drop. Cefadroxyl	Each				
250	Anti Allergic Eye drop					
251	X-Ray Fixer (9ltrs)	Each pkt				
252	X-Ray Developer (9ltrs)	Each pkt				
253	Methanol Solu.500ml.bott.	Each bott				
254	Benedict Solution. 500ml	Each bott.				
255	Sodium Citrate 500ml. Bott.	Each bott.				
256	Glacial Acetic Acid-500ml. Bott.	Each bott.				
257	Cover Slip (English Glass)	Each pkt				
258	Hydrogen Peroxide -100ml.	Each bott.				
259	Methylene Blue-(Stan Bio)500ml.	Each bott.				
260	HbA1c Test Kit	Each kit				
261	Blood Grouping ABD (Tulip)	Each kit				
262	Glucose Reagent- -500ml.	Each bott.				
263	Glass marking pencil	Each				
264	Len's cleaning Tissue Paper-roll	Each roll				
265	Tissue Paper	Each roll				
266	Microscope Bulb (Philips)	Each				
267	Micro Tip Big	1000 nos / box				
268	Micro Tip Small	500 nos / box				
269	Sodium HypoChloride 2 % (5 lits. Jar)	Each Jar				
270	Formalin -450ml. Bott.	Each bott.				
271	O.T. Gown Green	Each				
272	O.T.Plastic Apron	Each				
273	Disposable Mask 3 layer	100 nos / pkt				
274	Disposable O.T. Cap.	100 nos / pkt				
275	Mersilk cutting Needle No. 1(12foils/pkt)	Each pkt				
276	Mersilk cutting Needle No. 1-0 (12foils/pkt)	Each pkt				
277	Mersilk cutting Needle No. 2-0 (12foils/pkt)	Each pkt				
278	Mersilk cutting Needle No. 3-0 (12foils/pkt)	Each pkt				
279	Glucostick Accucheck -(50 nos/box)	Each box				

Pradip
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
280	Glucostick Code Free -(50 nos/box)	Each box				
281	Neocaine Veinflon-26G	100nos/pkt				
282	Oxygen flow meter with Humidifier	Each				
283	Feeding Tube 5,& 6 size	Each				
284	Cord Clamp	Each				
285	Sterelised Ruber Catheter	Each				
286	Sterillium-500 ml.	Each				
287	Plaster of Paris -1 kg. pkt.	Each kit				
288	Prolyne Mesh	Each				
289	Disposable Tetra	Each				
290	Intra Infusion Set (A)	Each				
291	Disp. Syringe-2ml. 24 G needle	100 nos/pkt				
292	Disp. Syringe-5ml. 24 G needle	100nos/pkt				
293	Disp. Syringe-10ml. 22 G needle	50nos/pkt				
294	Disp. Syringe-20ml. 22 G needle	50 nos/pkt				
295	Gel. Diclofenac -30gm.	Each tube				
296	Neocaine Veinflon-24G	100nos/pkt				
297	Intracath , 18,20,22 G.	Each				
298	Micropore 1"	Each				
299	Sterilise Gloves, 6 1/2 , 7" , 7 1/2	Each pair				
300	Absorbent Cotton-500gm pkt. Net.	Each pkt.				
301	Gypsona Bandage-4"	Each roll				
302	Gypsona Bandage-6"	Each roll				
303	Clotrimazole Mouth Paint	Each				
304	X-Ray Film 8"x10" -50 nos.pkt. Kodak	50nos/pkt				
305	X-Ray Film 10"x12" -50 nos.pkt. Kodak	50nos/pkt				
306	X-Ray Film 12"x12" -50 nos.pkt. Kodak	50nos/pkt				
307	X-Ray Film 15"x12" -50 nos.pkt. Kodak	50nos/pkt				
308	Xylocaine Jelly 2 %	Each tube				
309	Spinal Needle-25G	Each				
310	Vicryl No. 1 (Polyglactin)	12 foils/pkt				
311	Pure Crystalline Aminoacid (Astymine I.V.)	Each bott.				
312	Mercury Free B.P. apparatus	Each				
313	Saline Stand	Each				
314	Hand Wash-500 ml. bott. (Dettol)	Each bot.				
315	Dettol Soap.-75 gm.	Each				
316	Foley's Catheters (Size-8,12,20,16,18)	Each				
317	Uro Bag.	Each				
318	Plasma Expander -500ml. Bott.	Each bot.				
319	Oxygen Cylinder Stand	Each				
320	Strecher with Stand	Each				
321	Plaster Cutter Mannual	Each				
322	Diapar-Small 5 to 7 kg.	Each				
323	Oint. Sodium fusidate	Each tube				
324	Cream.Methyl paraben(0.16) + Propyl paraben0.04 (hirudoid cream)	Each tube				
325	Cidex (2%) - (5ltr / Jar)	Each bott.				
326	Benzidine Powder(100gm pkt)	100gm/pkt				
327	10 % Barium Chloride-500ml	Each bot.				
328	Facuchest Reagent-500ml	Each bot.				
329	Sulphar Powder-500gm	Each pkt				
330	Ceeder wood oil	Each				
331	Hb Pippete (marifield Germany)	Each				
332	Hb Tube (-do-)	Each				
333	E.S.R Tube	Each				
334	E.S.R Stand -6 tubes	each				
335	Xylene- 500ml. Bott.	Each bott.				
336	Test Tube 4 " (Borosil)	100nos/pkt				
337	Test Tube 6" (-do-)	100nos/pkt				
338	Test Tube Hard Glass (Borosil)	100nos/pkt				

Prakash
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
339	Staining Tray (Plastic)	Each				
340	Q.B.C. Capillary Tube (200nos/pkt) (Becton dikson)	Each pkt.				
341	Q.B.C. Oil 30ml.(Becton dikson)	Each bot.				
342	Pasteurer Pippete	Each				
343	Micro Pippete 10-50 (Nicholas/Glass GO/P-FACT / Accurex)	Each				
344	Micro Pippete 20-100 (Nicholas/Glass GO/P-FACT / Accurex)	Each				
345	Micro Pippete -500 -Fixed (Nicholas/Glass GO/P-FACT / Accurex)	Each				
346	Micro Pippete -1000 Fixed (Nicholas/Glass GO/P-FACT / Accurex)	Each				
347	Micro Pippete - 100 -1000 Variable (Nicholas/Glass GO/P-FACT / Accurex)	Each				
348	Liquid Botrocote	Each				
349	Disp. Needle 26"	100nos/pkt.				
350	Bacillocid Extra (1ltr jar)	Each jar				
351	Bacillocid Spray	Each bot.				
352	Insuline Syringe	100nos/pkt				
353	3 way Cannula	Each				
354	Oint Clobetasol Propionate + Saliylic Acid	Each tube				
355	Oint Clobetasol + Gentamycin	Each tube				
356	Oint Beclomethasone + Clotrimazole+Neomycin	Each tube				
357	Oint. Betamethasone	Each tube				
358	Beclamethasone + Gentamycin + Miconazole	Each tube				
359	Mometazsone Ointment	Each tube				
360	Ointment Fusidic Acid	Each tube				
361	Fusidic Acid + Beclamethasone	Each tube				
362	Beclamethasone Lotion – 110ml	Each bot.				
363	Pedicroyl	Each bot.				
364	Sodium Valproate Oral Solution -200mg./ 5ml.	Each bot.				
365	Oint. Clobetasol propionate,Neomycin Sulphate Miconazole Nitrate	Each tube				
366	Paraffin Gauzedressing Pad (10cmx10cm) 10 nos/1 pkt.	10 nos/pkt				
367	Oxymetazoline Nasal Drop(10ML)	Each				
368	Oint.Sucalfate+lignocaine HCL(30gm tube)	Each tube				
369	Flexible Makintoush	Each mtr.				
370	Repsules. Ipratropium(500) &Salbutamol(2.5ml)	Each amp				
371	Respules Budesonide(0.5mg) 2ml	Each amp				
372	Inhaler.Formoterol&Budesunide 400mg	Each				
373	Inhaler Tiotropium + Formoterol	Each				
374	Inhaler Levosalbutamol	Each				
375	Glucose vial (100nos pkt)	Each pkt.				
376	Stethoscope	Each				
377	Oxygen Face mask(Ad)	Each				
378	Oxygen Face mask(pead)	Each				
379	Oxy Set	Each				
380	Emolient Lotion(Efatop-pe)	Each				
381	Cream HH Derm	Each tube				
382	Stomach Tube	Each				
383	GBH Lotion	Each				
384	Caladryl Lotion	Each				

Fondan
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
385	Liver Tonic	Each				
386	Potassium Nitrate(5%)paste	Each				
387	Potassium Nitrate Mouth wash	Each				
388	Disposable Needle - 24 G	100 nos/pkt				
389	baby Mucus Sucker	Each				
390	Suction catheter (size 7 & 8 fr)	Each				
391	Povidone Iodine Lotion-100ml.	Each				
392	Clotrimazole Mouth Paint	Each				
393	Borax Glycerine – 10ml bott.	10ml bott.				
394	Sachet- Prebiotic & Probiotic	Each				
395	Sucral Kid syrup	Each				
396	Dimol Drop	Each				
397	SG OT Kit - Robenic	Each				
398	SG PT Kit - Robenic	Each				
399	Alkaline Phosphate- Robenic	Each				
400	Cholestrol Kit - Robenic	Each				
401	Triglyceride Kit. -500ml -Robenic	Each				
402	HDL Kit- 100ml.	Each				
403	URIC Acid Kit.-500ml	Each				
404	WAX (Paraffin)	Each				
405	Leishman Stain-500ml	Each				
406	Carbol Fushion --25gm(Nice)	Each				
407	Sulphuric Acid - -500ml	Each				
408	Methelene Blue --25gm(Nice)	Each				
409	Hb% SET (Haemocyto Meter Set (Marified Germany)	Each				
410	Test Tube Holder (Borosol)	Each				
411	Staining Rods	Each				
412	Pasturer Pepettes -(12nos X1 box)	Each				
413	Stromatolyser-4DL (Transasia)	Each				
414	Stromatolyser-4DS (Transasia)	Each				
415	Sulfolyser-Transasia	Each				
416	Cell clean - Transasia	Each				
417	Cell Pack - (Meril)					
418	Cell pack (Transasia)					
419	Calibrater - Transasia	Each				
420	Contor Solution(Low) (Transasia)	Each				
421	Contor Solution(medium)	Each				
422	Contor Solution(High)-Transasia	Each				
423	Oint. Clindamycin + Clotrimazole	Each				
424	Povidone Iodine Lotion-100ml.	Each bot				
425	Ryles Tube	Each				
426	Cream Troxerutin	Each tube				
427	PVC Drain	Each piece				
428	Silver Sulphadizine-500 gm Jar	Each jar				
429	Silver Sulphadizine-15 gm Tube	Each tube				
430	Combist Respul	Each				
431	R A Thermoseal Paste	Each tube				
432	Vantage Paste	Each tube				
433	Senquel- AD-Mouthwash	Each				
434	Chloramphenicol Eye Ointment	Each				
435	Moxifloxacillin Eye Ointment	Each				
436	Tobramycin + Fluromethanol Eye Drop	Each				
437	Xylometazolin and Oxymetazolin Nasal drop (Adult)	Each				
438	Xylometazolin and Oxymetazolin Nasal drop (Child)	Each				
439	Mometasone Nasal Spry	Each				
440	Azelastin + Fluticasone Nasal Spray	Each				
441	Povidine Mouth Wash	Each				

Pradlan
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
442	Chlorohexidine Oral Gel	Each				
443	Chlorohexidine Mouth Wash	Each				
444	Oint Mupirocine	Each tube				
445	Eye Ointment Acyclovir	Each				
446	Surgical NeedlesSuture Needles, Straight Cutting Needle different sizes 6 to 10	50nos./pkt.				
447	Surgical NeedlesSuture Needles, Curved Cutting Needle different sizes 6 to 10	50nos./pkt.				
448	Microscopic Glass Slide3" x 1" x 1.1 + 0.1 / - 0.2mm thickness (75mm X 25mm) with ISI mark	50nos./pkt.				
449	Surgicals BladesPre - sterile with Gamma radiation for handle no. 4 sizes 10 ISI : 3319:1995 with CE certification will be preferred	50nos./pkt.				
450	Surgicals BladesPre - sterile with Gamma radiation for handle no. 4 sizes 20, ISI : 3319:1995 with CE certification will be preferred	50nos./pkt.				
451	Surgicals BladesPre - sterile with Gamma radiation for handle no. 4 sizes 22, ISI : 3319:1995 with CE certification will be preferred	50nos./pkt.				
452	Surgicals BladesPre - sterile with Gamma radiation for handle no. 4 sizes 24, ISI : 3319:1995 with CE certification will be preferred	50nos./pkt.				
453	Catgut ChromicSize:-1-0, length: 1 x 152cm, (without needle) U.S.P, with CE certification (Not Mandatory)	12 foils/pkt.				
454	Catgut Chromic AtraumaticSize:- 1-0, length: 76cm, 1/ 2 Circle Round Bodied (45mm needle) U.S.P,with CE certification (Not Mandatory)	12 foils/pkt.				
455	PolypropyleneSize:- 2-0, length: 70cm, 1/2 Circle Round Bodied 20-30mm, with needle U.S.P, with CE certification	12 foils/pkt.				
456	Catgut Chromic AtraumaticSize:-1, length: 76cm, 1/ 2 Circle Round Bodied (40mm needle) (Heavy) U.S.P,with CE certification (Not Mandatory)	12 foils/pkt.				
457	Catgut Chromic AtraumaticSize:- 1-0, length: 76cm, 1/ 2 Circle Round Bodied (40mm needle) U.S.P,with CE certification	12 foils/pkt.				
458	Catgut Chromic Atraumatic (30 mm needle)	12 foils/pkt.				
459	Polypropylene Size- 1	12 foils/pkt.				
460	Polypropylene Size:- 1-0	12 foils/pkt.				
461	OT-Towel (Green)	Each				
462	Jerry Cane (White/Transperent)	Each				
463	Wheel Barrow	Each				
464	Zipper Bag (size 8" x 6", poly bag with one side zipper)	Each				
465	Protective Eye wear	Each				
466	Plastic Apron	Each				
467	Utility Hand Gloves -18 "	Each pair				
468	Gun Boots # 8 (12")	Each pair				
469	Needle Syringe Terminator - (Electrical)	Each				
470	Electrical Instrument Sterilizer	Each				
471	Autoclave	Each				
472	IUCD Kit	Each kit				

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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
473	Minilap Kit	Each kit				
474	PPIUCD Forcep (12.5"long)	Each				
475	Hub-cutter manual	Each				
476	Polythene Black(50-60kg)	Per kg.				
477	Polythene Blue (50-60kg)	Per kg				
478	Polythene Red(50-60kg)	Per kg				
479	Polythene Yellow (50-60kg)	Per kg				
480	Single Bin (Red,Blue,Black, Yellow) - Capacity -60 lits. Without stand	Each				
481	Foot Operated 3 Bins Set (Yellow, Red, Blue) - Capacity -60 ltrs.	Each set				
482	Foot Operated 2 Bins Set (Red, Blue) - 60 ltrs.	Each set				
483	Foot Operated Single Bin (Red,Blue,Black, Yellow) Capacity -60 ltrs.	Each				
484	Single Bin (Red,Blue,Black, Yellow) - Capacity -30 lits. Without stand	Each				
485	Foot Operated 3 Bins Set (Yellow, Red, Blue) - Capacity -30 lits.	Each set				
486	Foot Operated 2 Bins Set (Red, Blue) - 30 ltrs	Each set				
487	Foot Operated Single Bin (Red,Blue,Black, Yellow) - Capacity -30 ltrs	Each				
488	Towel (Big)	Length 150,breadth=70 cm,wt minimum 500gm, (Cotton Turkish white double side stich)				
489	Towel (Small)	Length 60cm,breadth=40cm,wt.minimum 150gm,(Cotton Turkish white double side stich)				
490	Pillow (Foam)	Length=65cm,breadth=40cm, foam quality should confirm to IS7933:1975 (Reaffirmed 2003)				
491	Pillow (Cotton) white bleached	Length=70cm breadth=45cm)excluding border, (White Bleached, All side zig zag stiching with border of 2.5cm in each side)				
492	Blanket cotton for child	Length=115cm breadth=80cm ,(Bottle green colour,all side zig zag stiching with 4cm in each side,velvate border)				
493	Blanket cotton for Adult	Length=230cm breadth=150cm ,(Bottle green colour,all side zig zag stiching with 4cm in each side,velvate border)				
494	Bed Sheet (cotton) white bleached both side stitching	Length=230cm breadth=150cm,(cotton, White Bleached,both side stitching)				
495	Long cloth (green)	Breadth=89 cm ,(Cotton for making O.T. gown,apron,towel etc.)				
496	Durry	Size :Width 90cm x Length:2 meters				
497	Mosquto Net -Nylon (White / Blue	Length size - 180 cm,Width size - 130 cm,Height size - 150 cm				
498	Bandage cloth	90 cm x 16.5 mts EPM specification.				
499	Gauze	cloth 60 cm x 16.5 mts. EPM specification.				
500	Handloom cotton cloth for plaster of paris	Bandage 90 cm x 16.5 mts.				
501	H2S Kit	each kit				
502	Ortho Toluidine Kit	each kit				
503	Sterile Auto Clavable Water Bottle(250ml)	Each Bottle				
504	Tab. Chlorine	1000 tabs				
505	Tab. Halazone (4mg)	1000 tabs				
506	Inj. 10% Dextrose Soll.500ml	Each Bottle				
507	Inj. 5% Dextrose Soll.500ml	Each Bottle				
508	Inj. Dextrose Normal Saline 500ml	Each Bottle				
509	Inj. Normal Saline 500ml	Each Bottle				
510	Inj. Ringers Lactate 500ml	Each bottle				

Roachan
11/01/14

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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
511	Inj. Human Premixed insuline 30/70 (40units /ml)	Each Vial				
512	Inj. Human Premixed insuline 50/50 (40units /ml)	Each Vial				
513	Inj. Human Premixed insuline (regular)(40units /ml)	Each Vial				
514	Dispovan Syringe (50ml) with 20G/22G needle	50nos/pkt				
515	Tab.Cifrofloxacin (hcl)500mg/tab	10tabs/Strip				
516	Tab.Cifrofloxacin(hcl) 250mg/tab	10tabs/Strip				
517	Tab. Ofloxacin 400mg/tab	10tabs/Strip				
518	Tab. Ofloxacin 200mg/tab	10tabs/Strip				
519	Tab Amlodopine basylate5mg/Tab	10tabs/Strip				
520	Tab Metronodazole400mg/Tab	10Tabs/Strip				
521	Tab Metronodazole200mg/Tab	10Tabs/Strip				
522	Tab. Cefadroxil 500mg/Tab	10tabs/Strip				
523	Tab. Cefadroxil 250mg/Tab	10tabs/Strip				
524	Altrasound Gel 1kg	Each pkt				
525	Butroclot drop	Each				
526	Safeguard Gel	Each tube				
527	Inj. Prostadine	Each Amle				
528	Tab. Paracetamol 500mg/Tab	10Tabs/Strip				
529	Tab. Paracetamol 250mg/Tab	10tabs/Strip				
530	Slit OT Towel	Each				
531	OT dress (Trouser & Half shirt)	Each set				
532	Inj. Midazolan 10ml/Vial	Each Vial				
533	Halothane100ml/bottle	Each bottle				
534	Isoflurane 100ml/bottle	Each bottle				
535	Tab. Atenolol 50mg/Tab	10Tabs				
536	Sy. Pot-Chloro 200ml/bottle	Each Bottle				
537	Cap. Calsiguard 10mg/Cap	10caps/Strip				
538	Cap. Vitamin B-Complex	10caps/Strip				
539	Digital X-Ray filling (Size-10x12)/150pcs/pkt	Each Pkt				
540	Digital X-Ray filling (Size-12x12)/150pcs/pkt	Each Pkt				
541	Prolinmesh Size(15x7cm) and (11x6cm)	Each Sheet				
542	Turpentine oil 100ml/bottle	Each Bottle				
543	Polyomide with cuting needle size 2-0	12foil/pkt				
544	Black disinfectant fluid 4ltr /Jar	each Jar				
545	Tab. Losertan 50mg/Tab	10tabs/strip				
546	Trop-T 10nos./box	10nos/pkt				
547	View Box single film	Each				
548	Tab.Pioglitazole 15mg/Tab	10Tabs				
549	Tab.Hydrochlorothiazide 12.5mg/tab	10Tabs/Strip				
550	Tab.Hydrochlorothiazide 25mg/tab	10Tabs/Strip				
551	Tab.Enapril Maleate 5mg	10Tabs/Strip				
552	Tab.Captopril 25mg.	10Tabs/Strip				
553	Tab. Frusemide 20mg/Tab	30Tabs/Strip				
554	X-Ray cassettee 15'x12'	Each				
555	X-Ray cassettee 12'x12'	Each				
556	X-Ray cassettee 12'x10'	Each				
557	X-Ray cassettee 10'x08'	Each				
558	Intensyfung Screen15'x12'	Each				
559	Intensyfung Screen12'x12'	Each				
560	Intensyfung Screen12'x10'	Each				
561	Intensyfung Screen10'x08'	Each				
562	X-Ray Film hanger15'x12'	Each				
563	X-Ray Film hanger12'x12'	Each				
564	X-Ray Film hanger12'x10'	Each				
565	X-Ray Film hanger10'x08'	Each				
566	Ladies Patient Goun	Each				
567	Safelite	Each				

Radha
 Chief Dist. Medical &
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
568	Developer Tank	Each				
569	Lead Thyroid Shield	Each				
570	Lead Goggles	Each				
571	Surgical Sprit 450ml/bottle	Each bottle				
572	Inj.Sreptokinase 7.5Lac	Each				
573	Inj. Heparine	Each Ample				
574	Tab. Digoxin 0.25mg	10Tabs/Strip				
575	Tab. Promethazine 25mg/tab	10Tabs/Strip				
576	Tab. Carbamazepine 200mg/Tab	10Tabs /strip				
577	Sterile Lancet /100nos/pkt	Each/pkt				
578	Paed. Drip set(measuredVolume Fluid Infusion Set)	Each				
579	Digital BP instrument	Each				
580	BP instrument dial type	Each				
581	Digital Thermometer	Each				
582	Adult Weighing Machine	Each				
583	Baby Weighing Scale with sling	each				
584	Height measurement Instrument	Each				
585	Haemoglobinmeter	Each				
586	Torniquete	Each				
587	Tegaderme Paed. Size	Each				
588	Disposable Clean Sheet	Each				
589	Inj. Phytomenadoin 1mg/0.5ml	Ample				
590	Carry bag	Each				
591	Torch Light (Everdy)(Charging)	Each				
592	SRC 10 Cuvette	Each				
593	3.2 Sodium Cytrate Vial 100ns /pkt	Each				
594	Protine LS (PT reagent) (2x5)ml	Each kit				
595	Erba active APTT reagent (5x6)ml	Each kit				
596	Erba Calcium Chloroide (10x5)ml	Each Kit				
597	Lysee (3 part CBC)	Each				
598	Diluent (3 part CBC)	Each				
599	Tab. Olanzepine5mg/Tab	10Tab/Strip				
600	Tab. Olanzepine10mg/Tab	10Tab/Strip				
601	Tab. Ribperidone 2mg/Tab	10Tab/Strip				
602	Tab. Ribperidone 3mg/Tab	10Tabs/Strip				
603	Tab.Quetiapine 100mg/Tab	10Tabs/Strip				
604	Tab. Sodium Valproate 500mg/Tab	10Tabs/Strip				
605	Tab.Trihexphenydyll 2mg/Tab	10Tabs/Strip				
606	Tab. Escitalopram 10mg/Tab	10Tabs/Strip				
607	Tab.Clonazepam 0.5mg/Tab	10Tabs/Strip				
608	Tab.Clonazepam 2mg/Tab	10Tabs/Strip				
609	Tab.Fluoxetine 20mg/Tab	10tabs/strip				
610	Tab. Amisulpleride 100mg/Tab	10Tabs/Strip				
611	Tab.Donepezil 5mg/Tab	10Tabs/Strip				
612	Tab.phenytoin Sodium 100mg/Tab	10Tabs/Strip				
613	Tab. Sodium Valproate 200mg/Tab	10Tabs/Strip				
614	Tab.Amitriptyline25mg+Chlordiazepoxide 2.5mg	10Tabs/Strip				
615	Tab. Nitrezepam 10mg/Tab	10Tabs/Strip				
616	Tab.Clonidine 0.1mg/Tab	10Tabs/Strip				
617	Tab. Propranolol 20mg/Tab	10Tabs/Strip				
618	Tab. Propranolol 40mg/Tab	10Tabs/Strip				
619	Tab. Procyclidine 5mg/Tab	10Tabs/Strip				
620	Tab. Procyclidine 25mg/Tab	10Tabs/Strip				
621	Tab. Gabapantine 300mg/Tab	15Tabs/Strip				
622	Tab.Pregabaline 100mg/Tab	10Tabs/Strip				
623	Tab.Pregabaline 200mg/Tab	10Tabs/Strip				
624	Tab.Topiramate 100mg/Tab	10Tabs/Strip				
625	Tab. Levetiracetam 250mg/Tab	10Tabs/Strip				

Pradeep
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
626	Tab. Levetiracetam 500mg/Tab	10Tabs/Strip				
627	Cap.Cyproheptadine 4mg/Tab	10Tabs/Strip				
628	Sy .Cyproheptadine 2mg/5ml	Each bottle				
629	Tab.Clonazepam 0.25mg	10Tabs/Strip				
630	Tab.Clonazepam 0.5mg	10Tabs/Strip				
631	Tab.Clonazepam 1mg	10Tabs/Strip				
632	Tab.Clonazepam 2mg	10Tabs/Strip				
633	Tab. Alprazolam 0.5mg/Tab	10Tabs/Strip				
634	Tab.Zolpidem 5mg/Tab	15Tabs/Strip				
635	Tab.Zolpidem 10mg/Tab	10Tabs/Strip				
636	Inj.Flumazenil 0.1mg/ml	per vial				
637	Tab.Bupropion 100mg/Tab	10Tabs/Strip				
638	Tab.Bupropion 7.5mg/Tab	10Tabs/Strip				
639	Tab.Bupropion 15mg/Tab	10Tabs/Strip				
640	Tab.Oxcarbazepine 300mg/Tab	10Tabs/Strip				
641	Tab.Oxcarbazepine 600mg/Tab	10Tabs/Strip				
642	Tab. Memantine 5mg/Tab	10Tabs/Strip				
643	Tab. Memantine 10mg/Tab	10Tabs/Strip				
644	Tab.Chlorpromazene 50mg/Tab	10Tabs/Strip				
645	Tab.Lamotrigine 100mg/Tab	10Tabs/Strip				
646	Tab.Lamotrigine 200mg/Tab	10Tabs/Strip				
647	Tab Lithium 300mg/Tab	10Tabs/Strip				
648	Tab.Venlafaxine 25mg/Tab	10Tabs/Strip				
649	Tab.Venlafaxine 100mg/Tab	10Tabs/Strip				
650	Tab.Duloxetine 30mg/Tab	10Tabs/Strip				
651	Tab.Fluvoxamine 50mg/Tab	10Tabs/Strip				
652	Tab.Velazodone 40mg/Tab	10Tabs/Strip				
653	Sy.Sodium Valporate 250mg/5ml	Each Bottle				
654	Tab.Sodium Valporate 500mg/Tab	10Tabs/Strip				
655	Tab.Sodium Valporate 750mg/Tab	10Tabs/Strip				
656	Inj. Glyceryl Trynitrate	Each Ample				
657	Tab.Glyceryl Trynitrate	10Tabs/Strip				
658	Glass Slide (Blue Star) (Pic-II)	10Tabs/Strip				
659	Malaria Larvacide Oil	Ltr				
660	DEC Tablets 100mg/Tab	10Tabs/Strip				
661	Tab Albendazole 400mg/Tab	Each				
662	Sy. Albendazole 200mg/5ml	Each bottle				
663	Temephos EC 50% (in Liter)	5ltr Jar				
664	NS1 Dengue Test Kit	Per kit/96test				
665	Cap.Rifampicine 450mg/Cap.	10Caps/Strip				
666	Inj. Streptomycin 0.75mg/Vial	Each Vial				
667	Inj. Distilled water 5ml/Ample	Each Ample				
668	Tab. Pyrazinamide 500mg/Tab	10Tab/ Strip				
669	Slide Box (100 capacity)	Each				
670	Zip Pack	per Kg				
671	Ice Gelly Pack 250 gm	Each				
672	Thormocool Box (Medium)	Each				
673	Ethanol (Chinemade) 500ml/Bottle	Each Bottle				
674	Falcon Tube(Tarsen) (50ml)	Each Tube				
675	Fenol (Nice)500gm	Each				
676	Sputum Container	Leak proof weight 10gm diameter 54mm,Height 33mm,Cap Knurled & Grip in container,non toxic,Non health hazardous,PP Virgin Material.				
677	Phenyl (40%)	4ltr Jar				
678	Dimond Marker Pencile	Each				
679	Auramin-O (Himedia) 500gm	bottle				
680	Ethanol (Chinemade) 100ml/Bottle (99.9%)	Each bottle				
681	Spirit Lamp Each dropping bottle 500mg/bottle	Each bottle				
682	Amber Color Jar (1ltr)	Each				
683	M-95 mask	Each				


Chief Dist. Medical Officer
Public Health Officer
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
684	Parafilm 5"x125"	each				
685	Falcon Tube stand	Each				
686	Cap. Doxycycline 100mg/Cap	10Caps/Strip				
687	Tab. Dyclofinac Sodium 50mg /Tab	10Tab/Strip				
688	Perform Verifier -1	1set				
689	Perform Verifier -2	1set				
690	Calibrator kit-1	1 set (3 levels)				
691	Calibrator kit-2	1 set (4 levels)				
692	Calibrator kit-3	1 set (3 levels)				
693	Calibrator kit-4	1 set (4 levels)				
694	Calibrator kit-25	1 set (3 levels)				
695	Rate Lamp	each				
696	Humidity Control Pack	1box				
697	Micro Sample Cup	1pck (1000)				
698	Desiccant Pack	1box				
699	Immuno-Wash Fluid	1 Vial				
700	250 Reference Fluid	1 Vial				
701	(N/10) Hydrochloride Solution (Haemoglobin Estimation)	500 ml				
702	(N/10) Hydrochloride Solution (Haemoglobin Estimation)	1000ml				
703	Haematology test Reagent for Automated haematology Analyzer(5part/3part)	1000 test				
704	Haematology test Reagent for Automated haematology Analyzer(5part/3part)	1000 test				
705	Distile Water	500ml				
706	WBC Diluting Fluid(TLC)	100ml				
707	Total Eosinophil Count Fluid	100ml				
708	RBC Diluting Fluid(Total Red Blood cell Count)	100ml				
709	Platelete Diluting Fluid(Platelet Count)	100ml				
710	Distile Water	5000 ml				
711	Distile Water	1000ml				
712	Blood Grouping (ABO-RH typing)(ANTI-A,ANTI-B,ANTI-A,B,ANTI-D,ANTI-H,ANTI-A1,BOVINE ALBUMIN,Antigen for Red Cell Pannel)	10ml				
713	Blood Grouping (ABO-RH typing)(ANTI-A,ANTI-B,ANTI-A,B,ANTI-D,ANTI-H,ANTI-A1,BOVINE ALBUMIN,Antigen for Red Cell Pannel)	5ml				
714	JSB Stain-I,JSB Stain-II(Malaria Parasite)	500ml				
715	JSB Stain-I,JSB Stain-II(Malaria Parasite)	125ml				
716	3.8% Sodium Citrate Solution(ESR)	500ml				
717	3.8% Sodium Citrate Solution(ESR)	100ml				
718	Coombs Reagent (Direct & Indirect)(AHG Anti C3d monoclonal)	10ml				
719	Coombs Reagent (Direct & Indirect)(AHG Anti C3d monoclonal)	5ml				
720	Laboratory Stain(Giema Stain,leishman Stain)	250ml				
721	Laboratory Stain(Giema Stain,leishman Stain)	1000ml				
722	Immersion Oil(Microscope)	30ml				
723	Occult Blood	50Unit				
724	Occult Blood	10Unit				
725	PT Reagent(Prothombin Time)	3ml				
726	RPR Card (Syphilis)	100 Unit				
727	RPR Card (Syphilis)	50 Unit				
728	RPR Card (Syphilis)	20 Unit				
729	HIV Rapid	100 Unit				
730	HIV Rapid	50 Unit				
731	HIV Rapid	10 Unit				
732	Rheumatois Factor(Rh Typing)	100ml				
733	ASO	100ml				

Pradip
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SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
734	HbsAg (Rapid)	100ml				
735	CRP	50 ml				
736	Uri-Stic	100 Unit				
737	Uri-Stic	25 Unit				
738	Pregnancy Kit	100 Unit				
739	Pregnancy Kit	25 Unit				
740	H2S Strip	50 Unit				
741	H2S Strip	10 Unit				
742	Widal Kit	100 Unit				
743	Widal Kit	50 Unit				
744	Malaria Rapid	100 Unit				
745	Malaria Rapid	25 Unit				
746	Dengue	100 Unit				
747	Toxoplasma(Rapid)	50 Unit				
748	Toxoplasma(Rapid)	10 Unit				
749	Hepatitis B&C card test	100 Unit				
750	Hepatitis B&C card test	50 Unit				
751	Troponin-I	10 Unit				
752	Blood Sugar(Glucometer Strip)	100 Unit				
753	Blood Sugar(Glucometer Strip)	25 Unit				
754	Blood Sugar(Glucometer Strip)	50 Unit				
755	Blood Sugar(Glucometer Strip with lancet)	115 Unit				
756	Blood Sugar(Glucometer Strip with lancet)	55 Unit				
757	Blood Sugar(Glucometer Strip with lancet)	30 Unit				
758	Blood Sugar (Lab method)	1000ml				
759	Blood Sugar (Lab method)	500ml				
760	Blood urea,	1000ml				
761	Blood urea,	200ml				
762	S. creatinin	1000 Unit				
763	S. creatinin	100 ml				
764	S.Bilirubin (T)	1000 Unit				
765	S.Bilirubin (T)	100 ml				
766	BuBc	1000 Unit				
767	Bilirubin (D)	100 ml				
768	SGOT	500Unit				
769	SGOT	50 ml				
770	SGPT	500 Unit				
771	SGPT	50 ml				
772	S.Alkaline Phosphate	500 Unit				
773	S.Alkaline Phosphate	50 ml				
774	S.Total Protein	500 Unit				
775	S.Total Protein	50 ml				
776	S.Albumin	200 Unit				
777	S.Albumin	50 ml				
778	S.Calcium/Potacium/Sodium	200 Unit				
779	S.Calcium/Potacium/Sodium	50 ml				
780	S.LDH	200 Unit				
781	S.LDH	50 ml				
782	S.Amaylase	100 Unit				
783	S.Amaylase	25 ml				
784	S.Uric Acid	100 Unit				
785	S.Uric Acid	25 ml				
786	S.Cholesterol	100 Unit				
787	S.Cholesterol	25 ml				
788	S.Triglyceride	100 Unit				
789	S.Triglyceride	25 ml				
790	S.VLDL	100 Unit				
791	S.VLDL	50 ml				
792	S.HDL	50 Unit				
793	S.HDL	25 ml				

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 11/11/14

SL. No.	Name of the items	Unit	Name of Mfd. Firm	Rate	GST+OT	Total Price
794	S.Lipase	100 Unit				
795	Glass Slide	500Unit				
796	Glass Slide	250Unit				
797	Glass Slide	100Unit				
798	Glass Slide	50Unit				
799	Urine Collection bottle	100Unit				
800	Urine Collection bottle	250Unit				
801	Urine Collection bottle	1000Unit				
802	Pipate Tips	500Unit				
803	Pipate Tips	250Unit				
804	EDTA sample Tube	250Unit				
805	EDTA sample Tube	100Unit				
806	Microscope	1Unit				
807	Glucose Reagent	1000ml				
808	Urea Reagent	500ml				
809	Creatinine Reagent	500ml				
810	Micro Tips (Small)	1000Unit				
811	K3 EDTA Vial	1000Unit				
812	Clot Activator Plain Vial	1000Unit				
813	Glucose Vial	1000Unit				

For Review
 11/01/14
**Chief Dist. Medical &
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 Angul, Odisha**