



सीएसआईआर- उत्तरपूर्वविज्ञान एवं प्रौद्योगिकी संस्थान

CSIR – NORTH-EAST INSTITUTE OF SCIENCE AND TECHNOLOGY

(Council of Scientific & Industrial Research)

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खुली निविदा आमंत्रण सूचना NOTICE/INVITING OPEN TENDER

महोदय / महोदया
Sirs / Madam

निदेशक सीएसआईआर - निस्ट, सीएसआईआर की ओर से, एक बोली निविदा प्रणाली के अंतर्गत निम्नलिखित दवाई के आपूर्ति के लिए अधिकृत स्टॉकिस्ट से निविदाएं आमंत्रित करते हैं।

Director, CSIR – NEIST, on behalf of CSIR, invites Tenders under **Single Bid System** for supply of the following medicine from authorized stockist.

क्र.सं Sl. No.	टेंडर सं Tender No.	वस्तुविवरण Description of items	Quantity	Single/Two bid
i.	11(PCM)/MED/39/22- 23/PUR/T-44	Supply of Medicines (Items as per ANNEXURE-I)	As per Annexure-I	Single Bid
Last Date and Time for Submission of Bids: 27.01.2023 at 11:00 A.M. Date and Time of Opening of (Technical) Bids: 30.01.2023 at 11:00 A.M.				

2. इच्छुक निविदाकर्ता विस्तृत जानकारी एवं निविदा प्रपत्र सी पी पी वेबसाइट <https://eprocure.gov.in/cppp> एवं <https://etenders.gov.in/eprocure/app> और कार्यालयी वेबसाइट <https://www.neist.res.in> से नि:शुल्क प्राप्त और डाउनलोड कर सकते हैं।

Interested Bidders may obtain further information and download Tender document from the CPP Portals <https://eprocure.gov.in/cppp> & <https://etenders.gov.in/eprocure/app> and our website <https://www.neist.res.in> free of cost.

3. समस्त निविदाएं केवल etenders.gov.in वेबसाइट के माध्यम से ही जमा की जानी हैं।
All bids to be submitted online through **etenders.gov.in** only.

4. यदि क्रेता के कार्यालय द्वारा निविदा खुलने का दिन छुट्टी का दिन घोषित हो जाता है तो निविदाएं अगले कार्यदिवस पर पूर्वनिश्चित समय पर खुलेंगी।

In the event of the date specified for opening being declared as a closed holiday for purchaser's office, the due date for opening of bids will be the following working day at the appointed time.

5. कोटेशन क्रेता द्वारा दिये गए प्रपत्रमें ही होना चाहिए और शोधन और कांट-छांट से मुक्त होना चाहिए।
The quotation must be in the form furnished by the Purchaser and should be free from corrections/erasures.

6. निविदा के साथ निम्नलिखित अवश्य संलग्न किया जाना चाहिए:

(i) मूल्य बोली केवल भारतीय रुपयों में

(ii) मेक इन इंडिया घोषणापत्र/शपथपत्र, भारत सरकार के वाणिज्य एवं उद्योग मंत्रालय के आदेश संख्या P-45021/2/2017-PP (BE-II) दिनांक 16th सितम्बर 2020 के अनुसार। यह ध्यान दिया जाना चाहिए की अ-स्थानीय (नॉन-लोकल) विक्रेता (जिनके माल में स्थानीय तत्व 20% से काम है) बोली के पात्र नहीं होंगे।

(iii) भारत के साथ सीमा साझा न करने वाले देशों (नॉन-बॉर्डर शेयरिंग) के निर्माता सम्बंधित घोषणपत्र, वित्तमंत्रालय, भारत सरकार के "Order (Public Procurement No.1) No.F.No.6/18/2019-PPD दिनांक 23.07.2020 के अनुसार। या अगर निर्माता सीमा साझा करने वाले देश से है तो यह ऐसे देश से है जहाँ भारत सरकार के प्रोजेक्ट्स चल रहे हैं, विदेश मंत्रालय, भारत सरकार के "Order (Public Procurement No.2) No.F.No.6/18/2019-PPD दिनांक 23.07.2020 के अनुसार। या उपरोक्त दोनों न होने पर आवश्यक रजिस्ट्रेशन प्रमाणपत्र।

The bid must be submitted alongwith:

(i) Prices quote in INR only

(ii) Make In India Declaration/affidavit in line with **Order no.: P-45021/2/2017-PP (BE-II) dated 16th September 2020 of Ministry of Commerce and Industry, Government of India. It may be noted that Non-local suppliers (having local content less than 20%) will not be eligible for bidding. The Purchaser will have the right to ask to verify the submitted declaration/affidavit by bidders' CA/Auditor.**

(iii) **Declaration on manufacturer from Non-Border sharing countries in line with the "Order (Public Procurement No.1) No.: F.No.6/18/2019-PPD dated 23.07.2020 of Ministry of Finance, Government of India" OR and If it is from Border sharing country, it is from the country to whom Govt. of India extended lines of credit notified by Ministry of External Affairs in line with the "Order (Public Procurement No.2) No.: F.No.6/18/2019-PPD dated 23.07.2020 of Ministry of Finance, Government". And if not both required registration certificate should be attached in line with above orders.**

7. यदि आपूर्ति समय पर न हो और इस वजह से विक्रेता के जोखिम पर क्रेता अन्य कहीं से सामग्री खरीदने के लिए बाध्य होता है, तो जो हानि और नुकसान होगा, उसे दोषी विक्रेता से बरामद किया जाएगा।

If the deliveries are not maintained and due to that account the purchaser is forced to buy the material at your risk and cost from elsewhere, the loss or damage that may be sustained there by will be recovered from the defaulting supplier.

8. लागू नियम / अधिनियम / कानूनके प्रावधान अनुसार खोत पर कर कटौती वसूला जाएगा।

IT / GST TDS would be recovered as per applicable rule / regulations / provisions of law.

9. क्रेता भारत सरकार के क्रय नीति के अनुसार मूल्य अधिमान देने को तैयार है। ये सम्बंधित नीतिया हैं - (1) एमएसई आदेश 2012 (समय समय पर परिवर्तित) के अनुसार सूक्ष्म एवं लघु उद्यम को अधिमान (2) भारत सरकार के वाणिज्य एवं उद्योग मंत्रालय के आदेश संख्या P-45021/2/2017-PP (BE-II) दिनांक 16th सितम्बर 2020 के अनुसार भारत में निर्माण को अधिमान

The purchaser intends to give price preference on submission of required documents in line with the government of India Procurement Policy related to (1) **Preference to Micro and Small Enterprises** as per MSE order 2012 amended time to time and (2) **Preference to Make in India as per Order no.P-45021/2/2017-PP (BE-II) dated 16th September 2020 of Ministry of Commerce and Industry, Government of India.**

10. उद्धृत मूल्य, इंकवायरी में उल्लिखित इकाई में ही होनी चाहिए। कोटेशन अन्य इकाई में दी जाने पर, दोनों इकाईयों के बीच के संबंध भी बतायें। मात्रात्मक छूट, यदि हो तो उल्लिखित करें। मर्दों को हमारे कोटेशन के लिए निवेदानुसार क्रमांकित कर उद्धृत करें।

Prices are required to be quoted in units indicated in the enquiry. When quotations are given in terms of other units, relationship between two sets of units should be furnished. Quantity discounts, if any should also be indicated. The items should be quoted indicating the serial No. of our RFQ.

11. निविदा की शर्तें (अधोमुख पर मुद्रित), यदि कोई हो, या निविदा के संग भेजी गई हो तो, हम पर बाध्य नहीं होगा।

Tender conditions (printed on the reverse), if any, or otherwise sent along with the tender shall not be binding on us.

12. उपरोक्त सभी अनुदेश और हमारे सामान्य निबंधन और शर्तों का अनुपालन करना होगा जिसके न होने पर आपका प्रस्ताव अस्वीकार किया जा सकता है।

All the above instructions and our standard terms and conditions must be complied failing which your offer may be liable for rejection.

13. निदेशक, सीएसआईआर- निस्ट, जोरहाट को बिना कोई कारण बताये किसी भी निविदा के एक भाग अथवा सम्पूर्ण रूप से स्वीकृत अथवा अस्वीकृत करने अथवा आपूर्ति आदेश को विभाजित करने अथवा निविदा प्रक्रिया को रद्द करने का अधिकार है।

The Director, CSIR-NEIST, Jorhat, reserves the right to accept or reject any or all bid(s) either in part or in full or to split the order, or to annul the bidding process without assigning any reason.

14. चूँकि कोई भी निविदा तभी योग्य होगी जब तक कि वह "क्लास I स्थानीय विक्रेता / क्लास II स्थानीय विक्रेता" द्वारा नहीं दिया गया है, अर्थात उसके प्रस्तावित सामान में कम से कम 20% स्थानीय (भारतीय) भाग है (भारत सरकार के वाणिज्य एवं उद्योग मंत्रालय के आदेश संख्या P-45021/2/2017-PP (BE-II) दिनांक 16th सितम्बर 2020 के अनुसार भारत में निर्माण को अधिमान), क्रेता द्वारा कोई भी आयात सम्बंधित प्रपत्र नहीं दिया जायेगा। निविदाकर्ता लाभ, भण्डारण, विपणन, परिवहन, भाड़ा इत्यादि को स्थानीय मूल्य संवृद्धि के रूप में दावा नहीं कर सकता।

Since, No bid will be eligible until that is from 'Class I Local Supplier'/'Class II Local Supplier' means in its offered product at least 20% local (Indian) content is there (**Make in India Order no.P-45021/2/2017-PP (BE-II) dated 16th September 2020 of Ministry of Commerce and Industry, Government of India**), the Purchaser will not provide any import related document. The Bidders cannot claim themselves as 'Class-I Local Supplier'/'Class-II Local Supplier' by claiming Profit, Warehousing, Marketing, Logistics, Freight, etc. as local value addition [Notification No. P-45021/102/2019-PP (BE-II)(E-29930) **dated 26th November, 2020 issued by Dept. for Promotion of Industry and Internal Trade, Ministry of Commerce and Industry, Government of India**].

भण्डार एवं क्रय अधिकारी
Stores & Purchase Officer

ANNEXURE-I

1. Brand Name: ALEMBIC PHARMACEUTICALS LIMITED.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	VOAGE-M 10/500 TAB.	1 X 10	300 NOS				
2	VOAGE 10 MG TAB	1 X 10	300 NOS				
3	VOAGE V TAB.	1 X 10	300 NOS				
4	TELLZY 20 MG TAB.	1 X 15	495 NOS				
5	TELLZY 40 MG TAB.	1 X 15	990 NOS				
6	TELLZY AM TAB.	1 X 15	1995 NOS				
7	TELLZY CH 40 MG TAB.	1 X 15	495 NOS				
8	TELLZY H TAB.	1 X 15	300 NOS				
9	TELLZY CH 6.25 MG TAB	1 X 15	495 NOS				
10	TELLZY MT 25 MG TAB.	1 X 15	495 NOS				
11	TELLZY MT 50 MG TAB	1 X 15	495 NOS				
12	ETERNEX T TAB.	1 X 10	500 NOS				
13	GLISEN MF 1 MG TAB.	1 X 15	300 NOS				
14	GLISEN MF 2 MG TAB.	1 X 15	495 NOS				

2. Brand Name: ALKEM LABORATORIES LIMITED

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	CILNIKEM 10 TAB.	10'S	500 NOS				
2	GLUVILDA M 500 TAB	15'S	495 NOS				
3	GLUVILDA OD TAB	15'S	495 NOS				
4	JUPIROSE 10 TAB.	15'S	990 NOS				
5	JUPIROSE F TAB.	10'S	300 NOS				
6	OLKEM 20 MG TAB.	15'S	990 NOS				
7	OLKEM 40 MG TAB.	15'S	495 NOS				
8	OLKEM 20 AM TAB.	15'S	600 NOS				
9	OLKEM 40 AM TAB.	15'S	690 NOS				

3. Brand Name: D.R. JOHN'S LAB PHARMA PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	JOCARE OD TAB.	10'S	500 NOS				
2	JOCARE LC TAB.	15'S	990 NOS				
3	CARMAX CAP.	15'S	495 NOS				
4	FEXOLIFE-M TAB	10'S	1000 NOS				
5	JOCARE C CAP.	15'S	495 NOS				
6	STROVO L CAP.	10'S	500 NOS				
7	STROVO DSR CAP.	10'S	1000 NOS				
8	FEXOLIFE-180 TAB.	10'S	500 NOS				
9	TENDOLIFE CAP.	10'S	600 NOS				
10	JOSPAR 500 TAB.	10'S	300 NOS				
11	STROVO 20 MG TAB.	10'S	500 NOS				
12	4UQ10 PLUS CAP.	10'S	500 NOS				

4. Brand Name: CURATIO HEALTHCARE (I) PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ATOGLA PROBIO	10 X 0.75 GM	300 NOS				
2	ATOGLA LOTION	200 ML	20 NOS				
3	RITCH JR.	30 ML	100 NOS				
4	RITCH LOTION	75 ML	150 NOS				
5	TEDI BAR	75 GM	30 NOS				
6	IMPINOZ CREAM	10 GM	50 NOS				
7	RITCH SPRAY	100 ML	20 NOS				

5. Brand Name: ROSE PHARMACO PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	LIVAT DS SYP.	200 ML	50 PH				
2	ROSETONE SYP.	200 ML	50 PH				
3	ROSE CV TAB.	1 X 10	200 NOS				
4	ROSEMON TAB.	1 X 10	200 NOS				
5	ROSE CAPSULE	1 X 10	1000 NOS				
6	ROSEPRA DSR CAP.	1 X 10	1000 NOS				
7	ROSEMAL-AC TAB.	1 X 10	500 NOS				
8	RACID SUSPENSION	170 ML	30 PH				
9	ROSE CALCITROL TAB.	1 X 10	1000 NOS				
10	ROSEAT DX SYP.	100 ML	50 PH				
11	OFROSE PLUS CREAM	1 X 15 GMS	50 PH				

6. Brand Name: WALLACE PHARMACEUTICALS PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	WALYTE ORANGE	22 GM	2000 NOS				
2	WALYTE LEMON	22 GM	1000 NOS				
3	WALYTE MANGO	22 GM	2000 NOS				
4	B. BACT OINTMENT	15 GM	150 TUBES				
5	CINTIGO TAB.	10'S	1000 NOS				
6	COLIMEX TAB.	10'S	2000 NOS				
7	COLIMEX DROPS	10 ML	10 PH				
8	COLIMEX SUSP.	30 ML	100 PH				
9	DIOVOL LA SUSP.	200 ML	100 PH				
10	DOBEST CAP.	10'S	3000 NOS				
11	LYNX 500 MG CAP.	15'S	300 NOS				
12	ZIMUNITY TAB.	15'S	990 NOS				

7. Brand Name: MEWELL.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ACIBIN-DSR CAP.	1 X 10	1000 NOS				
2	CALZI K TAB	10 X 10	2000 NOS				
3	FABNEU-40 TAB.	1 X 10	1000 NOS				
4	FUTIL 500 TAB.	1 X 10	300 NOS				
5	FUTIL CV TAB.	1 X 10	200 NOS				
6	L-KET TAB.	10 X 10	500 NOS				
7	PYDINAC TAB.	10 X 10	300 NOS				
8	SAATIC TAB.	10 X 10	1000 NOS				
9	SKINSMOOTH LOTION	1 X 1	50 NOS				
10	STEFREN SACHET	3 GM	50 NOS				
11	STEPNEM ER TAB.	1 X 6	200 NOS				
12	VITSET TAB.	10 X 10	500 NOS				
13	TELCADIN-40 TAB.	1 X 10	500 NOS				
14	TELCADIN AM TAB.	1 X 10	500 NOS				
15	VIDAFOR-50 TAB.	1 X 10	200 NOS				
16	VIDAFOR-M 500 TAB.	1 X 10	500 NOS				

8. Brand Name: DEY'S MEDICAL STORES (MANUFACTURING) LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	FORTIBILE 300 MG TAB.	10'S	1000 NOS				
2	ITONE EYE DROP	10 ML	50 PH				
3	PADUP CAP.	10'S	3000 NOS				
4	SOLACID O SUSP.	170 ML	100 PH				
5	ZOVAX CV 625 MG TAB.	10'S	300 NOS				

6	MOM PLUS SYP.	170 ML	50 PH				
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9. Brand Name: INTAG REMEDIES (P) LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	AZITAG 500 MG TAB.	10'S	300 NOS				
2	INTAPAN DSR CAP	10'S	5000 NOS				
3	MOXYCARE 625 MG TAB	10'S	200 NOS				
4	CALCITAG TAB.	15'S	990 NOS				
5	INHEX MOUTH WASH	100 ML	500 PH				
6	INTACOB OD CAP.	10'S	1000 NOS				
7	INTAPAN 40 MG TAB.	10'S	2000 NOS				
8	ORLIV SYRUP	200 ML	100 PH				
9	SERRINT D TAB.	10'S	1000 NOS				
10	SERRINT P TAB.	10'S	1000 NOS				
11	D TAG 60 K TAB.	4'S	300 NOS				
12	VITAP L CAP.	10'S	1000 NOS				
13	VITAP L SYRUP	200 ML	100 PH				
14	ZEROLER M TAB.	10'S	500 NOS				
15	ZYMIN CAP.	10'S	1000 NOS				
16	INTACOF D SYRUP	100 ML	100 PH				
17	SERRINAC NF GEL	30 GM	50 TUBE				

10. Brand Name: FRANCO INDIAN PHARMACEUTICALS,

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	A- PHYL CAP.	1 X 10'S	300 NOS				
2	ATHEART 10 TAB.	1 X 10'S	500 NOS				
3	BRASSE TAB.	1 X 10'S	1000 NOS				
4	DEXORANGE CAP.	30'S	990 NOS				
5	DEXORANGE SYRUP	200 ML	50 PH				
6	DIAVIT PLUS CAP.	1 X 10'S	1000 NOS				
7	ETICORT 6 MG TAB	1 X 6'S	300 NOS				
8	FOXSTAT 40 MG TAB.	1 X 10'S	3000 NOS				
9	GLYCIPHAGE G2 TAB.	10'S	500 NOS				
10	GLYCIPHAGE SR 500 MG TAB.	1 X 10'S	500 NOS				
11	GLYCIPHAGE SR 1 GM TAB	10'S	300 NOS				
12	GLYPTEN M TAB.	10'S	300 NOS				
13	GR8 CAP.	1 X 10'S	1000 NOS				
14	GRILINCTUS COUGH SYP.	100 ML	200 PH				
15	GRILINCTUS LS SYP.	100 ML	30 PH				
16	MONADINE TAB.	10'S	500 NOS				
17	MONLEVO TAB.	1 X 10'S	300 NOS				
18	NATVIE 400 CAP.	15'S	990 NOS				
19	RELAXYL GEL	20 GM	200 TUBE				
20	SORBIDIOL 300 MG TAB.	1 X 10'S	300 NOS				
21	SORBILINE 200 ML SYP.	200 ML	100 PH				
22	STIMULIV 200 ML SYP.	200 ML	50 PH				
23	SURFAZ O TAB.	1'S	200 NOS				
24	SURFAZ SN OINT.	7 GM	100 NOS				
25	SURFAZ SOL LIQ	15 ML	30 PH				
26	TOPIFORT NX SUSP.	15 ML	30 PH				
27	ZASCOR TAB.	15'S	990 NOS				

11. Brand Name: FOURRTS (INDIA) LABORATORIES PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ENTEROCLAUSI FFS ORAL SUSPENSION	5 ML	500 NOS				
2	L MONTUS TABLET	1 X 15	600 NOS				
3	L MONTUS SUSPENSION	60 ML	50 PH				
4	PULMOCLEAR TABLET	1 X 15	495 NOS				
5	ALLERBIO CAPSULES	1 X 10	500 NOS				
6	FOURTS BZ PLUS TABLET	1 X 10	1000 NOS				

12. Brand Name: MICRO LABS LIMITED.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	DOLO 250 MG SUSPENSION	60 ML	150 PH				
2	DOLO T TAB.	10'S	300 NOS				
3	DOLO 650 TAB.	15'S	4995 NOS				
4	EBAST M TAB.	10'S	300 NOS				
5	MECONERV PLUS CAPS	10'S	1000 NOS				
6	VILDAPRIDE 50 TAB.	10'S	300 NOS				
7	VILDAPRIDE M 50/500 MG TAB.	10'S	500 NOS				
8	DIAPRIDE-M 0.5 TAB.	15'S	300 NOS				
9	DIAPRIDE-M 1 TAB.	15'S	300 NOS				
10	DIAPRIDE-M 2 TAB.	15'S	990 NOS				

13. Brand Name: QUALITY PHARMA PRODUCTS PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ALEVEOZYM XT TAB.	10'S	500 NOS				
2	BACT M OINT	10 GM	100 TUBE				
3	BACTEX 500 TAB.	10'S	400 NOS				
4	NEURO-LA XT CAP.	10'S	1000 NOS				
5	OLYO 120 GM LOTION	120 ML	100 TUBE				
6	PH RITE DSR CAP.	15'S	3000 NOS				
7	Q P CAL CMD CAP.	15'S	3990 NOS				
8	SYLO LIQUID	170 ML	50 PH				
9	WASOLVIT Q 10 CAP.	10'S	2000 NOS				
10	XTRO PM CAP.	10'S	300 NOS				

14. Brand Name: SUN PHARMACEUTICALS INDUSTRIES LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ABZORB DUSTING POWDER	100 GM	50 PH				
2	AFDURA TAB.	1 X 10	200 NOS				
3	ALTRADAY CAP.	1 X 10	1000 NOS				
4	ANGISTAT 2.5 MG CAP.	1 X 25	20 PH				
5	BILASHINE 20 MG TAB.	1 X 10	300 NOS				
6	CEPODEM O TAB	1 X 10	300 NOS				
7	CEPODEM OD 400 MG TAB.	1 X 5	200 NOS				
8	CEPODEM SUS 100 MG	30 ML	30 PH				
9	CEPODEM SUS 50 MG	30 ML	20 PH				
10	CEPODEM 200 MG TAB.	1 X 10	200 NOS				
11	CEPODEM XP 325 MG TAB.	1 X 10	200 NOS				
13	CEROXIM 500 MG TAB.	1 X 10	300 NOS				
14	CEROXIM XP 625 MG TAB.	1 X 6	300 NOS				
15	CHERICOF 12 SUSPENSION	60 ML	50 PH				
16	CHERICOF COUGH FORMULA	100 ML	50 PH				
17	CHERICOF LS JUNIOR	60 ML	30 PH				
18	CHERICOF SF SYP.	100 ML	50 PH				
19	CONTIFLO D CAP.	1 X 10	200 NOS				
20	COVAMLO TAB.	1 X 10	300 NOS				
21	COVANCE 50 MG TAB.	1 X 10	300 NOS				
22	CRIXAN 500 MG TAB.	1 X 10	200 NOS				
23	DOBESIL CAP.	1 X 10	600 NOS				
24	ETROBAX 90 MG TAB.	1 X 10	300 NOS				
25	FARONEM ER 300 MG TAB.	1 X 10	300 NOS				
26	FUCIDIN CREAM	15 GM	50 TUBE				
27	FUNGICROS OINT.	10 GM	30 TUBE				
28	LOXOF 500 MG TAB.	1 X 10	200 NOS				
29	LULIFIN CREAM	10 GM	50 TUBE				
30	LULIFIN LOTION	10 ML	30 PH				
31	MIRAGO 50 MG TAB.	1 X 10	200 NOS				
32	MOISTUREX CALM LOTION	50 ML	60 PH				
33	MONTEK FX TAB.	1 X 10	500 NOS				
34	MOX CLAV BD SUSPENSION	30 ML	30 PH				
35	MOX CLAV 625 MG TAB.	1 X 10	200 NOS				

36	NIFTRAN 100 MG TAB.	1 X 10	300 NOS				
37	NOCULI ORAL SOLUTION	500 ML	50 PH				
38	OLVANCE 20 MG TAB.	1 X 10	300 NOS				
39	OLVANCE 40 MG TAB.	1 X 10	300 NOS				
40	OLVANCE AM 20 MG TAB.	1 X 10	300 NOS				
41	OLVANCE AM 40 MG TAB.	1 X 10	300 NOS				
42	PROHANCE CHOCOLATE 200 GM CARTON	1 X 1	20 NOS				
43	PROHANCE JUNIOR CHOCOLATE 200 GM	200 GM	30 NOS				
44	RACIPER D CAP.	1 X 15	1995 NOS				
45	RACIPER PLUS CAP.	1 X 10	500 NOS				
46	RACIPER 40 MG TAB.	1 X 15	990 NOS				
47	RACIRAF 200 ML SYP.	200 ML	50 PH				
48	RICONIA G CAP.	1 X 10	500 NOS				
49	RICONIA LP TAB.	1 X 15	495 NOS				
50	RICONIA SILVER LP TAB.	1 X 15	495 NOS				
51	RICONIA SYP.	200 ML	50 PH				
52	SILVEREX SSD CREAM	10 GM	30 TUBE				

15. Brand Name: EMCURE PHARMACEUTICALS LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	METPURE XL 25 MG TAB.	10'S	500 NOS				
2	METPURE AM TAB.	10'S	500 NOS				
3	METPURE TEL 40MG TAB.	10'S	500 NOS				
4	NUCARNIT 500 MG TAB.	10'S	1000 NOS				
5	TEMSAN 20 MG TAB.	15'S	495 NOS				
6	TEMSAN 40 MG TAB.	15'S	990 NOS				
7	TEMSAN AM TAB.	15'S	990 NOS				

16. Brand Name: BIOMAX BIOTECHNICS PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ALERGARD M TAB.	1 X 10	300 NOS				
2	BIORYL RB TAB.	1 X 10	200 NOS				
3	DICIMAX GM TAB.	1 X 10	300 NOS				
4	FLAMACE P TAB.	1 X 10	300 NOS				
5	FUROMAX 500 MG TAB.	1 X 10	200 NOS				
6	LIVOSTEP 300 MG TAB.	1 X 10	500 NOS				
7	URAXYL 40 MG TAB.	1 X 10	500 NOS				
8	PAVE DSR CAP.	1 X 10	500 NOS				
9	ORTOCAL MAX CAP.	1 X 10	500 NOS				
10	ORTOCAL PLUS	1 X 10	500 NOS				
11	VEGITO L SYP.	200 ML	50 PH				
12	VEGITO A TAB.	1 X 10	500 NOS				

17. Brand Name: AGASTYA RESEARCH.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	CARNICURE PLUS TAB.	10 X 10	500 NOS				
2	AUTOWELL 500 TAB.	10 X 10	200 NOS				
3	CIZAWELL TAB.	10 X 10	500 NOS				
4	EVOCOD CAP.	10 X 10	1000 NOS				
5	PANCOWELL TAB.	10 X 10	300 NOS				
6	USQ 10 TAB.	10 X 10	500 NOS				
7	WELL XT TAB.	10 X 10	300 NOS				

18. Brand Name: KAMRON HEALTHCARE PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	XYTID-CV TAB.	10 X 10	200 NOS				

2	XYTID-CV DDS SYP.	30 ML	20 PH				
3	WINPOD CV 325 MG TAB.	10 X 10	200 NOS				
4	KAMZI 500 MG TAB	10 X 5	200 NOS				
5	SERRA MR 4 MG TAB.	10 X 10	500 NOS				
6	SERRA AP TAB.	10 X 10	500 NOS				
7	SERRA 10 MG TAB.	10 X 10	500 NOS				
8	SERRINI NANO IN GEL FORM	30 GM	50 TUBE				
9	VOLTRIZ M TAB.	10 X 10	300 NOS				
10	RITO DSR CAP.	10 X 10	500 NOS				
11	KAMOZYME SYRUP	200 ML	50 PH				
12	SYLRON TX TAB	10 X 10	200 NOS				
13	UDIRON 300 MG TAB.	10 X 10	500 NOS				
14	LYCOFEAST SYRUP.	200 ML	50 PH				
15	LYCOFEAST GOLD CAP.	5 X 2 X 15	495 NOS				

19. Brand Name: EVERZEN HEALTHCARE PRIVATE LIMITED

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	VITAMAX 4G CAP.	10 X 10	1000 NOS				
2	COBERZEN FORTE B CAP.	10 X 10	1000 NOS				
3	OSTIVER SG CAP.	10 X 10	1000 NOS				
4	MORACIA UDC 300 MG TAB.	15 X 15	990 NOS				

20. Brand Name: OZONE PHARMACEUTICALS LTD

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	AXBEX SYP.	200 ML	50 PH				
2	DFO GEL	30 GMS	150 TUBE				
3	DFO NANO GEL	30 GMS	100 TUBE				
4	DFO SPRAY	60 ML	100 NOS				
5	OSIL PLUS TAB.	1 X 10	500 NOS				
6	OSIL CAP.	1 X 10	3000 NOS				
7	OSIL CREAM	30 GM	50 TUBE				
8	TOPEX DX SYP.	100 ML	50 PH				

21. Brand Name: SIGNOVA PHARMA (P) LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ACLOVA MR TAB.	10'S	400 NOS				
2	ACLOVA P TAB.	10'S	500 NOS				
3	ACLOVA SP TAB.	10'S	500 NOS				
4	ACLOVA SR TAB.	10'S	300 NOS				
5	ACLOVA-TH4 TAB.	10'S	400 NOS				
6	APIGEST DROP	15 ML	30 PH				
7	APIGEST SYRUP	200 ML	150 PH				
8	APIGEST TAB.	10'S	500 NOS				
9	BESTONE L SYP.	200 ML	100 PH				
10	BESTONE L CAP.	10'S	500 NOS				
11	CALCIRED 500 TAB.	10'S	1000 NOS				
12	CALCIRED C TAB.	10'S	1000 NOS				
13	CALSIG XT TAB.	10'S	500 NOS				
14	CLAVX 625 MG TAB.	10'S	200 NOS				
15	CLAVX DRY SYP.	30 ML	20 PH				
16	CLAVX DUO DRY SYP.	457 MG	20 NOS				
17	ESOPER 40 MG TAB.	10'S	1000 NOS				
18	ESOPER L CAP.	10'S	500 NOS				
19	ESOPER RD CAP.	10'S	1000 NOS				
20	NUTRASIG POWDER	200 GM	100 NOS				
21	OXYPLUS CAP.	10'S	1000 NOS				
22	PANTOSIG DSR CAP.	10'S	1000 NOS				
23	PANTOSIG IT CAP.	10'S	500 NOS				
24	PANTOSIG TABLET	10'S	500 NOS				
25	ZODINE MOUTH WASH	100 ML	100 NOS				
26	CALCIRED D3 TAB.	10'S	1000 NOS				

27	CALCIRED K2 TAB.	10'S	1000 NOS				
28	CITRUM MB6 SOLUTION	450 ML	30 PH				
29	CLONASIG-0.25 TAB.	10'S	500 NOS				
30	CLONASIG-0.5 TAB.	10'S	500 NOS				
31	DCR FORTE TAB.	10'S	300 NOS				
32	DEFLASIG-6 TAB.	10'S	200 NOS				
33	DICLOSIG GEL	30 GM	100 TUBE				
34	ERAKOF LS SYP.	100 ML	50 PH				
35	ERAKOF SYP.	60 ML	100 PH				
36	EUZYME SYP.	200 ML	100 PH				
37	EUZYME JUNIOR	100 ML	100 PH				
38	FEROSIG D3 TAB.	10'S	500 NOS				
39	FLACID O SUSP.	200 ML	60 PH				
40	HAPILAC SYP.	200 ML	60 PH				
41	ITRASIG 100MG CAP.	4'S	500 NOS				
42	ITRASIG 200 MG CAP.	10'S	1000 NOS				
43	LYCOPER CAP	3'S	498 NOS				
44	LYCOPPER SYRUP.	300 ML	100 PH				
45	MOCIN	5 GM	50 NOS				
46	PROSIG CAP	10'S	2000 NOS				
47	PROSIG SUSPENSION	5 ML	500 PH				
48	RABSIG IT CAP.	10'S	500 NOS				
49	RABSIG TAB.	10'S	500 NOS				
50	RABSIG DSR CAP.	10'S	1000 NOS				
51	RADIPAN DSR CAP.	10'S	500 NOS				
52	RADIPAN 40MG TAB.	10'S	300 NOS				
53	RAXCLAV 625 TAB.	6'S	300 NOS				
54	RAXIM 500 TAB.	6'S	300 NOS				
55	REWOP TAB	1'S	50 PH				
56	RIFADOX 400 MG TAB.	10'S	1000 NOS				
57	RIFADOX 550 MG TAB.	10'S	1000 NOS				
58	SEFROTIL CV TAB.	10'S	200 NOS				
59	SIGCET M SYP.	60 ML	60 PH				
60	SIGCET M TAB.	10'S	500 NOS				
61	URSODOX 300 TAB.	10'S	500 NOS				
62	URSODOX 450 SR TAB.	10'S	500 NOS				
63	VITACOMF NT TAB.	10'S	300 NOS				
64	VITACOMF PLUS TAB.	10'S	300 NOS				
65	ZIGAF 500 TAB.	3'S	198 NOS				
66	ATOCARE 10 TAB.	15'S	495 NOS				
67	DAPASIG M5 TAB.	10'S	500 NOS				
68	FEBUTAC 40 TAB	10'S	1000 NOS				
69	GMR M1 TAB.	15'S	195 NOS				
70	GMR M2 TAB.	15'S	300 NOS				
71	MALODIP 5 MG TAB	10'S	300 NOS				
72	TELSIG 20 MG TAB.	15'S	300 NOS				
73	TELSIG 40 MG TAB.	15'S	495 NOS				
74	TELSIG AM TAB.	15'S	495 NOS				
75	TELSIG CH 40 TAB.	10'S	300 NOS				
76	TOPGLIP M TAB.	10'S	300 NOS				

22. Brand Name: MACLEODS PHARMACEUTICALS LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	BIO-D3 MAX CAP.	15'S	1995 NOS				
2	ENZOMAC TAB.	15'S	300 NOS				
3	ENZOMAC OINTMENT	5 GM	50 TUBE				
4	FLEXABENZ GEL	30 GM	50 TUBE				
5	STAFKURE 500 MG TAB.	10'S	200 NOS				
6	STAFKURE CV 500 MG TAB.	10'S	200 NOS				
7	STAFKURE LZ 600 MG TAB.	10'S	200 NOS				
8	MACVESTIN NEO TAB.	10'S	300 NOS				
9	AMLOVAS 2.5 MG TAB	15'S	990 NOS				
10	AMLOVAS 5 MG TAB.	15'S	1995 NOS				
11	AMLOVAS XM 5/50 TAB.	10'S	500 NOS				
12	DAMITA 10 TAB.	10'S	200 NOS				
13	GEMINOR M1 TAB.	15'S	195 NOS				
14	GEMINOR M2 TAB.	15'S	300 NOS				
15	MACSART 40 MG TAB.	10'S	500 NOS				
16	ROZUSTAT 10 TAB.	15'S	300 NOS				

17	VILDAMAC M 50/500 MG TAB.	15'S	300 NOS				
18	SITA OD MET 50/500 MG TAB.	10'S	300 NOS				
19	MACSART 20 MG TAB.	10'S	300 NOS				
20	DAPAMAC 5 MG TAB.	10'S	500 NOS				
21	DAPAMAC 10 MG TAB.	10'S	600 NOS				
22	DAPAMAC M 5/500 MG TAB.	10'S	500 NOS				
23	DAPAMAC M 10/500 MG TAB.	10'S	500 NOS				
24	MACSART AM TAB.	10'S	2000 NOS				
25	MACTOR 10 MG TAB	10'S	1000 NOS				
26	MACTOR ASP 75 MG TAB.	10'S	1000 NOS				
27	TENLIMAC 20 TAB.	10'S	500 NOS				
28	TENLIMAC M 500 MG TAB.	15'S	990 NOS				
29	THYROX 12.5 MG TAB	1 X 100	50 PH				
30	THYROX 25 MG TAB.	1 X 100	50 PH				
31	THYROX 37.5 MG TAB	1 X 100	30 PH				
32	THYROX 50 MG TAB.	1 X 100	50 PH				
33	THYROX 62.5 MG TAB.	1 X 100	20 PH				
34	THYROX 75 MG TAB.	1 X 100	20 PH				
35	THYROX 100 MG TAB.	1 X 100	50 PH				

23. Brand Name: IDOL BIOTEC PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	GRAM- 500 TAB.	1 X 4	400 NOS				
2	PANDOL D TAB.	1 X 10	500 NOS				
3	PANDOL 40 TAB.	1 X 10	500 NOS				
4	C-DOL CAP.	1 X 10	500 NOS				
5	TAB. SARAL D	1 X 10	400 NOS				
6	TAB. LEED M	1 X 10	500 NOS				
7	CAP. GLOWID 100 MG TAB	1 X 7	994 NOS				
8	CAP. GLOWID 200 MG TAB	1 X 7	994 NOS				
9	CAP. PANDOL DSR	1 X 10	1000 NOS				
10	CAP. SUBFIT	15 X 2 X 1	990 NOS				
11	ANTOK SYP.	200 ML	50 PH				

24. Brand Name: BIOFIELD PHARMACEUTICALS PVT. LTD.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	CALOXY TAB.	10 X 10	1000 NOS				
2	COQ FINE CAP.	10 X 1	500 NOS				
3	MYCOPENE CAP.	10 X 10	500 NOS				
4	MICOPENE SYP.	200 ML	50 PH				
5	URSOGET 300 MG TAB.	10 X 10	500 NOS				
6	AMALGARD DSR CAP.	10 X 10	500 NOS				
7	AUTOBACT 625 MG TAB.	10 X 10	200 NOS				
8	NUTRAFAST DHA + POWDER	200 MG	20 NOS				

25. Brand Name: SUN PHARMA LABORATORIES LIMITED.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	FEBUGET 40 MG TAB.	1 X 15	990 NOS				
2	AZTOLET 10 MG TAB.	1 X 10	500 NOS				
3	OLMEZEST AM TAB.	1 X 10	500 NOS				
4	OLMEZEST AM 40 MG TAB.	1 X 10	500 NOS				
5	PROLOMET AM 50	1 X 10	500 NOS				
6	PROLOMET XL 25	1 X 10	500 NOS				
7	ISTAMET 50 MG/500 MG TAB.	1 X 15	495 NOS				
8	EYEMIST EYE DROPS	1 X 1	50 NOS				
9	GATILOX -0.3%	1 X 1	20 NOS				
10	WINOLAP	1 X 1	40 NOS				
11	NORMO TEARS	1 X 1	20 NOS				
12	AVESSA 250 MG INHALER	1 X 1	20 NOS				
13	COMBITIDE 250 OCTA CAPS	1 X 1	20 BOTT.				
14	MONTEK LC TAB.	1 X 10	300 NOS				
15	MONTEK LC KID SYRUP	1 X 1	30 PH				

16	NEZAFLO NASAL SPRAY	1 X 1	20 NOS				
17	TRAPIC 500 MG TAB.	1 X 10	300 NOS				
18	MAXGALIN M 50 MG TAB.	1 X 10	300 NOS				
19	BETAVERT OD 24 MG TAB.	1 X 10	200 NOS				
20	BETAVERT 16 MG TAB.	1 X 10	500 NOS				
21	FEBUTAZ 20 MG TAB.	1 X 10	1000 NOS				
22	FEBUTAZ 40 MG TAB.	1 X 15	990 NOS				
23	MONDESLOR TAB.	1 X 10	300 NOS				
24	PANLIPASE TABLET	1 X 15	495 NOS				
25	PREDMET 4 MG TAB.	1X 10	200 NOS				
26	SOMPRAZ 40 MG TAB	1 X 15	990 NOS				
27	SOMPRAZ D 40 MG CAP.	1 X 15	990 NOS				
28	THIOACT 4 MG CAP.	1 X 10	500 NOS				
29	ETOSHINE 90 MG TAB	1 X 10	500 NOS				
30	ETOSHINE MR TAB.	1 X 10	500 NOS				
10	WINOLAP	1 X 1	40 NOS				
11	NORMO TEARS	1 X 1	20 NOS				
12	AVESSA 250 MG INHALER	1 X 1	20 NOS				
13	COMBITIDE 250 OCTA CAPS	1 X 1	20 BOTT.				
14	MONTEK LC TAB.	1 X 10	300 NOS				
15	MONTEK LC KID SYRUP	1 X 1	30 PH				
16	NEZAFLO NASAL SPRAY	1 X 1	20 NOS				
17	TRAPIC 500 MG TAB.	1 X 10	300 NOS				
18	MAXGALIN M 50 MG TAB.	1 X 10	300 NOS				
19	BETAVERT OD 24 MG TAB.	1 X 10	200 NOS				
20	BETAVERT 16 MG TAB.	1 X 10	500 NOS				
21	FEBUTAZ 20 MG TAB.	1 X 10	1000 NOS				
22	FEBUTAZ 40 MG TAB.	1 X 15	990 NOS				
23	MONDESLOR TAB.	1 X 10	300 NOS				
24	PANLIPASE TABLET	1 X 15	495 NOS				
25	PREDMET 4 MG TAB.	1X 10	200 NOS				
26	SOMPRAZ 40 MG TAB	1 X 15	990 NOS				
27	SOMPRAZ D 40 MG CAP.	1 X 15	990 NOS				
28	THIOACT 4 MG CAP.	1 X 10	500 NOS				
29	ETOSHINE 90 MG TAB	1 X 10	500 NOS				
30	ETOSHINE MR TAB.	1 X 10	500 NOS				
31	FAMOCID 40 MG TAB.	1 X 14	994 NOS				
32	LUMIA 60 K CAP.	1 X 8	496 NOS				
33	PANTOCID 40 MG TAB.	1 X 15	495 NOS				
34	PANTOCID DSR CAP.	1 X 15	1995 NOS				
35	PANTOCID-IV 40 MG INJ.	1 X 1	50 NOS				
36	LACTIHEP SYP.	1 X 1	30 PH				
37	RIFAGUT 400 MG TAB.	1 X 10	500 NOS				
38	RIFAGUT 550 MG TAB.	1 X 10	500 NOS				
39	TOBA-5 ML	1 X 1	20 NOS				
40	ALZOLAM 0.25 MG TAB	1 X 10	300 NOS				
41	URSOCOL 300 MG TAB.	1 X 15	990 NOS				
42	VSL 3 MG CAP.	1 X 10	1000 NOS				
43	LEVIPIL 500 MG TAB.	1 X 10	500 NOS				
44	AMIXIDE-H TAB.	1 X 10	500 NOS				
45	MAXMALA 50 MG TAB.	1 X 10	500 NOS				
46	GABANTIN-100 MG CAP.	1 X 10	500 NOS				
47	LONAZEP 0.5 MG TAB	1 X 15	495 NOS				
48	LONAZEP 0.25 MG TAB	1 X 15	495 NOS				

26. Brand Name: ZUVENTUS HEALTHCARE LIMITED.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Insti tutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	AMLENOX ORAL PASTE 5 GM	1 TUBE	30 TUBE				
2	AUGPEN HS SUSPENSION	1 X 30 ML	50 PH				
3	AUGPEN LB 625 TABLET	1 X 10	500 NOS				
4	AUGPEN DS SUSPENSION	1 X 30 ML	50 PH				
5	BEVON DROPS	1 X 15 ML	20 PH				
6	BEVON SOFTULES	1 X 15	990 NOS				
7	BEVON SUSPENSION	200 ML	100 PH				
8	CORALIUM D3 TABLET	1 X 10	500 NOS				
9	DIOF SUSPENSION	60 ML	30 PH				
10	ESLO 2.5 MG TAB.	1 X 15	495 NOS				
11	ESLO 5 MG TAB.	1 X 15	600 NOS				
12	FERONIA XT TAB.	1 X 10	500 NOS				
13	FERONIA XT SUSPENSION	150 ML	50 PH				

14	FLORISTORE 2.5 CAP.	1 X 10	1000 NOS				
15	MAXTRA P TABLET	1 X 10	500 NOS				
16	MAXTRA P DS SYRUP.	60 ML	50 PH				
17	MAXTRA SYRUP	60 ML	50 PH				
18	MAXTRA GARGLE	120 ML	50 PH				
19	MAXTRA O NASAL SPRAY	10 ML	20 PH				
20	MAXTRA S NASAL SPRAY	20 ML	20 PH				
21	MEROTEC 1 GM INJ.	1 X 1 VIAL	20 VIAL				
22	NETROMAX 300 MG INJECTION	1 X 1 VIAL	20 VIAL				
23	RABIFAST 20 TABLET	1 X 15	495 NOS				
24	RABIFAST DSR CAP.	1 X 15	990 NOS				
25	SOVENTUS DC SYRUP	100 ML	50 PH				
26	SOVENTUS LS SYRUP	100 ML	50 PH				
27	SOVENTUS DX SYRUP	100 ML	60 PH				
28	SOVENTUS JR SYRUP	60 ML	30 PH				
29	SOVENTUS D SYRUP	100 ML	50 PH				
30	VITANOVA D3 DROPS	1 X 15 ML	50 PH				
31	ZINCONIA SYRUP	100 ML	30 PH				
32	ZOSTUM O TAB.	1 X 10	200 NOS				
33	ZU-C 500 TABLET	1 X 15	990 NOS				
34	EFNOCAR 20 TABLET	1 X 10	200 NOS				
35	OLBET 20 MG TAB.	1 X 10	300 NOS				
36	OLBET AM 40 MG TAB.	1 X 10	300 NOS				
37	THALORIC 6.25 MG TAB.	1 X 10	300 NOS				
38	AZITUS 200 SUSPENSION	15 ML	30 PH				
39	AZITUS 500 MG TAB.	1 X 5	500 NOS				
40	BOOSTALIV SYRUP	150 ML	150 PH				
41	BROPHYLE SR TAB.	1 X 10	300 NOS				
42	CORTIMAX 6 MG TAB	1 X 10	200 NOS				
43	CORTIMAX SUSPENSION	1 X 30 ML	20 PH				
44	ELRIZ 5 MG TAB.	1 X 10	500 NOS				
45	ELRIZ SYRUP	30 ML	50 PH				
46	EMIGO 4 MG TABLET	1 X 10	500 NOS				
47	EMIGO 8 MG INJECTION 4 ML	1 X 1 AMP	30 AMPLE				
48	EMIGO ORAL SOLUTION	1 X 30 ML	60 PH				
49	NUKAST 10 TAB.	1 X 10	300 NOS				
50	NUKAST 4 DT TAB.	1 X 10	300 NOS				
51	PROGERMINA SUSPENSION	1 X 5 ML	3000 NOS				
52	RIFAXIMAX 400 TAB.	1 X 10	500 NOS				
53	RIFAXIMAX 550 TAB.	1 X 10	700 NOS				
54	URSOMAX 300 MG TAB.	1 X 10	500 NOS				
55	ZOSA DSR CAP.	1 X 15	990 NOS				
56	EUCALMIN CAP.	1 X 10	1000 NOS				
57	SETOLAC 300 ER TAB.	1 X 10	500 NOS				
58	SETOLAC MR TAB.	1 X 10	200 NOS				
59	SETOLAC P TAB.	1 X 10	500 NOS				
60	MYOTOP 150 TAB.	1 X 10	500 NOS				
61	MYOTOP 450 SR TAB.	1 X 6	498 NOS				
62	FULL 365 CAP.	1 X 15	990 NOS				
63	FULL 365 SUSPENSION	200 ML	50 PH				
64	ANCOOL SF 200 ML SUSPENSION	200 ML	150 PH				
65	MECOVON OD CAP.	1 X 10	500 NOS				
66	PANSA 40 MG TABLET	1 X 10	500 NOS				
67	PANSA DSR CAP.	1 X 10	1000 NOS				
68	TIBROLIN D TAB.	1 X 10	500 NOS				
69	TIBROLIN TAB.	1 X 10	1000 NOS				

27. Brand Name: Palvin Pharmaceuticals.

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	ADNIVA-400 TAB.	10 X 1 X 10	300 NOS				
2	NURRIZIN GOLD (SOFTGEL)	10 X 1 X 10	500 NOS				
3	NUTRIZIN-SG (SOFTGEL)	10 X 1 X 10	500 NOS				
4	NUTRIZIN SYRUP	200 ML	100 PH				
5	OSTIVIN PLUS (SOFTGEL)	10 X 1 X 10	500 NOS				
6	OSTIVIN D3 (SOFTGEL)	10 X 1 X 10	500 NOS				
7	PALDOX-500 MG TAB.	10 X 1 X 10	200 NOS				
8	UBCOL 300 MG TAB.	10 X 15	495 NOS				

28. Brand Name: Moraceae Pharmaceuticals Pvt. Ltd,

Sl. No.	Name of the Medicines	Packing	Quantity Required	(1) Hospital/Institutional Rate per Pack	(2) Maximum Discount offered	(3) GST% {Extra on (1)-(2)}	(4) Total Amount after discount and GST
1	AZA CAP.	10'S	1000 NOS				
2	AZA SYRUP	200 ML	70 PH				
3	GAG SP TAB.	10 X 10	1000 NOS				
4	MORCECAL 500 TAB	10 X 10	2000 NOS				
5	NURO-M CAP.	10'S	300 NOS				
6	RAYKAVIT SYP.	200 ML	60 PH				
7	SF-P OINTMENT	20 GM	50 TUBE				

You are requested to kindly go through the detailed Terms, Conditions and Instructions mentioned below and overleaf and submit your best offer by the date and time mentioned above.

TERMS & CONDITIONS:

The offer must comprise the following:

- (1) Prospective bidders must provide valid authorization from the manufacturer(s).
- (2) Please give declaration as per our given format. (Formats attached FORM no. 1 – 4)
- (3) Delivery: Items should be supplied at CSIR – NEIST, Jorhat, Stores only within 30 days from the date of Purchase Order.
N.B.: The final landing cost up to FOR CSIR – NEIST, Jorhat, Pin No. 785006, Assam including Packing, Forwarding, Freight, Delivery, Insurance, etc. to be mentioned with detailed breakup.
- (4) Bidders should provide institutional price list/hospital rate list for the above medicines. Evaluation will be done on the basis of discount offered on institutional price /hospital rate. However, all the medicines under a particular brand should be clubbed together. Maximum Discount offered on a particular Brand should be uniform for all the medicines on that specific brand.
- (5) The supplied medicines must have expiry date of at least 12 months from the date of supply.
- (6) In case any drug is brought under the DPC Act/Drug Price Control Order of the Government of India, the supplier should pass on the benefit to CSIR-NEIST.
- (7) The bidder must agree for immediate free replacement in case any discrepancy is found w.r.t. quality, quantity & expiry period of the supplied medicines.
- (8) The bidder should submit valid documentary proof of GST Registration Number and the details of Income tax registration (PAN).
- (9) The period of validity of the offer should be minimum 60 days.
- (10) The delivery schedule should be strictly adhered to, otherwise LD will be imposed @ 0.5% per week subject to highest limit 10% of the order value.
- (11) **PAYMENT:** The medicines/drugs should be supplied on credit basis and the bills/invoices for the supplied medicines/drugs will be processed and the payment will be made through electronic payment gateways (RTGS/NEFT) within 15 working days of supply & acceptance of the medicines/drugs.
- (12) An undertaking is required to be given, stating that the rates offered for drugs of identical description and Terms & Conditions by the bidder/s are not more than the rates offered to any other Government Agencies/Institutions/Hospitals and the discount offered is not less than discount offered to any other Government Agencies/Institutions/Hospitals. In case any such discrepancy is noticed, the bidder shall refund the amount to NEIST and also the Purchase Order is liable to be cancelled.
- (13) **ARBITRATION CLAUSE:** The dispute settlement mechanism/arbitration proceedings shall be concluded as under:

In case of dispute or difference arising between the purchaser and a domestic supplier relating to any matter arising out of or connected with this agreement, such disputes or difference shall be settled in accordance with the Indian Arbitration & Conciliation Act, 1996, the rules there under and any statutory modifications or re-enactments thereof shall apply to the arbitration proceedings. The dispute shall be referred to the Director General, Council of Scientific &

Industrial Research (DG, CSIR) and if he is unable or unwilling to act, to the sole arbitration of some other person appointed by him willing to act as such Arbitrator. The award of the arbitrator so appointed shall be final, conclusive and binding on all parties to this order.

(20) The place of jurisdiction is Jorhat, ASSAM, INDIA.

Yours faithfully,

**भण्डार एवं क्रय अधिकारी
Stores & Purchase Officer**

FORMS
To be mandatorily submitted along with the bid

1. Self Certification for Make in India

Affidavit of Self certification regarding Minimum Local Content in line with DPIIT order, dated 16th September, 2020, to be provided on a non-judicial stamp paper of Rs. 100/-. (The scanned copy of the stamp paper to be attached with the bid & the original should be sent by post/courier for evaluation)

Date://20....

I _____ S/o, D/o, W/o, _____ Resident
of _____ hereby solemnly affirm and declare as
under:

That I agree to abide by the terms and conditions of the Department for Promotion of Industry and Internal Trade (Preference to Make in India) Order, 2020 (*hereinafter DPIIT order*) of Government of India issued vide Notification No:P-45021/2/2017/PP(BE-II) dated 16/09/2020, and its any subsequent modifications/Amendments, if any.

That the information furnished hereinafter is correct to the best of my knowledge and belief and I undertake to produce relevant records before the procuring entity i.e. CSIR-NEIST or any authority so nominated for the purpose of assessing the Local content of goods/services/works offered by me against this NIT.

That the local content for all inputs which constitute the said goods/services/works has been verified by me and I am responsible for the correctness of the claims made therein.

That the goods/services/works offered by me for (*Enter the name of the Item for Project*) meets the 'Minimum Local Content' as defined in the PPPMII order.

That I understand that in the event of the local content of the goods/services/works mentioned herein is found to be incorrect and not meeting the prescribed Minimum Local Content criteria, based on the assessment of procuring entity i.e. CSIR-NEIST or any authority so nominated for the purpose of assessing the Local content, action shall be taken against me in line with the DPIIT order and provisions of the Bidding Documents.

That I agree to maintain the following information in the Company's record and shall make this available for verification to any statutory authority.

The particulars/details of Local Content are as under:

- i. Name and details of the Local Supplier
(Registered Office, Manufacturing unit location, nature of legal entity)
- ii. Goods/services/works for which this declaration/affidavit is produced
- iii. Procuring entity to whom this declaration/affidavit is furnished
- iv. Percentage of local content declared/certified

(Note: The Bidders offering imported products will fall under the category of Non-local suppliers. They can't claim themselves as Class-I local supplier/ Class-II local supplier by claiming profit, warehousing, marketing, logistics, freight etc. as local value addition.)

For and on behalf of..... (Name of firm/entity)

Authorized signatory

<Insert Name, Designation and Contact No.>

2. Declaration regarding Land Border Sharing Countries

(On Letter Head)

“I have read the tender document no.

..... Along with clause regarding restriction on procurement from a bidder of a country which shares a land border with India in accordance with the Govt. of India notification no. 6/18/2019-PPD(Public Procurement No.1) dated: 23.07.2020 and no. 6/18/2019-PPD(Public Procurement No.2) dated: 23.07.2020by Ministry of Finance. Accordingly, I hereby certify that

“this bidder is not from such a country and is eligible to be considered”	
---	--

Or

“this bidder is from such a country but is registered with the competent authority and the related document is attached and thus eligible to be considered”	
---	--

Or

“this bidder is from such a country but to this country, Govt. of India extended lines of credit notified by Ministry of External Affairs and the related document is attached and thus eligible to be considered”	
--	--

[Tick or write ‘YES’ in the appropriate box]

(Bidder for the purpose of this order (including the term ‘tenderer’, ‘consultant’, ‘vendor’ or ‘service provider’ in certain contexts) means any person or firm or company, including any member of a consortium or joint venture (that is an association of several persons, or firms or companies), every artificial judicial person not falling in any of the descriptions of bidders started herein before, including any agency, branch or office controlled by such persons, participating in a procurement process.)

Authorized signatory

Name:

Designation:

Contact No:

Email Id:

Other details:

3. Bidder Information Form

[The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: *[insert date (as day, month and year) of Bid Submission]*

Tender No.: *[insert number from Invitation for bids]*

Page 1 of _____ pages

1. Bidder's Legal Name <i>[insert Bidder's legal name]</i>
2. In case of JV, legal name of each party: <i>[insert legal name of each party in JV]</i>
3. Bidder's actual or intended Country of Registration: <i>[insert actual or intended Country of Registration]</i>
4. Bidder's Year of Registration: <i>[insert Bidder's year of registration]</i>
5. Bidder's Legal Address in Country of Registration: <i>[insert Bidder's legal address in country of registration]</i>
6. Bidder's Authorized Representative Information Name: <i>[insert Authorized Representative's name]</i> Address: <i>[insert Authorized Representative's Address]</i> Telephone/Fax numbers: <i>[insert Authorized Representative's telephone/fax numbers]</i> Email Address: <i>[insert Authorized Representative's email address]</i>
7. Attached are copies of original documents of: <i>[check the box(es) of the attached original documents]</i> Articles of Incorporation or Registration of firm named in 1, above.

Signature of Bidder.....
Name.....
Business Address.....

4. CODE OF INTEGRITY FORM

**Format for declaration by the Bidder for Code of Integrity & conflict of interest
(On the Letter Head of the Bidder)**

Ref. No: _____ Date _____

To,

(Name & address of the Purchaser)

Sir,

With reference to your Tender No. _____ dated _____

I/We, _____ hereby declare that we shall abide by the Code of Integrity for Public Procurement as per General Financial Rules 2017 (Rule 175) and have no conflict of interest.

The details of any previous transgressions of the code of integrity with any entity in any country during the last three years or of being debarred by any other Procuring Entity are as under:

a

b

c

We undertake that we shall be liable for any punitive action in case of transgression/ contravention of this code.

Thanking you,

Yours sincerely,

Signature
(Name of the Authorized Signatory)
Company Seal