

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

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ କ' କାର୍ଯ୍ୟାଳୟ, ସୁନ୍ଦରଗଡ଼

Email: [npcdcssundargarh@gmail.com](mailto:npcdcssundargarh@gmail.com) ଫୋନ: ୦୬୭୨୨-୨୭୩୬୫୦

Letter No: 267 / NCD Cell-18-19

Dated: 13/07/2018

To

Dy. Director (Advertisement) - cum- Secretary to Govt.  
I & PR Deptt., Odisha  
Bhubaneswar

Sub:- Advertisement of Tender call notice ( ଚେଷ୍ଟର ବିଜ୍ଞାପନ )

Sir,

Please publish the following advertisement using minimum space as per Govt. norms in one Odia & English newspaper for one day & single edition only. The bill will be submitted to the Chief District Medical & Public Health Officer, Sundargarh for payment.

Yours Faithfully

  
Chief District Medical & Public Health Officer  
Sundargarh

Notice No- 267 / NCD cell / 18-19

Date- 13/07/2018

**TENDER CALL NOTICE ( ଚେଷ୍ଟର ବିଜ୍ଞାପନ )**

Sealed Tenders are invited from Registered Manufacturers/Authorized Distributors /Suppliers through Speed Post / Register Post / Courier for supply of **DRUGS & CONSUMABLES FOR DMHP CLINIC AND NCD CLINIC, SUNDARGARH** (ଡି.ଏମ.ଏଚ ପି ଓ ଏନ.ସିଡି ଚିକିତ୍ସା କେନ୍ଦ୍ର, ସୁନ୍ଦରଗଡ଼ ପାଇଁ ଔଷଧ ଏବଂ ଯାବତୀୟ ସାମଗ୍ରୀ ର କ୍ରୟ ନିମନ୍ତେ) for the year 2018-19. The willing reputed supplier/wholesalers /manufacturers are requested to submit sealed tenders to the office of the undersigned on or before 23.7.18 till 5 P.M. Tender documents can be downloaded/ obtained from the district website [www.sundargarh.nic.in](http://www.sundargarh.nic.in) /NCD cell, CDM & PHO office, Sundargarh. This office will not entertain any tender after the due date/time fixed for at any circumstances. The undersigned reserves the right to reject any or whole tender without assigning any reason thereof.

-Sd-

Chief District Medical & Public Health Officer, Sundargarh

Memo No- 267

Date- 13/07/2018

Copy to the DAM/DPM, DPMU, NHM, Sundargarh for information and necessary action.

  
Chief District Medical & Public Health Officer  
Sundargarh

Memo No- 268

Date- 13/07/2018

Copy forwarded to the District Information Officer, NIC, Sundargarh for information and you are requested to upload the details information & publish the same in the aforesaid website.

  
Chief District Medical & Public Health Officer  
Sundargarh

Memo No 269

Date- 13/07/2018

Copy to the Notice Board, Of the CDMO/ DIPRO/ Collectorate Sundargarh for information

  
Chief District Medical & Public Health Officer  
Sundargarh

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

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**TERMS & CONDITION FOR SUPPLY OF DRUGS & CONSUMABLES FOR DMHP  
AND NCD CLINIC, SUNDARGARH**

- Purchase of Tender Document: Tender document obtained by downloading from the website [www.sunderagarh.nic.in/](http://www.sunderagarh.nic.in/) NCD cell, CDM & PHO office, Sundargarh.
- The bidders downloading the tender document & required to submit the tender fee through Demand Draft along with their tender bid, failing which the tender bid shall be not be considered for qualifying in technical bid
- The bidder(s) are to submit their tenders in separate sealed covered envelopes for technical bid and price bid by superscribing Cover "A" (Technical Bid) & Cover "B" (Price Bid) and both the sealed covers should be put into a third outer Cover, which should be superscribed as "Tender for the supply DRUGS & CONSUMABLES FOR DMHP CLINIC AND NCD CLINIC, SUNDARGARH".
- The tender should reach to the under signed on or before Date 23/07/18 at 05 PM through postal (speed post/registered post) service/ Courier Services only in the address NCD Cell, C/o: Office of the Chief District Medical & Public Health officer, Sundargarh, At/Po/Dist-Sundargarh, Odisha Pin-770001.
- The Sealed tenders "Cover A" (Technical Bid) submitted by the tenderers will be opened by the CDM & PHO, Sundargarh in the office chamber of the CDM & PHO, Sundargarh on 24/07/18 at 11 A.M.
- The Sealed tenders "Cover B" (Price Bid) submitted by the tenderers will be opened by the CDM & PHO, Sundargarh in the office chamber of the CDM & PHO, Sundargarh on 24/07/18 at 11 A.M.
- The tenderer or their duly authorized representatives are requested to be present during the opening of the tenders.

**TENDER FEE**

Tender document fee of Rs.2000/- with 5 % GST (Non refundable) in shape of Demand Draft in favour of ZSS (NRHM) Additionality, Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.

**EMD MONEY:-**

Earnest Money Deposit of Rs. [2% i.e Rs.20000/- + 5% GST(Refundable) in shape of Demand Draft in favour of ZSS (NRHM) Additionality, Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.

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- The EMD of successful bidder is liable to be forfeited if the tendered, revokes any terms of the tender within the validity period.
- EMDs given by unsuccessful bidders will be refunded after placing of purchase order to the successful bidder.
- EMD of the successful bidder will be forfeited in case the successful bidder fails to accept/executes the order.
- EMD of successful bidder will be returned after receiving of successful completion of terms & condition of supply certificate of all items.
- EMD shall not carry any interest.

**ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:**

- The C.D.M & P.H.O, Sundargarh, Odisha reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- The C.D.M & P.H.O, Sundargarh, Odisha will be at 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.
- The supply should be completed within 45 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 45 days or 60 days with liquidated damage from the date of issue of the purchase orders from the C.D.M & P.H.O, Sundargarh, Odisha, such orders will stand cancelled automatically without further notice. Penalties shall also thereafter be applied to the tenderer.
- The approved firm shall also suffer forfeiture of the EMD and Security Deposit.
- If the approved supplier fails to execute the supply within the stipulated time, the C.D.M & P.H.O, Sundargarh, Odisha is empowered to purchase the same items from L<sub>2</sub> or L<sub>3</sub> tenderer if they match the L<sub>1</sub> rate.
- The C.D.M & P.H.O, Sundargarh, Odisha or his authorised representative (s) has the right to inspect the factory of those company who have quoted for the tender, before accepting the rate quoted by them or before releasing any purchase order (s) or at any point of time during the validity period of tender and has also the right to reject the tender or terminate / cancel the orders issued or not to reorder based on the facts brought out during such inspections.

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**DELIVERY:-**

The items will be delivered to the office of the consignee i.e. CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

**LIQUIDATED DAMAGE :-**

- The C.D.M & P.H.O, Sundargarh may allow extension for a maximum period of 2 (two) weeks (14 days), after the stipulated date of supply (i.e. 45 days) with a penalty of 0.5% which will be deducted from the purchase order value as “Liquidated Damage”, for each week (7 days) upto a maximum 2% on the value of the goods.
- If the supplier fails to complete the supply within the extended period, i.e. 60 days after being allowed by the C.D.M & PHO, no further purchase order will be placed to the firm for the said item and the concerned firm will be blacklisted for three (3) years from the date of issue of letter for the said item.

**TERMS OF PAYMENT :**

- No advance payments towards cost of drugs & consumable will be made to the tenderer.
- **100% payment will be made after successful supply of the items to the supplying firm.**
- Payment will only be made after handing over the Agreement, undertaking, of the tender items to the consignee and a letter to this effect should be submitted to the payment authority from the consignee.
- **No claims shall be made against the C.D.M & P.H.O, Sundargarh in respect of interest on earnest money deposit or security deposit or any delayed payment or any other deposit.**
- **Payments in shape of Draft / Pay Order will preferably be dispatched to the supplier by Registered post with A.D or e-payment / on-line transfer or may be handed over to the authorized person of the supplier.**

**ELIGIBILITY CRITERIA**

Copy of

1. Tender fee of Rs.2000.00 + 5% GST (non-refundable) should be submitted issued from a Nationalised Bank in favour of Chief District Medical Officer, Sundargarh

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2. EMD money of Rs.20000.00 + 5% GST (Refundable) in shape of demand draft should be submitted issued from a Nationalised Bank in favour of Chief District Medical Officer, Sundargarh which will be refund after the validity of Tender.
3. Copy of valid GSTN registration certificate should be submitted with the Tender Document.
4. Copy of annual Turnover (Audited balance sheet , P& L & R& P Account Duly signed by Chartered accountant ( last two financial years) i.e 2015-16 & 2016-17 .
5. Copy of PAN should be submitted with the Tender Document.
6. Copy of Valid Drug Licence should be submitted with the Tender Document.
7. Copy of Valid WHO/GMP/ISO certificates of the products should be submitted with the Tender Document.
8. Authorized distributors on behalf of the manufacturer are eligible to participate in the tender provided:
  - (i) They submit manufacturer's authorization letter on behalf of the manufacturer. The authorized distributor may raise bill, if specially authorized by the manufacturer.
  - (ii) The authorised distributor will submit all the documents in support of eligibility of the manufacturer as mentioned above.
9. Tenderer (Manufacturer/Importer/Distributor) should have proof of supply of 10 nos or more of the quoted Drugs & Medical Consumables(s) to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user in last 2 years.

**Other Term & Conditions**

1. The firm will have to submit an **Affidavit** (*On original Stamp Paper of relevant value*) in the *technical bid* with the following clauses :-
    - a) Our organization has not been blacklisted by any Government Organization.
    - b) Our organization does not have any legal suit / criminal case pending against it for violation of GST/VAT/ST/CST Act or any other law.
    - c) The CDM&PHO-Cum-DMD, NHM, Sundargarh will have no liability regarding transportation, loading and unloading of material and all the material ordered for shall be delivered at the designated place in good condition. The defective or damaged material if any will be replaced by our Organization.
    - d) Our organization agrees to abide by all terms & conditions of tender.
- Our organization will quote prices inclusive of all taxes

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2. The supply should be completed within 45 days along with test report and the shelf life should be minimum 5/6<sup>th</sup> of shelf life of drug.
3. The supply should be made in good packaging condition & labelling with “ODISHA GOVT. SUPPLY NOT FOR SALE” in the primary, secondary and tertiary packing.
4. Liquidated damage will be charged @ 0.5% per week beyond 45 days & up to 60 days subject to maximum 4% total from the date of issue of the purchase order. Once the delivery period exceed beyond the extended period with LD, purchase may be considered termination of the contract/Purchase Order.
5. The undersigned/Committee is not bound to accept the lowest tender rate considering the technical and quality aspect.
6. The quoted items will be selected as per the sample produced by the supplier with comparison to L1, L2 and L3 quoted price.
7. The goods should be supplied to the FOR destination and no charge for freight should be claimed.
8. The rates should be mentioned as rate with GSTN and all other taxes cost in the prescribed Performa separately.
9. The tender will not be entertained after due date & time fixed for.
10. If any information or documents furnished by the tender are found to be incorrect or misleading at any stage the tender will be rejected.
11. All the documents should be attested by the authorized signatory of the organization in **each page with seal**.
12. The approved rate will be valid for one year from the date of finalisation of the tender.
13. All legal disputes are subject to the jurisdiction of Sundargarh Courts.

-Sd-

Chief District Medical & Public  
Health Officer, Sundargarh

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH  
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**FORWARDING LETTER/SELF DECLARATION FORM**

(To be submitted by Bidder's in non-judicial stamp paper)

*[To be submitted in Technical Bid]*

To,

CDMO-cum-District Mission Director  
Sundargarh  
At/Po- Sundargarh-77001  
Dist- Sundargarh.

Dear Madam/Sir,

**Sub:** Your Tender Ref. No. \_\_\_\_\_, Dated \_\_\_\_\_.

This is with reference to your above mentioned tender for **Supply of Drugs & Consumables for DMHP & NCD Clinic**. Having examined the tender document, we hereby submit our proposal along with the necessary documents. I / We hereby declare that our Organization (registered distributor/ wholesaler/manufacturer) is having unblemished past record and was not under a declaration of ineligibility for corrupt and fraudulent practices issued by Government of India or any State Government/PSU in the country of India.

Further, we agree to abide by all the terms and conditions as mentioned in the tender document. We have also noted that, the authority/purchase committee reserves the right to consider/ reject any or all bids without assigning any reason thereof.

Date: \_\_\_\_\_ / \_\_\_\_\_ /2018

**Authorized Signatory:**

**Name:**

**Designation:**

**Place:**

**Phone:**

**Email:**

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*Annexure I*  
**TENDER FORMAT**

**Part -1**

**(Technical Bid) – Cover A**

**(To be furnished in Cover A-Technical Bid)**

1	Name of the Organization	
2	Address of the Organization	
3	Name of authorized signatory (in capital letters)	
4	Specimen signature of the authorized signatory	
5	Telephone number & e-mail Id of authorized signatory / organization	
6	GSTIN Registration No.	(Photo copy to be attached)
7	VAT clearance certificate ( Up to 31.03.17/ 31.03.2018)	(Photo copy to be attached)
8	PAN No.	(Photo copy to be attached)
9	Draft number and date of the Tender <b>Document Cost of Rs. 2,000/-+ 5%GST</b> (Non-Refundable)	(Draft to be submitted)
10	Draft No. & date of EMD of Rs 20000/- + 5% GST	(Draft to be submitted)
11	Annual Turnover (Audited balance sheet , P& L & R& P Account Duly signed by Chartered accountant ( last two financial years) i.e 2015- 16 & 2016-17 .	(Photo copy to be attached)
12	Declaration of the organization does not have any legal suit / criminal case pending against it for violation of GST/VAT/ST/CST act or any other law and agrees to abide by all terms & conditions of the tender.	(Affidavit in original stamp paper <b>certified by Notary</b> with clauses as mentioned in clause no. 4 of the terms & conditions)
13	<b><u>Submission of Bank Account Details:-</u></b> Bank a/c No., Name of the bank, Branch & IFSC code.	( photo copy of Bank account to be attached)
14	Authorization certificate from manufacturer	(photo copy to be attached)
15	The bidder should have experience of satisfactory supply of tendered item during the last 2 years (put together) considered from the	(Photo copy experience to be attached.)

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	date of publication.	
16	If applied by Dealer/Manufacturer/Distributors certificate should be attached.	(Photo copy to be attached)
17	Whether <b>all documents</b> are submitted and signed by the authorized signatory of the organization in <b>each page with seal</b> (Yes/ No)	

**DECLARATION**

I / we hereby certify that the terms and conditions, specification etc. given with the tender notice have been read carefully and acceptable to me/us and that the information furnished above is correct to the best of my /our knowledge. I / we understand that in case of any deviation in the above statement / furnishing of forged documents etc. at any stage, our Firm/Agency will be blacklisted and will not have any dealing with your organization in future.

(Signature and seal of the authorized signatory)

Place :

Date :

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH  
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**Annexure 2**  
**TENDER FORMAT**

**Part -2**

**(Financial Bid) – Cover B**

**(To be furnished in Cover B-Financial Bid)**

Sl. No	Name of the Drugs/ Consumables	Brand Name	Name of the Manufacturer	Unit Price	Percentage of Tax/ Tax Amount	Rate Inclusive all Taxes
<b>DRUGS FOR DMHP</b>						
1.	Tab.Alprazolam 0.5 mg					
2.	Tab.Amitriptyline 25 mg + Chloridesepoxide 10 mg					
3.	Tab.Baclofen 10 mg					
4.	Tab.Bromocryptine 5 mg					
5.	Tab Carbamazepine 300 mg					
6.	Tab.Carbamazepine 400 mg					
7.	Tab.Chlorodiazepoxide 25 mg					
8.	Tab.Chlorpromazine + Trihexyphenidyl 100 mg					
9.	Tab.Clonazepam 1 mg					
10.	Tab Clonazepam 2 mg					
11.	Tab.Diazepam 10 mg					
12.	Tab Disulfiram 250 mg					
13.	Tab Donezil 5 mg					
14.	Tab Donezil 10 mg					
15.	Tab.Dothirpin 25 mg					
16.	Tab.Escitalopram 5 mg					
17.	Tab Escitalopram 10 mg					
18.	Tab.Etizolam 0.25 mg					
19.	Tab Fluoxetine 20 mg					
20.	Tab.Haloperidole 0.25 mg					
21.	TabHaloperidole 1.5 mg					
22.	Tab Haloperidole 5 mg					
23.	TabHaloperidole 10 mg					
25.	Tab.Imipramine 25 mg					
26.	Tab. Lithium Carbonate 300 mg					
27.	Tab.Lorazepam 2 mg					
28.	Tab.Mamentine 10 mg					
29.	Tab Nitrazepam 10 mg					
30.	Tab Olanzapine 5 mg					

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31.	Tab Olanzapine 10 mg				
32.	Tab Oxcarbazapine 300 mg				
33.	Tab.Paroxetine 20 mg				
34.	Tab Phenobarbitone Sodium 30 mg				
35.	Tab.Phenytoin Sodium 100 mg				
36.	Tab Procyllindine 2.5 mg				
37.	Tab Procyllindine 5 mg				
38.	Tab Promethylene 25 mg				
39.	Tab Propranolol HCl-40 mg				
40.	Tab Resperidone 2 mg				
41.	Tab Resperidone 3 mg				
42.	tab Sertraline 100 mg				
43.	Tab Sertraline 50 mg				
44.	Tab Sodium Valproate 200 mg				
45.	Tab.Sodium Valproate 500 mg				
46.	Tab Sodium Valproate CR 500 mg				
47.	Tab Tardafill 10 mg				
48.	Tab Thioridazine 50 mg				
49.	Tab Thyroxine 25 mg				
50.	Tab. Trifluperazine 5 mg Trihexyphenidyl 2 mg				
51.	Tab. Trihexyphenidyl 2 mg				
52.	Tab Zolpidem 10 mg				
53.	Drop Haloperidol 2 mg				
54.	Syrup.Promethazine 5 mg / ml				
55.	Syrup.Sodium Valproate 200 mg / ml				
56.	Inj.Haloperidol-LA 50 mg / ml				
57.	Inj.Diclofenac Sodium 25 mg / 3 ml				
58.	Inj.Atropine Solphate 0.6 mg / lml				
59.	Inj Epsolin 2 ml / amp				
60.	Inj.Haloperidol 5 mg / ml				
61.	Inj.Diazepam 5 mg / 2ml				
62.	Inj.Lorazepam 4 mg / 2 ml				
63.	Tab Quetiapine 100 mg				
64.	Tab Clozapin 100 mg				
65.	Tab Aripiprazole 5mg				
<b>DRUGS FOR NCD</b>					
1	Tab Aspirin				
2	Tab .Atenolol				
3	Tab.Metoprolol				
4	Tab. Amlodipine 10mg				
5	Tab Hydrochlorthiazide 12.5				

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

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସୁନ୍ଦରଗଡ଼

Email: [npdcssundargarh@gmail.com](mailto:npdcssundargarh@gmail.com) ଫୋନ୍: ୦୭୭୨୨-୨୭୩୭୫୦

Letter No:-..... / NCD Cell-18-19

Dated:...../...../2018

6	Tab Hydrochlorthiazide 25 mg				
7	Tab.Enalapril 2.5/5mg				
8	Tab. Methyldopa				
9	Tab Atorvastatin 10mg				
10	Tab Clopidogrel				
11	Tab.Frusemide 40mg				
12	Inj.Streptokinase 7.5 lac vial				
13	Inj.Streptokinase 15 lac vial				
14	Inj.Heparin sod,1000 IU				
15	Tab Isosorbide Dinitrate (Sorbitrate)				
16	Glyceryl Trinitrate Sub lingual tabs				
17	Glyceryl Trinitrate Inj,				
18	Diazepam Tab				
19	Diazepam Inj				
20	Inj.Adrenaline				
21	Inj.Atropine sulphate				
22	Inj.Digoxin				
23	Tab.Digoxin				
24	Tab.Verapamil(Isoptin)				
25	Inj.Mephentine				
26	Tab Potassium IP (Penicillin V)				
27	Inj. Normal saline (Sod chloride) 500ml				
28	Inj.Ringer lactate 500ml				
29	Inj.Mannitol 20% 300ml				
30	Inj.Insulin Regular				
31	Insulin Intermediate				
32	Tab. Metformin				
33	Inj. Aminophylline				
34	Tab Folic Acid				
35	Inj Benzathine Benzyl penicillin				
36	Carbamazepine tabs				
37	Carbamazepine syrup				
38	Inj Lignocaine hydrochloride				
39	Inj.Dexamethasone 2mg/ml vial				
40	Tab Prednisolone				
41	Promethazine Tab				
42	Promethazine Syrup				
43	Promethazine Caps,				
44	Promethazine Inj				
45	Inj Insulin (Long acting)				
46	Tab Gpianiperide 1mg				
47	Tab Gpianiperide 2mg				
48	Tab Methformin 500SR				
49	Tab Methformin 1000SR				
50	Tab Pioglitasonone 7.5 mg				
51	Tab Pioglitasonone 15 mg				

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Email: [npcdcssundargarh@gmail.com](mailto:npcdcssundargarh@gmail.com) ଫୋନ୍: ୦୬୭୨୨-୨୭୩୭୫୦

Letter No:-..... / NCD Cell-18-19

Dated:...../...../20 18

52	Tab Glycazide 80 mg					
53	Tab Glycazide 160 mg					
54	Tab Glimiperide+ tab methformin 1 mg +500 SR					
55	Tab Glimiperide+ tab methformin 2 mg +500 SR					
56	Tab Telmisetron 40 mg					
57	Tab Telmisetron 80 mg					
58	Tab Omlesetron 10 mg					
59	Tab Omlesetron 20 mg					
60	Tab Omlesetron 40 mg					
61	Tab Losarton 50 mg					

(Signature and seal of the authorized signatory)

Place :

Date :