



ଟେଣ୍ଡର କଲ୍ ନୋଟିସ୍
ନିର୍ଦ୍ଦେଶକ ରାଉରକେଲା ସରକାରୀ ଡାକ୍ତରଖାନା, ରାଉରକେଲା

DIST-SUNDARGARH

NO-3129 /DIR,RGH DT- 18.10.2023

Sealed tender are invited from registered manufactures / authorized distributors for supply of ଔଷଧ, ଉପଯୋଗୀ ସାମଗ୍ରୀ ଏବଂ ବାୟୋମେଡିକାଲ୍ ବର୍ଜ୍ୟବସ୍ତୁ ଯୋଗାଇ for Rourkela Govt. Hospital ,Rourkela ,Dist-Sunadargarh . Details regarding the terms & conditions and tender paper may be download from www.sundargarh.nic.in and submit in the office of the undersigned. The tender should reached in the office of the undersigned by 16-11-2023 till 5.00.P.M. through speed post, register post and courier services along with all relevant documents and EMD. The tender will be opened 18-11-2023 at 11.A.M in the presence of the tenderer or their authorized representative the undersigned reserved the right to reject or cancelled above tender without assigned any reason thereof.

-SD-

(Dr.Santosh Kumar Swain)
Director,RGH,Rourkela



OFFICE OF THE DIRECTOR
ROURKELA GOVERNMENT HOSPITAL, ROURKELA
Phone: 0661-2400161
Email: directorrrghrourkela@gmail.com

Tender Reference No: 3122 /DIR_RGH Date: 18/10/2023

TENDER DOCUMENT
FOR
DRUGS, CONSUMABLES, BMW &
EIF ITEMS FOR THE YEAR
2023-24

Address for Correspondence:

Office of the Director
Rourkela Govt. Hospital
Rourkela, Sundargarh, Odisha
Pin: 769004

Bidding Schedule

| Tender No. | EMD Cost | Tender Paper Cost | Date of Publishing of tender | Last date & time for submission of tender document | Date and time of opening of technical bid |
|------------|--------------|-------------------|------------------------------|--|---|
| /DIR_RGH | Rs. 30,000/- | Rs. 2,500/- | 20/10/2023 | 16/11/2023 , 05:00 PM | 18/11/2023, 11:00 AM |

SALE OF TENDER / BID DOCUMENT

The Bidders may download the Tender Documents directly from the WEBSITE available at www.sundergarh.nic.in. Within Dt. 16/11/2023 The Tender cost fee of Rs.2,500/-(Two thousand five hundred (Non-refundable) by way of separate Demand Draft drawn in favour of Rourkela Govt. Hospital Society, RGH, Rourkela should be enclosed along-with the Technical Bid. The Bidders should specifically super scribe, "**DOWNLOADED FROM THE WEBSITE**" on the top left corner of the outer envelope containing Technical Bid and Price Bid separately. The Tender cost fee and the EMD amount should be submitted separately in envelope containing technical bid. The demand drafts In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website or the office notice board before last date of purchase of tender document and the Director shall have no responsibility for any delay / omission on part of the bidder.

The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.



**IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE
TENDERERS**

| | | |
|----|--|---|
| 1. | Purchaser | Health & F.W Department |
| 2. | Indenter | Director, Rourkela Govt. Hospital |
| 3. | Consignee | Director, Rourkela Govt. Hospital |
| 4. | Delivery Period | Within 45 days from issue of the supply order. |
| 5. | Mode of Delivery | By Air / Road / Rail(On door delivery basis) |
| 6. | Self Life of Drugs | 5/6 of Self life of drugs at the time of receiving of Drugs for each item. |
| 7. | EMD | Rs. 30,000/-(Rupees Thirty Thousand) The Earnest Money Deposit will be paid in the shape of demand Draft only in favour of Rourkela Govt. Hospital Society, RGH, Rourkela from any Nationalized / Scheduled Bank payable at Rourkela. The EMD will be refunded to the unsuccessful bidders within 15 days and the EMD of qualifying bidders will be refunded after successful completion of supply of items within the stipulated time period without interest. |
| 8. | General Conditions for supply of Drugs | <p>(a) The authority will also do random testing of the supplied drugs if required for which quality testing, packing & forwarding charges if any will be borne by the supplier. If any batch of any item/drugs come out to be NOT OF STANDARD QUALITY(NSQ),the supplier of the firm will replace the full stock of that batch no. and take back the available NSQ stocks at his own cost. No payment will be made for the replacement of NSQ drugs.</p> <p>(b) The supply will be made in less number of batches(less than 3) and maximum two phases and should arrive at the ware house with remaining shelf life of at least 5/6th of the stipulated total shelf life from the date of manufacturing of that product.</p> <p>(c) All bids should be super-scribed as per the "Subject supply of drugs & consumables under respective scheme" & bill should be prepared on values of goods+ GST.</p> <p>(d) All bills should contain the GSTIN.</p> <p>(e) The successful bidder of last year (2022-23) tender, whose performances was unsatisfactory during the tenure shall be excluded from the current tender.</p> |



| | | |
|-----------|--------------------------|--|
| 9. | Pre-qualification | <p>A. Manufacturing units /Authorized dealers/Traders are eligible to participate in the tender provided, they have</p> <ul style="list-style-type: none">(i) Valid manufacturing drug license along with list of products approved for manufacturer, GMP/WHOGMP of the manufacturers.(ii) Valid ISO/CE certificate of the manufacturers as respect of Drug, Consumables & BMW Items.(iii) GST & Income Tax clearance certificate for the 2022-23 and PAN card of the firm.(iv) Average turnover of Rs. 1 Corer for last three years(from 2020-21, 2021-22 & 2022-23)(v) Valid Drug License.(vi) Bidders who have been blacklisted either by the Tender inviting authority or by any district/state Govt. or Central Govt. Organization for the quoted item is not eligible to participate in the tender during the period of blacklisting. Affidavit of the same to be submitted neither stating that the firm has neither been blacklisted nor any criminal cases pending against them. <p>B. Authorized distributors/traders on behalf of the manufacturer are eligible to participate in the tender processes :</p> <ul style="list-style-type: none">(i) They should submit manufacturer's authorization to transact business on behalf of the manufacturer.(ii) The authorized distributor/trader will submit all the documents in support of eligibility of the manufacturer.(iii) The bidder should submit the highlighted product list of the manufacturer. |
|-----------|--------------------------|--|



GENERAL TERMS AND CONDITIONS

- 1.1 Sealed tenders will be received by Dated 16.11.2023 up to 5:00 PM by the **Director, Rourkela Govt. Hospital, Rourkela** (Sundargarh) in the office of the Director, RGH, RKL for the purchase of medical Drugs, Consumables & BMW Items. Any tender document received after the due date & time will be rejected. **The tenders will be received through Regd. Post / Courier services / Speed Post only.**
- 1.2 The bidder(s) are to submit their tenders in **separate** sealed covered envelopes for **technical bid** and **price bid** by super scribing **Cover "A" (Technical Bid) & Cover "B" (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be super scribed as "Tender for the Drugs, Consumables, BMW & EIF Items to the Office of **Director, Rourkela Govt. Hospital, Rourkela, Orissa**" & Tender Reference No. _____, Dt. _____.
- 1.3 The Sealed tenders "Cover A" (Technical Bid) submitted by the tenderers will be opened by the Director in the Conference Hall of the Director, Rourkela Govt. Hospital, Rourkela at 11:00 AM on 18.11.2023. The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they like so.
- 1.4 The Price Bid will be opened only of those who have technically qualified and the date will be declared after completion of Technically Bid Verification.
- 1.5 Delivery period within 45 days from the issue of the supply order.
- 1.6 Rate quoted by intending tenders shall be valid for 1 year after Finalization of tender.
- 1.7 The Undersigned reserves the right to place the order in phase.
- 1.8 The bidder quoted the items of Annexure-III, IV, V & VI should submit a sample of each product as per specification for verification. If the stock supplied does not match with the sample, the stock will be rejected at the time of supply. The sample will be examined by the purchase committee to know the quality of above product.
- 1.9 The undersigned reserves the right to reject any or all the tender without assigning any reason thereof.



Check List for ISO and GMP

Note: 1. Submitted ISO certificates and GMP certificate should have a valid paper

| Sl. No | Name of the manufacturer | Authorization Submitted (Yes/No) | GMP submitted (Yes/No) | ISO Certificate Submitted (Yes/No) | Remark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--------------------------|--|------------------------|------------------------------------|--------|-----|----|--|--|--|--|--|--|---------|------|----|-----|----|--|--|--|--|--|--|---------|------|----|-----|----|--|--|--|--|--|--|
| 1 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Page No</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Page No | From | To | Yes | No | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Page No</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Page No | From | To | Yes | No | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Page No</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Page No | From | To | Yes | No | | | | | | |
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2. Submit manufacturing license along with list of products approved for manufacturer.



Check List
Please put ✓ in the respective box
Application for supply of Drugs & Consumables for RGH, Rourkela

| Sl No | Details | To be filled up | Remarks | | | | | | | | | | |
|---------|---|---|---------|------|----|-----|----|--|--|--|--|--|--|
| 1 | Name of the Firm with complete Address | | | | | | | | | | | | |
| 2 | Whether tender documents has been obtained from O/O Director, RGH or downloaded from website. If obtained from O/o Director, RGH receipt of the tender paper cost sub mitted or not(Please mention) | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | |
| Page No | From | To | Yes | No | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | If downloaded from web site then tender paper cost in shape of DD worth of (Rs.2500/- to be submitted along with the tender paper. | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | Details of DD no.& date to be mentioned. |
| Page No | From | To | Yes | No | | | | | | | | | |
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| 4 | EMD Deposited(Yes/No) | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | Details of DD no.& date to be mentioned |
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| 5 | GST & Pan card (Xerox Copy) submitted or not. | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | |
| Page No | From | To | Yes | No | | | | | | | | | |
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| 6 | Drug license (Submitted or not) | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | |
| Page No | From | To | Yes | No | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | ISO,GMP/WHO GMP of the Manufacturer (Submitted or not) | Separate Checklist enclosed | | | | | | | | | | | |
| 8 | Manufacturer's authorization to transact business on behalf of the manufacturer (Submitted or not) | | | | | | | | | | | | |
| 9 | Turn over proof of the firm (Submitted or not) | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | Yes | No | | | | | | |
| Page No | From | To | Yes | No | | | | | | | | | |
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| 10 | Tender document containing total no of pages. | <table border="1"> <tr> <td>Page No</td> <td>From</td> <td>To</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | Page No | From | To | | | | | | | | |
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It is certified that the above information submitted by me/my firm is true and best of my knowledge and if any information is found false at any point of time then the whole offer/ tender may be cancelled. I have suppressed no facts in the tender which could debar me to participate in the tender. If it is revealed after opening of the tender that any facts is suppressed by me, tendering authority shall have the right to reject my tender along with other punitive action against me as per law. Again I agree & will abide with the terms & conditions fixed by the authority.

Signature of the Tenderers

N:B: Please submit Xerox copy of all documents with self attestation.



DECLARATION

I/We M/s. _____ Represented by its Proprietor/Managing Partner/Managing Director having its Registered Office at _____ and its Factory Premises at _____ do hereby declare that I/We have carefully read all the conditions of tender in Ref. No. _____ For supply of drugs & medical consumables for a period of one year on rate contract basis from the date of publication of approved list and will abide by with all the terms conditions of the Tender.

I/We declare that we possess the valid manufacturing license, ISO Certificate and GMP Certificate (GMP)/WHO GMP issued by the Competent Authority and comply and continue to comply with the condition laid in revised schedule M of Drugs & cosmetic Act, 1940 and the rules made there under. I/We furnish the particulars in this regard in enclosure to this declaration.

I/We do hereby declare that I/We have not derecognized/blacklisted by any State Govt./Govt. of India/Union Territory/Govt. Organization/Govt. Health Institutions for supply of Not of Standard Quality drugs or medical Consumables or for part supply/non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest money Deposit and blacklist me/us for a period of 5 years if, any information furnished by us proved to be false at the time of inspection/verification and not complying with the conditions as per the revised Schedule M of the said act/not abiding by the tender terms & conditions.

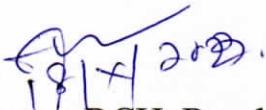
I/We do hereby declare that I will supply the drugs & medical consumables as per the terms & conditions of the tender document.

Signature of the bidder:

Date:

Name & Address of the Firm

Affidavit before Notary Public


Director, RGH, Rourkela

List of Drugs & Consumables, BMW & EIP for the Year 2023-24

Annexure-I

| Sl. No. | Name of the Item with Specification | Name of the Manufacture | Quoted price of (each) |
|----------|--|-------------------------|------------------------|
| <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> |
| 1 | Inj. Etomidate 2Mg/1MI | | |
| 2 | Inj. Halothane 30MI Bottle | | |
| 3 | Inj. Ketamine HCL 10MI/Vail | | |
| 4 | Inj. Profofol 1% 10Mg/MI | | |
| 5 | Inj. Thiopentone Sodium 500 Mg/Vail | | |
| 6 | Inj. Bupivacaine 5Mg/MI 20 MI Vail | | |
| 7 | Inj. Bupivacaine Heavy | | |
| 8 | Inj. Lignocaine 2% Plain 30 MI Vail | | |
| 9 | Inj. Lignocaine + Adernaline 30 MI Vail | | |
| 10 | Inj. Dexomedetomide 200 MCG/2 MI | | |
| 11 | Inj. Glycopyrrolate 0.2mg/MI 1MI Amp | | |
| 12 | Inj. Medazolam 1Mg/1MI 10 MI Vail | | |
| 13 | Inj. Atracurium Besylate 10Mg/MI | | |
| 14 | Inj. Ephedrine HCL 30Mg/MI | | |
| 15 | Inj. Neostigimine Methyl Sulphate 0.5Mg/MI | | |
| 16 | Inj. Vecruronium Bromide 4Mg/2MI 2MI Vail | | |
| 17 | Inj. Succinylcholine Chloride 50MCG/MI 10MI vail | | |
| 18 | inj. Noraderanline 1mg/MI 2MI Amp | | |
| 19 | Inj. Aderanaline | | |
| 20 | Inj. Butrophenol | | |
| 21 | Inj. Nalbuphine | | |
| 22 | Inj. Amikacin 500 Mg | | |
| 23 | inj. Amikacin 100 Mg | | |
| 24 | Inj. Aminophylline 25MI Amp | | |
| 25 | Inj. Artesunate 60 Mg | | |
| 26 | Inj. Atropine 0.6Mg | | |
| 27 | Inj. Nitroglycerine | | |
| 28 | Inj. Diclofenac Sodium 25Mg/MI 3MI Amp | | |
| 29 | Inj. Paracetamol 150mg/ml (IM) | | |
| 30 | Inj. Pentazocin Lactate 30 Mg/MI 1MI Amp | | |
| 31 | Inj. Tramadol HCL 50 Mg/MI | | |
| 32 | Inj. Betamihason Sodium 4Mg/MI 1 MI Amp | | |
| 33 | Inj. Dexamethason Sodium 4Mg/MI 2 MI Vail | | |
| 34 | Inj. Phenairamine Maleate 2MI/Amp | | |

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| 35 | Inj. Lorazepam 1Mg/MI 2 MI Amp | | |
| 36 | Inj. Phenobarbitone 200 Mg/MI 1 MI Amp | | |
| 37 | Inj. Phenoytoin Sodium 50 Mg/MI 2MI Amp | | |
| 38 | Inj. Cefepime 1Gm 1000Mg/Vail | | |
| 39 | Inj. Cefoperazone & Sulbuctum 1.5Gm | | |
| 40 | Inj. Cefotaxim 125 Mg with Diluent | | |
| 41 | Inj. Ceftriaxone 1Gm with Diluent | | |
| 42 | Inj. Ciprofloxacin IV 200 Mg/100 MI | | |
| 43 | Inj. Gentamycine Sulphate 40 Mg/MI 2 MI vail | | |
| 44 | inj. Gentamycine Sulphate 10 Mg/MI 2 MI vail | | |
| 45 | Inj. Linezolid IV 600 Mg/300 MI Bottle | | |
| 46 | Inj. Ofloxacin IV 200 Mg/100 MI Bottle | | |
| 47 | Inj. Tobramycin 80Mg/Vail | | |
| 48 | Inj. Vancomycin 500 Mg/Vail with Diluent | | |
| 49 | Inj. Vancomycin 1gm | | |
| 50 | Inj. Vancomycin 250gm | | |
| 51 | Inj. Ethamsylate 125 Mg/MI | | |
| 52 | Inj. Phytomenadione (Vitamin K1) 1 Mg/0.5MI | | |
| 53 | Inj. Tranexamic 500 Mg/5MI | | |
| 54 | Inj. Manitol IV 20% W/V 100 MI Bottle | | |
| 55 | Inj. Dobutamine HCL 50 Mg/MI 5MI Vail | | |
| 56 | Inj. Dopamine HCL 40Mg/MI 5MI Amp | | |
| 57 | Inj. Mephenteramine Sulphate 15Mg/MI | | |
| 58 | Inj. Potassium Chloride | | |
| 59 | Inj. Dortaverine 20Mg/MI 2MI Amp | | |
| 60 | Inj. Metochlotramide 10Mg/2MI Amp | | |
| 61 | Inj. Ondansetron 2Mg/MI 2MI Amp | | |
| 62 | Inj. Pantoprazole 40 Mg vail | | |
| 63 | Inj. Promethazine 20 Mg/MI 2 MI Amp | | |
| 64 | Inj. Ranitidin 50 Mg/2MI | | |
| 65 | Inj. Antirabes Vaccine for Human Use with Diluent | | |
| 66 | Inj. Human Anti-D Immunoglobulin 300 MCG/2MI | | |
| 67 | Inj. Anti Snake Venom Anti Serum Polyvalant (Powder Form) | | |
| 68 | Inj. Teatnus Toxoid 0.5 MG/Amp | | |
| 69 | Inj. Carboprost Promethamine 250 MCG/MI 1MI Amp | | |
| 70 | Inj. Isoxsuprine HCL 5Mg/MI 2MI Amp | | |
| 71 | Inj. Megnesium Sulpharte 250 Mg/MI 2MI Amp | | |
| 72 | Inj. Oxytocin 5IU/MI 1MI Amp | | |
| 73 | Inj. Diazepam | | |
| 74 | Inj. Theophylline & Etophylline | | |

| | | | |
|-----|---|--|--|
| 75 | IV Compound Sodium Lactet (RL) 500 MI Bottle | | |
| 76 | IV Dextrose 10% 500 MI Bottle | | |
| 77 | IV Dextrose 5% 500 MI Bottle | | |
| 78 | IV Dextrose 25% W/V 100ml/BT | | |
| 79 | IV Dextrose & Sodium Cloride (DNS) 500 ml Bottle | | |
| 80 | IV Sodium Cloride (NS) 0.9% W/V 500 MI Bottle | | |
| 81 | Inj. Calcuim Gluconate 10% 10 MI Amp | | |
| 82 | IV Paediatic Maintainance Fluid 500 MI Bottle | | |
| 83 | Inj. Sodium Bicarbonate 7.5% W/V 10MI Amp | | |
| 84 | Inj. Hydrocortison Sodium 100 Mg/Vail with Diluent | | |
| 85 | Inj. Pipracilline + Tazobactum 4.5Gm with Diluent | | |
| 86 | Inj. Pipracilline + Tazobactum 2.25 Gm with Diluent | | |
| 87 | Inj. Pipracilline + Tazobactum 1.125 Gm with Diluent | | |
| 88 | Inj. Ampiciline 100 Mg | | |
| 89 | Inj. Ampiciline 250mg | | |
| 90 | Inj. Ampiciline 500mg | | |
| 91 | Inj. Pralidoxime Chloride 500mMg/20 MI Vail with Diluent | | |
| 92 | Inj. Frusemide 10Mg/2MI Amp | | |
| 93 | IV Plasma Expende 500 MI Bottle | | |
| 94 | Inj. Metronidazole 500Mg/100 MI Bottle | | |
| 95 | Tab. Acelofenac 100 Mg | | |
| 96 | Syp. Paracetamol 125 Mg 60 MI Bottle | | |
| 97 | Drp. Paracetamol 100 Mg/1MI 15 MI Bottle | | |
| 98 | Tab. Paracetamol 500 Mg | | |
| 99 | Tab. Tramadol 50 Mg | | |
| 100 | Syp. Citrizine Dihydrochloride 5Mg/5MI 30 MI Bottle | | |
| 101 | Tab. Citrizine Dihydrochloride 10Mg/5MI | | |
| 102 | Tab. Levocetizine Dihydrochloride 5 Mg | | |
| 103 | Tab. Albendazole 400 Mg | | |
| 104 | Susp. Amoxycillin 125Mg/5MI 60MI Bottle | | |
| 105 | Syp. Azithromycin 200 Mg/5ml 15 MI Bottle | | |
| 106 | Tab. Azithromycin 500 Mg | | |
| 107 | Tab. Cefixim 100Mg DT | | |
| 108 | Tab. Cefixim 200Mg DT | | |
| 109 | Tab. Ciprofloxacin 500 Mg | | |
| 110 | Tab. Linezolid 600 Mg | | |
| 111 | Tab. Moxifloxacin 400 Mg | | |
| 112 | Susp. Ofloxacin 50 Mg/5MI | | |
| 113 | Tab. Nitrofurntoin 100 Mg | | |
| 114 | Tab. Ofloxacin 200 Mg | | |

| | | | |
|-----|---|--|--|
| 115 | Tab. Fluconazole 150 Mg | | |
| 116 | Cream. Terbinafine 1% W/W 5 Gm Tube | | |
| 117 | Clotrimazole 15 Gm Tube | | |
| 118 | Tab. Terbinafine 250 Mg | | |
| 119 | Tab. Meronidazole 400 Mg | | |
| 120 | Susp. Metronidazole 200 Mg/5ML 60 ML Bottle | | |
| 121 | Tab. Diethyl Carbamazine Citrate 100 Mg | | |
| 122 | Tab. Ferrous Sulphate + Folic Acid 100 Mg + 0.5Mg | | |
| 123 | Syp. Ferrous Sulphate + Folic Acid Each ML contain 20 Mg Iron & 0.1 Mg Folic Acid | | |
| 124 | Tab. Tranexamic Acid 500 Mg | | |
| 125 | Tab. Frusemide 40 Mg/Tab. | | |
| 126 | Tab. Clopidogrel | | |
| 127 | Tab. Isosorbide 5 Mg | | |
| 128 | Tab. Amlodipin Besylate 0.5Mg | | |
| 129 | Tab. Metoprolol Tartarate 25 Mg | | |
| 130 | Tab. Telmisartan 40 Mg | | |
| 131 | Tab. Aspirin (Coated) 75 Mg | | |
| 132 | Tab. Atovastain 40Mg | | |
| 133 | Gel. Clindamycin 1% W/W 15 Gm Tube | | |
| 134 | Oint. Clobetasol Dipropionate 15 Gm Tube | | |
| 135 | Cream. Silver Sulphadiazin 1% W/V 500 Gm Jar | | |
| 136 | Oint. Betamethason 5 Gm Tube | | |
| 137 | Soln. Providone Iodine 5% W/V 500 ml Bottle | | |
| 138 | Oint. Providon Iodine 15 Gm Tube | | |
| 139 | Surgical Sprit 450 ML Bottle | | |
| 140 | Gel./Susp. Antacid | | |
| 141 | Syp. Ondansetron 2Mg/5ML 30 ML Bottle | | |
| 142 | Tab. Ondansetron 4 Mg DT | | |
| 143 | ORS Sachet for 1 Ltr. WHO Formula | | |
| 144 | Tab. Pantoprazole 40 Mg | | |
| 145 | Tab. Ranitidin 150 Mg | | |
| 146 | Tab. Glimepride 2Mg | | |
| 147 | Tab. Glimepride 1Mg | | |
| 148 | Tab. Metformin HCL (Coated) 500 Mg | | |
| 149 | Tab. Metformin HCL (Coated) 1gm | | |
| 150 | Tab. Metformin HCL (Coated) 2gm | | |
| 151 | Tab. Voglibose 0.2 Mg | | |
| 152 | Eye Drop. Bimitoprost 0.03% 5ML Vail | | |
| 153 | Eye Drop. Timolol | | |
| 154 | Eye Drop. Carboxy Methyl Celulose | | |

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|-----|--|--|--|
| 155 | Eye Drop. Moxoifloxacin | | |
| 156 | Tab. Isoxsuprine 10 Mg | | |
| 157 | Tab. Doxofylline 400 Mg | | |
| 158 | Tab. Doxofylline 650 Mg | | |
| 159 | Tab. Calcium & Vitamin D3 | | |
| 160 | Susp. Calcium & Vitamin D3 (100 MI Bottle) | | |
| 161 | Cap. Vitamin B Complex | | |
| 162 | Tab. Vitamin C 500 Mg | | |
| 163 | Drp. Vitamin E | | |
| 164 | Syp. Albendazole | | |
| 165 | Drop. Multi Vitamin 15 MI Bottle | | |
| 166 | Lysol 500 MI Bottle | | |
| 167 | Sodalime Medical Grade Granular Form 4.5 Kg Jar | | |
| 168 | Tab. Prednisolon 10 Mg | | |
| 169 | Tab. Prednisolon 05 Mg | | |
| 170 | Tab. Fluconazole 50 Mg | | |
| 171 | Tab. Serratiopeptidase 10mg | | |
| 172 | Inj. Meropenem 1gm Vial | | |
| 173 | Inj. Paracetamol (I.V) 1gm/100ml/Bt | | |
| 174 | Inj.Sodium Chloride 3% 100ml/Bt (Normal Sline) | | |
| 175 | Inj.Sodium Chloride 0.9 W/V 100ml/Bt(Normal Saline) | | |
| 176 | Inj. Iron Sucrose 50mg/2.5ml | | |
| 177 | Inj. Labetalol (20mg/4ml Amp.) | | |
| 178 | Inj. Octreotide 100mg | | |
| 179 | Tab. Atorvastatin 10mg | | |
| 180 | Tab. Atorvastatin 20mg | | |
| 181 | Tab.Montelukast 5mg | | |
| 182 | Tab. Paracetamol 650mg | | |
| 183 | Inj. Erythropoietin(EPO)-4000 IU/PFS | | |
| 184 | Inj. Glycine-10mg + Larginine-8mg + L Histidibe-4mg+Lisoleucine-5.5mg+L Leucine-12.3mg+ L Lysine-22.3mg+ L Methionine-7.1 Mg+L Phenylalanine-8.7 Mg+ L Threonine-5.4 Mg+ L Tryptophan-1.8 Mg+ L Valine-6.1 Mg+ Sorbitol-50mg (Astymin-3/20ML Vial) | | |
| 185 | Inj. Carbetocin | | |
| 186 | Inj. Human Albumin IV-20 percentage | | |
| 187 | Inj. Methylcobalamine-1500 mcg / Amp | | |
| 188 | Inj. Haloperidol Decanoate (Long Acting)-50 mg/ml | | |
| 189 | Syp. Levocetirizine (Palatable, with measuring cap and plastic container)-2.5mg/5ml | | |
| 190 | Mitazolam Spray | | |

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|-----|--|--|--|
| 191 | Tab.Sitagliptin 100mg | | |
| 192 | Tab.Sitagliptin 50mg | | |
| 193 | Tab.Dapagliflozin 10mg | | |
| 194 | Tab.Cilnidipine 10mg | | |
| 195 | Tab. Carvedilol 3.125mg | | |
| 196 | Tab.Nebivolol 2.5mg | | |
| 197 | Tab.Hydrochlorothiazide 25mg | | |
| 198 | Tab.Spirolactone 25mg | | |
| 199 | Tab. Phenoytoin Sodium 100mg | | |
| 200 | Tab.levetiracetam 250mg | | |
| 201 | Inj.levetiracetam 500mg/5ml vial | | |
| 202 | Tab. Levofloxacin 500mg | | |
| 203 | Tab. Levofloxacin 750mg | | |
| 204 | Tab. Doxycycline 100mg | | |
| 205 | Tab.Cefpodoxime 200mg | | |
| 206 | Tab. Chlorodiazepoxide 25mg | | |
| 207 | Tab. Chlorodiazepoxide 10mg | | |
| 208 | Tab. L Ornathine + Aspartate | | |
| 209 | Tab.Citicholine 500mg | | |
| 210 | Tab. Olenzapine 5mg | | |
| 211 | Tab. Queintapine 25mg | | |
| 212 | Tab. Prazosin (2.5mg) | | |
| 213 | Tab. L. Carnatine 500mg | | |
| 214 | Tab. Pregabalin + Methyclobmine 75mg | | |
| 215 | Oint. Fluocinolone 10gm tube | | |
| 216 | Oint. Fluticasone | | |
| 217 | Tab. Hydroxyzine 10mg | | |
| 218 | Tab. Methylcobalamine-1500 mcg | | |
| 219 | Tab. Multi Vitamin | | |
| 220 | Tab. Domperidone 30mg | | |
| 221 | Tab. Cefuroxime 500mg | | |
| 222 | Tab. Rifaxamine 400mg | | |
| 223 | Tab. Pre Pro biotic | | |
| 224 | Tab. Racecadotril 100mg | | |
| 225 | Tab. Valproic Acid 300mg | | |
| 226 | Tab. Acefenace + Thiocholcoside 4mg | | |
| 227 | Cap. Vitamin D3 | | |
| 228 | Tab. Olmesartan 20mg | | |
| 229 | Tab. Spiramycin 100mg | | |
| 230 | Inj. Methylergometrine Maleate-0.2 mg/ml | | |
| 231 | Inj. Heparin 5000 IU/ml 5ml/Vial | | |

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|-----|---|--|--|
| 232 | Inj. Levetiracetam-100mg/ml | | |
| 233 | Oral Solution/ Syp. Levetiracetam 100 mg/ 1ml | | |
| 234 | Oral Solution Caffeine Citrate 20mg/ml 3ml/bt | | |
| 235 | Inj.Fluconazole Infusion-200mg/100ml | | |
| 236 | Syp.Salbutamol Sulphate2mg/5ml | | |
| 237 | Magnesium sulfate Hepta Hydrate Power (Epsom Salt) 100gm/Pkt | | |
| 238 | Well Net (10nos. Per Packet) | | |
| 239 | Inj. Multivitamin(MVI) 10ml/vial | | |

Annexure-II

| | | | |
|-----|--|--|--|
| 240 | X-Ray Film 15 X 12 50 Nos./ Pkt. | | |
| 241 | X-Ray Film 12 X 12 50 Nos./ Pkt. | | |
| 242 | X-Ray Film 10 X 12 50 Nos./ Pkt. | | |
| 243 | X-Ray Film 8 X 12 50 Nos./ Pkt. | | |
| 244 | Dental X-Ray Film 150 Nos./Pkt. | | |
| 245 | X-Ray Devloper (9 Ltr. Pkt) | | |
| 246 | X-Ray Fixture (9 Ltr. Pkt) | | |
| 247 | Ultrasound Jelly (5 Ltr. Jar) | | |
| 248 | ECG Paper Z Fold BPL 100 Nos. Pkt. (Model-9108) | | |
| 249 | ECG Paper 12 Channel Make- Contec, China, Model-ECG1200G | | |
| 250 | ECG paper 12 Channel NISCO Brand Model-MR900 | | |
| 251 | Digital X-Ray Film (Fuji) 12X10 150 nos/. PKT | | |
| 252 | Digital X-Ray Film (Fuji) 10 X 8 150 nos/. PKT | | |

Annexure-III

| | | | |
|-----|--|--|--|
| 253 | Absorbent Cotton Net Wt. 500 Gm | | |
| 254 | Handloom Cotton Bandage 16.5 Mtr. X 90 CM Than Wt 750 Gm | | |
| 255 | Handloom Cotton Gauze 16.5 Mtr. X 60 CM Than Wt 250 Gm | | |

Annexure-IV

| | | | |
|-----|--|--|--|
| 256 | Foley's Urinary Catheter Size-6 | | |
| 257 | Foley's Urinary Catheter Size-8 | | |
| 258 | Foley's Urinary Catheter Size-10 | | |
| 259 | Foley's Urinary Catheter Size-14 | | |
| 260 | Foley's Urinary Catheter Size-12 | | |
| 261 | Foley's Urinary Catheter Size-16 | | |
| 262 | Catgut Chromic Atraumatic Size-1 76 Cm with Needle | | |
| 263 | Catgut Chromic Atraumatic Size-1-0 76 Cm with Needle | | |
| 264 | Polyglactin Size 1-0 Length 90 Cm 40 Mm Needle | | |
| 265 | Polyglactin Size 1 Length 90 Cm 40 Mm Needle | | |

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|-----|--|--|--|
| 266 | Operation Gloves Size-6.5 & 7 | | |
| 267 | I.V Canula Adult Size-22,20,18 | | |
| 268 | I.V Canula Child Size-24 | | |
| 269 | Nasogastric Infant Feeding Tube Size-5&6 | | |
| 270 | Paediartic Measuring Drip Set | | |
| 271 | Infant Mucous Extractor | | |
| 272 | Umblical Cord Clamp | | |
| 273 | Surgical Blade (Gama Radiation) Size-11,12,15,20,22,24 | | |
| 274 | Blood Administration Set | | |
| 275 | Intravenous Set Adult | | |
| 276 | Disposable Syringe 2 ML | | |
| 277 | Disposable Syringe 5 ML | | |
| 278 | Disposable Syringe 10 ML | | |
| 279 | Disposable Syringe 50ml | | |
| 280 | Disposable Syringe 20 ML | | |
| 281 | Disposable Syringe 1ML with separate Needle | | |
| 282 | K-90 Plain Urinary Catheter | | |
| 283 | Urine Collection Bag | | |
| 284 | Spinal Needle Size-23 & 25 | | |
| 285 | Baby Napkin (Small Diaper Type) For Neonate | | |
| 286 | Saintary Napkin with Belt/ without belt | | |
| 287 | Endo Tracheal Tube Size-2,2.5,3,3.5,4 | | |
| 288 | Endo Tracheal Tube Size-4.5,5,5.5,6,6.5,7,7.5,,8,8.5 | | |
| 289 | Disposable Syringe 1ML 40 Unit | | |
| 290 | Micropore (Size-2.5 cm X 9.1 Mtr) | | |
| 291 | Triple Layer Mask | | |
| 292 | Disposable Head Cap | | |
| 293 | Polyporplene Mess Size-15 X 15 CM | | |
| 294 | Polyporplene Mess Size-11 X 6 CM | | |
| 295 | Surgical Needle Curve Cutting Packet of 6 Nos. | | |
| 296 | Surgical Needle Curve Round Body Pkt. 6 Nos. | | |
| 297 | Polyglactin Size-2-0 | | |
| 298 | Polyglactin Size-3-0 | | |
| 299 | Catgut Cromic Atrumatic Size-2-0 | | |
| 300 | Catgut Cromic Atrumatic Size-3-0 | | |
| 301 | Polyglactin Size-8-0 | | |
| 302 | Polyglactin Size-6-0 | | |
| 303 | Polyproplene Size-1-0 | | |
| 304 | Polyproplene Size-2-0 | | |
| 305 | Ryle's Tube No-18 | | |
| 306 | Ryle's Tube No-16 | | |

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|-----|---|--|--|
| 307 | Ryle's Tube No-8 | | |
| 308 | Ryle's Tube No-6 | | |
| 309 | Ryle's Tube No-10,12,14 | | |
| 310 | Polyamide 2-0 | | |
| 311 | Polyamide 3-0 | | |
| 312 | Polyamide 4-0 | | |
| 313 | Corrugated PVC Drain | | |
| 314 | Romavac 12 | | |
| 315 | Romavac 14 | | |
| 316 | Nelaton Catheter (Disposable)Size-12, | | |
| 317 | Nelaton Catheter (Disposable)Size-14 | | |
| 318 | Nelaton Catheter (Disposable)Size-16 | | |
| 319 | Nelaton Catheter (Disposable)Size-18 | | |
| 320 | Dynaplast 14 X 10 X 3 cm | | |
| 321 | Dynaplast 6 x 4 mtr | | |
| 322 | Feeding Tube -10 | | |
| 323 | Feeding Tube -12 | | |
| 324 | Feeding Tube Size-8 | | |
| 325 | Skin Staplers Clips | | |
| 326 | Jel. Foam | | |
| 327 | Mersilk Size-3-0 | | |
| 328 | Mersilk Size-2-0 | | |
| 329 | Mersilk Size-1 | | |
| 330 | Plaster Paris Roll 4 inch | | |
| 331 | Plaster Paris Roll 6 inch | | |
| 332 | Oxygen face mask with2 mtr long multichannel kink resitant tube(Adult) | | |
| 333 | Oxygen Face Mask Paediatrics | | |
| 334 | Oxygen Face Mask Neonatal | | |
| 335 | Oxygen Face Mask Infant | | |
| 336 | Twinbore nasal oxygen set 2mtr long multichannel kink resistant tube(Adult) | | |
| 337 | Twin Bore nasal Oxygen Set Infant | | |
| 338 | Twin Bore nasal Oxygen Set Neonatal | | |
| 339 | Twin Bore nasal Oxygen Set child | | |
| 340 | Suction catheter (Plain)-Size 6,8,10,12 & 14 | | |
| 341 | SUCTION TUBE SIZE-6 | | |
| 342 | SUCTION TUBE SIZE-8 | | |
| 343 | Endo Tracel Tube (Cuffed) Size-4,4.5,5,6 | | |
| 344 | Pressure Monitoring Lines (PMO LINE) | | |
| 345 | L.P.SET | | |

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|-----|--|--|--|
| 346 | L.P.Needle (Size-4,5,6) | | |
| 347 | IV. Cannual Three Way Size-18,20,22 | | |
| 348 | IV. Cannual Three Way Size-24 | | |
| 349 | Foleys Catheter, 3 Way Size-16,18,20 | | |
| 350 | Chest Tube Plunger | | |
| 351 | Bain Circuit (Sterile Pack Non Toxic Pyrogen Free Silicone Product.) | | |
| 352 | IV Cannula Fixator Large | | |
| 353 | IV Cannula Fixator Medium | | |
| 354 | IV Cannula Fixator Small | | |
| 355 | Nebulisation Mask Adult (Soft, feixiable medical grade Aerosol mask with Elastic Strap 2 mtr long multi channel knik resistant tube) | | |
| 356 | Nebulisation Mask Child (Soft, feixiable medical grade Aerosol mask with Elastic Strap 2 mtr long multi channel knik resistant tube) | | |
| 357 | Umbilical Catheter Size-3.5 & 5 | | |
| 358 | Black Braided Silk Size- 1 (Length 2X76 cm, 3/8 Circel cutting 60 mm needle | | |
| 359 | Black Braided Silk Size-2-0 Sterile non absorbale 70 cm 3/8 reverse cutting 26 mm needle | | |
| 360 | Auto Clave Indicator Tape Size-25mm X 50m roll | | |
| 361 | Chest Tube Size-(6 to26) Child | | |
| 362 | Chest Tube Size-(20 to 40) Adult | | |
| 363 | Chest Tube Bag | | |
| 364 | Tab. Drotaverine-40 mg/Tab | | |
| 365 | Tab. Baclofen 10mg | | |
| 366 | Disposable ADK Abdominal Drain | | |

Annexure-V

| | | | |
|-----|---------------------------------------|--|--|
| 367 | Waste Bin Blue 15Lt. Swing Type | | |
| 368 | Waste Bin Red 50Lt. Swing Type | | |
| 369 | Waste Bin Yellow 50 Lt. Swing Type | | |
| 370 | Waste Bin Black 15 Lt. Swing Type | | |
| 371 | Waste Bin Black 50 Lt. Swing Type | | |
| 372 | Waste Bin Yellow 12 Lt. Foot operated | | |
| 373 | Waste Bin Black 12 Lt. Foot operated | | |
| 374 | Waste Bin Blue 50 Lt. Swing Type | | |
| 375 | Waste Bin Yellow15 Lt. Swing Type | | |
| 376 | Puncture Proof Container | | |
| 377 | Hub Cutter 1.5 ltr | | |
| 378 | Hypochloride Soln.5Lt.Jar 10% | | |

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| 379 | Disposable Pollythene Bag Black 50lt. /kg | | |
| 380 | Disposable Pollythene Bag Black 15lt. /kg | | |

Annexure-VI

| | | | |
|-----|--|--|--|
| 381 | BP instrument (mercury free) LED Type | | |
| 382 | BP instrument (mercury free) Dial Type | | |
| 383 | BP instrument Stand Type (mercury free) | | |
| 384 | Oxygen flow meter Humidified | | |
| 385 | Weighing machine (adult) Manual | | |
| 386 | weighing machine (adult) Digital | | |
| 387 | weighing machine (Neonate) Digital | | |
| 388 | Thermometer (Digital) | | |
| 389 | Stethoscope Adult | | |
| 390 | Stethoscope Pedtric | | |
| 391 | Stretcher on Trolley Power Coted (Medium Wheel) Size-6' wheel with break | | |
| 392 | Stretcher on Trolley SS (Medium Wheel) Size-6' wheel with break | | |
| 393 | Wheel Chair Folded | | |
| 394 | Fetal doppler | | |
| 395 | Bed Side Screen 3 fold | | |
| 396 | Instrument Trolley | | |
| 397 | Foot Step | | |
| 398 | Dressing Trolley | | |
| 399 | Medicine Trolley | | |
| 400 | Crash Cart Trolley | | |
| 401 | Oxygen Cylinder Trolley | | |
| 402 | ECG Lead | | |
| 403 | Cuttery Cord | | |
| 404 | Cuttery Plate | | |

Annexure-VII

| | | | |
|-----|---|--|--|
| 405 | Inj Ampicillin + Cloxacillin(250mg) | | |
| 406 | Inj Netilimycin(10mg) | | |
| 407 | Inj Vitamin D3 | | |
| 408 | Chlorphenarmine+promethazine(anticold drop) | | |
| 409 | Drop Cefixime | | |
| 410 | Amoxycillin + Clauvanic drop | | |
| 411 | Drop Iron | | |
| 412 | Multi-vitamin drop | | |
| 413 | Tab Clobazam(5mg) | | |
| 414 | Tab. Medroxyprogesterone(10mg) | | |
| 415 | Tab. Micronised progesterone(300mg) | | |

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| 416 | Retard Enema | | |
| 417 | Tab. Cabergoline(0.5mg) | | |
| 418 | Inj Lornithine Laspartate(5mg) | | |
| 419 | Tab. Ursedeoxycholic acid (300mg) | | |
| 420 | Tab. Spirolactone (50mg) | | |
| 421 | Inj Citicholine (500mg) | | |
| 422 | Syp. Lactoluse | | |
| 423 | Syp. Glycerine | | |
| 424 | Cap Chloramphenicol(250mg) | | |
| 425 | Syp. Disodium hydrogen citrate(100ml) | | |
| 426 | Tab. Chradiazepoxide (25mg) | | |
| 427 | Tab. Benfotiamine (100mcg) | | |
| 428 | Cap. Redotil | | |
| 429 | Tab Lopramide | | |
| 430 | Tab. trypsin | | |
| 431 | Tab. Chymotrypsin | | |
| 432 | Tab. Chorzozone | | |
| 433 | Tab. Thiocholchicoside(4mg) DT | | |
| 434 | Tab Lycopene | | |
| 435 | Mouth Wash Povidine Idoine | | |
| 436 | D-Sensitizing toothpaste(50gm) | | |
| 437 | Mouth ulcer gel(10gm) | | |
| 438 | Cap. Itraconazole (100mg) | | |
| 439 | Oint. Halobetazole | | |
| 440 | Tab. Olopatadin | | |
| 441 | Tab. Caraverine (20mg) | | |
| 442 | Fluticasome Fubrate+ Azelastine nasal spray | | |
| 443 | Momentazone nasal spray | | |
| 444 | Clotrimazole ear drop | | |
| 445 | Neosprin + Hydrocortisone ear drop | | |
| 446 | Tab. Cinerazine(25mg) | | |
| 447 | Tab. Betahistine 8mg | | |
| 448 | Tab. Betahistine 16mg | | |
| 449 | Tab. Ginkobiloba + Methylcobalamine | | |
| 450 | Oxymetazolin nasal drop (Adult) | | |
| 451 | Oxymetazolin nasal drop (Paed.) | | |
| 452 | Inj Lignocaine 4% | | |
| 453 | Lignocaine throat spray | | |
| 454 | Botroclot nasal pack | | |
| 455 | Tab. Frxofenadine (120mg) | | |
| 456 | Anti wax ear drop | | |

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|-----|---------------------------------------|--|--|
| 457 | Natamycin eye drop | | |
| 458 | Acyclovir eye drop | | |
| 459 | Gatifloxacin Eye Ointment | | |
| 460 | Moxifloxacin + Prednisolone Eye Drop | | |
| 461 | Gatifloxacin + Prednisolone Eye Drop | | |
| 462 | Hypertone (5%) Eye Drop | | |
| 463 | Briminodne Eye Drop | | |
| 464 | Homatropine Eye Drop | | |
| 465 | Atropine Eye Drop | | |
| 466 | Lotepred Eye Drop | | |
| 467 | Moxifloxacin Eye Drop | | |
| 468 | Ofloxacin + Dexamethasone Eye Drop | | |
| 469 | Cyclopentolate Eye Drop | | |
| 470 | Hematropine Eye Drop | | |
| 471 | Hypersol 0.5 Eye Drop | | |
| 472 | Dexamethasone + Moxifloxacin eye drop | | |
| 473 | Chloraphenarmine eye drop | | |
| 474 | Ocupal –D eye drop | | |
| 475 | Tobramycin + Loterotred eye drop | | |
| 476 | Alcptadine + Ketorlac eye drop | | |
| 477 | Pilospri Eye drop | | |
| 478 | Doxzolamide eye drop | | |
| 479 | Mepofevac eye drop | | |
| 480 | CALCIUM DOBESILATE OINTMENT | | |
| 481 | CALCIUM DOBECILATE CAP./TAB | | |
| 482 | ENEMA REDYMADE ISOTONIC | | |
| 483 | DICLOFENAC SUPPOSITORY | | |
| 484 | COUGH SYRUP DRY | | |
| 485 | COUGH SYRUP Expecotorant | | |
| 486 | TARPENTINE OIL (100ml) | | |
| 487 | HYDROGEN PEROXIDE (100ml) | | |
| 488 | URSODEOXYCHOLIC ACID TABLET 300mg | | |
| 489 | Tropimide + Phenylphnine eye drop | | |
| 490 | Tobramysin 0.3% eye drop | | |
| 491 | Nepafenac 0.3% eye drop | | |
| 492 | Propracaine 0.5% eye drop | | |
| 493 | Loteprebrol 0.5% eye drop | | |
| 494 | Predinisolone Asetate 1% eye drop | | |
| 495 | Trypen blue 0.4% Solutin | | |
| 496 | Povidone Iodine Scrub 1.5% | | |
| 497 | Inj. Hyaluranidase | | |

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|-----|--|--|--|
| 498 | Drop Calcium D3 | | |
| 499 | Drop Levosalbutamol + Ambroxol | | |
| 500 | Cap. Hydroxya Urea | | |
| 501 | Inj. Caffine Citrate 2ml amp | | |
| 502 | Tab. Stemetil 5mg | | |
| 503 | Providone iodine Mouth Wash | | |
| 504 | Tab. Nitro Contin BD | | |
| 505 | Inj.Loparin 40 | | |
| 506 | Tab. Torsidemide + Spiranolactone | | |
| 507 | Tab.Torsidemide 10 | | |
| 508 | Inj. Citicoline | | |
| 509 | Budesonide + Formotrol (MDI) 400 | | |
| 510 | Trioptima MDI + Formoterol (MDI) | | |
| 511 | Tiotropium MDI | | |
| 512 | Levosalbutamol + Ipratropiumdromide 0.63/1.25mg Nebulising Respules | | |
| 513 | Budesonide Nebulising Respules 0.5mg | | |
| 514 | Budesonide Nebulising Respules 1gm | | |
| 515 | Budesonide + Formoterol Nebulising Respules | | |
| 516 | Tab.Acedrophyline 100mg | | |
| 517 | Tab.Deflazacort | | |
| 518 | Tab. Norethisterone Acatete 5 mg | | |
| 519 | Cotrimazole Vaginal Tablet | | |
| 520 | Tab. Labetalol 100mg | | |
| 521 | Tab. Nifedipine 20mg Retard | | |
| 522 | Clomithene Citrate 50mg | | |
| 523 | Tab.Letrozole 2.5mg | | |
| 524 | TAB. LCARNITINE + UBIQUINONE+ LYCOEENE | | |
| 525 | Tab. Amoxycilline(500mg) + Clavanic Acid 125mg | | |
| 526 | Syrp. Laxative | | |
| 527 | Tab. Tansulosin + Dutasteride | | |
| 528 | Tab. Havoxalte | | |
| 529 | Tab. Oxybutynin | | |
| 530 | Tab. Polterodine | | |
| 531 | Tab.Solifenacin | | |
| 532 | Tab. Dariphenacin | | |
| 533 | Tab. Bisacodyl 10mg | | |
| 534 | Lignocaine Jelly | | |
| 535 | Tab.Venusmin 900mg | | |
| 536 | Oint.Diltiazem | | |
| 537 | P. Enema | | |

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| 538 | Oint.Sucral Ano | | |
| 539 | Cap. Vit-E + Evenins Prime Rose Oil | | |
| 540 | Cap. Danzole 100mg | | |
| 541 | Inj. Levosulpride | | |
| 542 | Tab. Levosulpride | | |
| 543 | Tab. Trypsin + Bronelin + Rutoside | | |
| 544 | Justin Suppository | | |
| 545 | Glycerin Suppository | | |
| 546 | Inj.Dynapar Aqua | | |
| 547 | BACILLOCID EXTRA | | |
| 548 | Tab. Serratiopeptidase 10 mg | | |
| 549 | Inj. Meropenem 1gm + Sulbactam 500mg (1.5mg) | | |
| 550 | Inj. Azithromycin 500mg | | |
| 551 | Inj. Azithromycin 1000mg | | |
| 552 | Inj. Enoxaparin 40mg | | |
| 553 | Inj. Enoxaparin 60mg | | |
| 554 | Inj.Methylprednisolone 1gm | | |
| 555 | Inj.Methylprednisolone 125mg | | |
| 556 | Inj.Methylprednisolone 60mg | | |
| 557 | Tab.Clariphromycin 500mg | | |
| 558 | Tab. Pyridoxine 40mg | | |
| 559 | Tab. Pyridoxine 50mg | | |
| 560 | Tab.Silymarin 70mg | | |
| 561 | Tab.Silymarin 140mg | | |
| 562 | Tab.Methylprednisolone 8mg | | |
| 563 | Inj. Doxycycline 100mg | | |
| 564 | Drop. Vitamin D3 | | |
| 565 | Cap.Vitamin D3 60K | | |
| 566 | Oint. Clobetasol 0.05 W/W + Salicylic Acid 3.5% W/W 20gm | | |