

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

N.I.T. Campus (P.O.), Kerala - 673601,

India Tel. : 0495228 , 133, 115, 116

EMAIL :purchase@nitc.ac.in

QUOTATION NOTICE

MAIN STORE

Date : 06-Oct-2026

SEALED QUOTATIONS are invited for the supply of the stores given in Schedule C. **The tenderers are requested to send their quotations (as per the format given in schedule D) in sealed covers with the quotation reference number and last date for receipt of quotation super scribed.** Wherever indicated, samples may be furnished at the tenderer's expense unless otherwise specified. The tenderers are requested to follow the instruction given in Schedule A. This Institute cannot accept terms and conditions of payment other than the alternative given in Schedule B.

1. Quotation Ref No.
2. Last Date for receipt of Quotation
3. The quoted rates should be valid upto
4. Address to which quotation are to be sent

NITC/S&P/S6/697/Health Centre/DOC/Medicine/2026-27/QT-202605

13-10-2026

Upto (IST) Time **4:00 PM**

4 Months

The Assistant Registrar (Store & Purchase)

NIT Calicut

NIT Campus (P.O.)

673 601



AR (S&P)

सहायक कुलसचिव (एस & पी)
Assistant Registrar (S & P)
राष्ट्रीय प्रौद्योगिकी संस्थान कलिकट
National Institute of Technology Calicut
केरल - ६७३६०१ / Kerala - 673601

SCHEDULED A - INSTRUCTIONS TO TENDERERS

- (a) Quotations should contain the complete specification and brand names.
- (b) All taxes, packing and forwarding charges (if any) and any other charges should be clearly shown
- (c) Prices quoted should be for delivering at the premises of NIT CALICUT.
- (d) Period within which the items can be supplied of firm order should be clearly mentioned.
- (e) Quotations containing conditions like "subject to prior sale" may not be considered.
- (f) Quotations received after the due date is liable to be rejected.
- (g) An integrity pact should be executed between the buyer and the bidder/vendor for all the contracts.

SCHEDULED B - CONDITIONS OF PAYMENT

One of the following conditions of payment should be accepted if the quotation is to be considered.

- (a) 100% payment after the receipt of the items in good condition.

Normally, complete payment will be made within 45 days from the date of receipt/installation of the items in good condition.

- (b) The supplier shall furnish Performance Security Deposit and Form Contract as follows:

- (i) Execute a Form of contract as per Institute standard format on Govt. of India stamp paper worth Rs.200/-.
- (ii) In case of value of supply order above Rs.10,00,000/- with warranty for the item, furnish a performance security deposit@3% of the total cost for the due fulfillment of the contract. This security shall be in the form of DD in favour of the Director, NIT Calicut payable at SBI, Calicut REC Branch (Code2207) OR Bank Guarantee from any nationalized bank/Scheduled commercial Banks valid for a period of sixty days beyond the contractual obligations including warranty.

(c) In case the supplier fails to deposit the required security and execute the contract bond on stamped paper of GOI or Govt. of Kerala (Specimen enclosed) by the due date, contract is liable to be cancelled without prejudice to taking any further action to recover damages for any loss sustained by THE DIRECTOR as result of supplier's refusal to abide by the terms of contract

- (a) Invoice number and date
- (b) Customer name
- (c) Customer and taxpayer's GSTIN (if registered)
- (d) Place of supply
- (e) Item details i.e. description, quantity (number), unit (meter, kg etc.), total value
- (f) Taxable value and discounts
- (g) Rate and amount of GST tax rates.
- (h) Signature of the supplier.
- (i) PAN number should be indicated.

SCHEDULED C - Technical Specification and Delivery Terms

(See Annexure - I)

SCHEDULED D - Format of Quotations

(For use of the bidder. See note below)

Format of Quotations

Quotation Ref. No.:

Last Date :

Sl.No.	Description of Goods (Attach necessary brochures)	Specification	Qty.	Unit	GST	Other Charges (if any)	Total Cost
GRAND TOTAL							

1. We agree to supply the above goods in accordance with the technical specification for a total contract price of Rs. _____ (amount in figures) (Rupees _____ only) (amount in words) within the period specified in the Invitation for Quotations.
2. We also confirm that commercial warranty/guarantee of _____ months shall apply to the offered goods from the date of installation/commissioning.
3. We undertake that in competing for (and if the award is made to us in executing) the above contract of supply of goods. We will strictly observe the laws against fraud and corruption in force in the Republic of India as required by National Institute of Technology Calicut.

Signature of the Bidder

Place:

Date:

Note:

1. Above tabular form is applicable while bids are being invited for more than one item and will be evaluated for all the items together. Modify the format accordingly where evaluation would be made for each item separately.
2. Quotation should be submitted on the official stationery of the bidder.

Sr. No.	Detailed Description	Approx Quantity	Whether Samples are to be sent
1.	Medicines/Injections and Disposables (Detailed Specification Attached)	Set.	

MEDICINES LIST

S.NO	MEDICINE NAME	QTY
1	INJ PANTOP	200
2	INJ EMESET	100
3	PARACETAMOL 1G INFUSION	60
4	INJ CYCLOPAM 10 MG	30
5	INJ.B COMPLEX 2 ML	60
6	INJ.HYDROCORTISONE 100	50
7	INJ.KETOROLAC 1 ML	15
8	INJ PHENYTOIN 2 ML	10
9	INJ ATROPINE 0.63 MG/ML	10
10	INJ. MGSO4 2 MG	5
11	INJ DERIPHYLLIN 2 ML	10
12	INJ. TRANEXAMIC ACID 5 ML	5
13	INJ. TETANUS TOXOID VACCINE	300
13	INJ. RABIES VACCINE HUMAN	20
14	BUDECORT RESPULES 0.5MG/2 ML	350
15	ASTHALIN RESPULES 2.5 MG/2.5 ML	300
16	DUOLIN RESPULES 1.25/500 MCG	200
17	LEVOLIN RESPULES 0.63 MG	100
18	NS 100 ML	60
19	DISP SYRINGE 5CC [BD EMERALD - 100 UNITS/BOX]	300

RS
Dr. BEJAY S. MENON
SPRINGER MEDICAL OFFICER
KALICUT
20.08.2020

20	DISP SYRINGE 2CC [BD EMERALD - 100 UNITS/BOX]	2000
21	SCALP VEIN SET 22*3/4 GAUGE	400
22	STERILE NEEDLE 25 GAUGE	20
23	IV SET	500
24	DNS 500 ML	200
25	NS 500 ML	400
26	RL 500 ML	200
27	IV CANNULA 24 GAUGE	10
28	GLUCO ONE TEST STRIPS	3 BOXES (1 BOX 50 COUNT)
29	CUTICELL	30
30	INJ TRAMADOL 2 ML	20
31	INJ. STEMETIL 1 ML	20
32	INJ CIPLOX 100 ML	15
33	T. PARACETAMOL 650 MG	6000
34	T. PARACETAMOL 500 MG	2000
35	T. LEVOZET 5 MG	6000
36	T. MOXCLAV 625	300
37	T. AZEE 500 MG	200
38	T. VIZYLAC	5000
39	T. DIGENE	1000
40	T. CYCLOPAM	2000
41	SYP ALCID MPS	10
42	SYG 10 CC (100 UNITS 1 BOX)	300 UNITS
43	T. PROPRANOLOL 10 MG	50
44	T. AVIL 25 MG	500


 BENSON
 SENIOR

45	T. JR LANZOL 15 MG	200
46	T. CEFIXIME 200 MG	200
47	T. SERRATIO 10 MG	200
48	T. ACECLOFENAC 100 MG + PARACETAMOL 325 MG	600
49	T. CHYMORAL FORTE	300
50	T. VERTIN 8 MG	500
51	REFRESH EYE DROPS	50
52	CIPLOX EYE AND EAR DROPS	100
53	T. FLUNARIZINE 5 MG	400
54	T. VONO 20 MG	200
55	T. ALLEGRA 180 MG	200
56	C. OMEZ 20 MG	2000
57	T. PANTOP 40 MG	1000
58	T. PANTOP D (40/10) MG	500
59	C. OMEZ D (20/10) MG	500
60	COTTON ROLL	10
61	BANDAGE CLOTH 100 CM (GAUZE)	10
62	T. THIOLCHICOSIDE 4 MG	200
63	T. ECOSPRIN 75 MG	420
64	T. ECOSPRIN 150 MG	280
65	T. RACECADOTRIL 100 MG	200
66	T. PREDNISOLONE 5 MG	200
67	T. DROTAVERINE 40 MG	200
68	T. VITAMIN C CHEWABLE (LIMCEE)	3000
69	DICLOFENAC GEL 15 G	70


 DR. P. S. STEPHEN
 MEDICAL
 NIT

70	DICLOFENAC SPRAY 100 GM	3
71	DEXTROSE 25 %	20
72	TROP T TEST KIT	5
73	T. STEMETIL 5 MG	50
74	T. EMESET 4 MG	600
75	BETADINE OINTMENT 125 MG 5%	10
76	BETADINE SOLUTION 500 ML	8
77	MUPIROCIN OINTMENT 5 G	70
78	AMBU BAG	1
79	HAND SANITIZER 500 ML	5
80	MG SULPHATE GLYCERIN 400 G	8
81	DETTOL ANTISEPTIC LIQUID 550 ML	5 BOTTLES
82	EXAMINATION GLOVES SIZE 7	12 BOXES (EACH BOX 100 NOS)
83	FACE MASK	1000
84	HYDROGEN PEROXIDE 450 ML	6
85	T. ALPRAZOLAM 0.25 MG	150
86	INJ DEXONA 2 ML	30
87	INJ AVIL 2 ML	25
88	INJ LORAZEPAM 2 ML	10
90	CALAMINE LOTION 100 ML	50
91	NEBULISATION MASK ADULT	4
92	NEBULISATION MASK PEDIATRIC	5
93	STERILE GLOVES SIZE 7	10 PAIRS


 DR. JYOTI STEPHEN
 SOVEREIGN
 11/11/2021

94	ORS 4.2 G	1000
95	LANCETS	3 BOXES EACH 100 UNITS
96	SUTURE MATERIAL 2-0	5
97	SUTURE MATERIAL 3-0	5
98	SUTURE MATERIAL 4-0	5
99	INJ LIGNOCAINE 2% 30 ML	23
100	SURGICAL BLADE SIZE 11	100 PIECES
101	STERI - STRIP 3M	6
102	T. ALPRAZOLAM 0.5 MG	50
103	INSULIN SRINGE 1 ML	200 UNITS

PA
 DEPENDS SYSTEM
 MEDICAL OFFICER
 1000
 1000