

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
N.I.T. Campus (P.O.), Kerala - 673601, India
Tel. : 04952286101, 109, 115, 116
EMAIL : purchase@nitc.ac.in
QUOTATION NOTICE
MAIN STORE


Date : 13-Jan-2025

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 number and last date for receipt of quotation superscribed.** 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. | NITC/S&P/S3/570/HC/MEDICINES/2024-25/9484 |
| 2. Last Date for receipt of Quotation | 04 . Feb . 2025 Upto (IST) Time 4:00 PM |
| 3. The quoted rates should be valid upto | 90 Days |
| 4. Address to which quotation are to be sent | Assistant Registrar (Store & Purchase)
NIT Calicut
NIT Campus (P.O.)
673 601 |

AR (S&P)

Approved for issue



To

1.

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 F.O.R. NIT CAMPUS, 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.

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.100000 with warranty for the item, furnish a performance security deposit@3% of the basic 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 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

Quotations should be submitted on the official stationery of the bidder)

List of Enclosures: (1) Annexure 1

(2) _____ (3) _____

SCHEDULE C :

Sr. No.	Detailed Description	Approx Quantity	Whether Samples are to be sent
1.	Medicines as per Annexure 1 attached	1.00 NO	

Annexure - I

SL NO	MEDICINE NAME	QUANTITY
1	T. METFORMIN HYDROCHLORIDE 500 MG	1000
2	T.MESALAMINE PROLONGED RELEASE 1.2MG	120
3	T.NEBIVOLOL HYDROCHLORIDE 5 MG	120
4	T.NEBIVOLOL 5 MG+S-AMLODIPINE 2.5MG	90
5	T.METOPROLOL SUCCINATE EXTENDED RELEASE 50 MG	120
6	T. RAMIPRIL 2.5 MG	100
7	T.ROSUVASTATIN 5 MG	300
8	T.TELMISARTAN 40MG+ AMLODIPINE 5 MG	300
9	T.THYROXINE SODIUM 100 MCG	6 bottles 120 each bottle
10	METFORMIN HCL XL 1000 MG	180
11	CILNIDIPINE 10 MG	180
12	T.ATORVASTATIN 10MG	200
13	T.ATORVASTATIN 40 MG	120
14	T.CLINIDIPINE 10 MG+ TELMISARTAN 40 MG	220
15	T.BISOPROLOL FUMARATE 2.5 MG	90
16	T.ASPIRIN GASTRO RESISTANT TABLETS 75 MG	90
17	CAP.ECOSPRIN AV 75 MG	200
18	T.GLIMEPIRIDE 1 MG	300
19	T. METFORMINE HYDROCHLORIDE 500 MG +GLIMEPIRIDE 1 MG	250
20	T.METFORMIN HYDROCHLORIDE 1000 MG + GLIMEPIRIDE 2 MG	180
21	T. METFORMIN HYDROCHLORIDE 500 MG + GLIMEPIRIDE 2 MG	200
22	T.LOSARTAN 50 MG	30
23	METOPROLOL SUCCINATE EXTENDED RELEASE 25MG	300
24	ASPIRIN GASTRO RESISTANT 150 MG	90
25	T.TENELIGLIPTIN 20MG	60
26	T.ISOSORBIDE DINITRATE 10 MG	30

27	CAP.PREGABALIN 75MG/NT	200
28	MICROPORE 2.5	30
29	T.CLINIDIPINE 20 MG	120
30	INJ.HUMAN MIXTARD 40 IU/ML	15 VIALS
31	T.NIFEDIPINE SUSTAINED RELEASE 10 MG	200
32	T.FRUSEMIDE 40 MG	30
33	CAP. RABEPRAZOLE DSR	300
34	SALINE NASAL DROPS	25
35	HYDROCORTISONE 1 % CREAM	6
36	MENTHOL CAPSULES	200
37	T. ROSUVAS 40 MG	30
38	T.AMOXICILLIN & POTASSIUM CLAVUNATE 625MG	1000
39	CAP. AMOXICILLIN 500 MG	1816
40	T.CEFIXIME 200 MG	750
41	T.AZITHROMYCIN 250MG	500
42	T.AZITHROMYCIN 500 MG	300
43	T.CIPLOX TZ	500
44	T.PARACETAMOL 500MG	4000
45	T.PARACETAMOL 650 MG	3000
46	T.PANTOPRAZOLE 40 MG	1500
47	T.OMEPRAZOLE 20 MG	3000
48	CAP.PANTOPRAZOLE AND DOMPERIDONE 40 MG & 30 MG	500
49	CAP.OMEPRAZOLE AND DOMPERIDONE 20 MG & 10 MG	500
50	T. RANITIDINE 150 MG	600
51	T.ACECLOFENAC 100 MG + PARACETAMOL 325 MG	800
52	T.SERRATIOPEPTIDASE 10 MG	700
53	T.LEVOCETRIZINE 5 MG	4000
54	T.MONTELUKAST 10 MG + LEVOCETRIZINE 5 MG	200
55	T.ONDANSETRON 4 MG	500
56	T.PROCHLORPERAZINE MALEATE MOUTH DISSOLVING 5 MG	50
57	T.BETAHISTINE 8 MG	500

58	T.VITAMIN B COMPLEX FORTE WITH VITAMIN C	2000
59	T.VITAMIN C 500 MG	800
60	T.RACECADOTRIL 100 MG	300
61	T.PREDNISOLONE DISPERSIBLE 5 MG	250
62	DISODIUM HYDROGEN CITRATE SYRUP 100ML	30 BOTTLES
63	T.BISACODYL 5 MG	200
64	TERBUTALINE SULPHATE ,BROMHEXINE HYDROCHLORIDE ,GUAIPHENESIN & MENTHOL EXPECTORANT 100 ML	50 bottles
65	CHLORPHENIRAMINE MALEATE AMMONIUM CHLORIDE AND SODIUM CITRATE EXPECTORANT 100 ML	50 bottles
66	MUPIROCIN 2% OINTMENT	20
67	DICLOFENAC[1%W/W] GEL 15 G	100
68	SILVER NITRATE GEL 0.2% GEL	25
69	BETAMETHASONE + NEOMYCIN CREAM 15G	20
70	T.MEFENEMIC ACID 500MG + PARACETAMOL 325 MG	25
71	MOXIFLOXACIN EYE/EAR DROPS	20
72	CIPROFLOXACIN EYE DROPS	30
73	T.ALPRAZOLAM 0.25 MG	50
74	T.DIAZEPAM 2 MG	20
75	T.LACTIC ACID BACILLUS CAPSULES	1000
76	T.DERIPHYLLINE RETARD 150 MG	600
77	T.ALPRAZOLAM 0.5 MG	20
78	INJ.EMESET 2 ML	150 ampoules
79	INJ.CYCLOPAM 2 ML	10 ampoules
80	INJ.PANTOPRAZOLE 40 MG	150 vials
81	DISP SYRINGE 10 CC	50
82	INJ.AVIL 2 ML	50 ampoules
83	DETTOL SANITIZER 550 ML	3

84	INJ.HYDROCORTISONE 100	30 VIALS
85	THROMBOPHOBE OINTMENT	3
86	SURGICAL MASK	600
87	PARACETAMOL 1G INFUSION	50 BOTTLES
88	BUDECORT RESPULES	250
89	ASTHALIN RESPULES	300
90	DUOLIN RESPULES	250
91	BANDAGE CLOTH [90*1] RAMARAJU	5
92	EXAMINATION GLOVES UNSTERILE SIZE 7[100 PIECES]	15 box
93	STERILE GLOVES SIZE 7 POWDERED	10 PAIRS
94	DISP SYRINGE 5CC [BD EMERALD – 100 UNITS/BOX]	3 BOX
95	DISP SYRINGE 2CC [BD EMERALD – 100 UNITS/BOX]	4 BOX
96	SCALP VEIN SET 22*3/4 GAUGE	300
97	STERILE NEEDLE 24 GAUGE	25
98	INFUSION SET	200
99	DNS 500 ML	200 BOTTLES
100	NS 500 ML	100 BOTTLES
101	RL 500 ML	150 BOTTLES
102	NS 100 ML	20 BOTTLES
103	T.CALCIUM & VITAMIN D3	800
104	SYP LEVOLIN 1MG 100 ML	10
105	T.FLUCONAZOLE 150 MG	200
106	T.VITAMIN E 400 MG	100
107	LIGNOCAINE HYDROCHLORIDE 2% GEL	2
108	T.ACYCLOVIR 800 MG	200
109	ORS 4.2G SACHET	1500 SACHETS
110	T.ACEBROPHYLLINE 100 MG+ ACETYL CYSTEINE 600 MG	70
111	T.JUNIOR LANZOL 15 MG	10
112	T.DOXYCYCLINE 100 MG	250

113	SURGICAL SPIRIT 400 ML	6 BOTTLES
114	PARACETAMOL SYRUP 125 ML	10 BOTTLES
115	PARACETAMOL SYRUP 250 ML	10 BOTTLES
116	AUGMENTIN SYRUP 228 MG	5 BOTTLES
117	ONDANSETRON SYRUP	5 BOTTLES
118	DICYCLOMINE HYDROCHLORIDE + PARACETAMOL SUSPENSION	5 BOTTLES
119	PHENYLEPHRINE HYDROCHLORIDE 5 MG + CHLORPHENIRAMINE MALEATE 2 MG SYRUP	5 BOTTLES
120	CLOTRIMAZOLE CREAM	70
121	PARADICHLOROBENZENE + CHLOROBUTOL + TURPENTINE OIL + LIDOCAINE EAR DROPS	50 BOTTLES
122	CLOTRIMAZOLE 1 % & BECLOMETHASONE 0.025% CREAM	10
123	T.TRANEXAMIC ACID 500 MG	50
124	T.ACECLOFENAC 100 MG + SERRATIOPEPTIDASE 15 MG + PARACETAMOL 325 MG	100
125	T.THIOCOLCHICOSIDE 4 MG + ACECLOFENAC 100 MG + PARACETAMOL 325 MG	50
126	GAMMA BENZENE HEXACHLORIDE 1 % & CETRIMIDE 0.1% EMULSION	2 BOTTLES
127	T.PHENYTOIN 100 MG	50
128	IV CANNULA 24 GAUGE	5
129	T. NAPROXEN 500 MG	100
130	INJ.DEXONA 4 MG	50 ampoules
131	INJ.DICLOFENAC SODIUM 3 ML	100 ampoules
132	T.CINNARIZINE 25 MG	20
133	NASIVION NASAL DROPS	50 BOTTLES
134	EASY FIX	10
135	DETTOL 500 ML	1 BOTTLES
136	T.AMLODIPINE 2.5 MG	90
137	T. ROSUVAS 10mg	100

138	GRBS STRIP(ONETOUCH SELECT)	2 box[50 STRIPS IN 1 BOX]
139	IBUPROFEN 400 MG	500
140	T.BIOTEE FORTE 10 mg	120
141	CARBOXYMETHYL CELLULOSE SODIUM EYE DROPS	50
142	BECLOMETHASONE DIPROPIONATE AND SALICYLIC ACID OINTMENT	25
143	PARACETAMOL SUPPOSITORY 125	10
144	CLOBETASOL AND MICANAZOLE CREAM	10
145	Tab LOPERAMIDE 2MG	25
146	GLYCERINE SUPPOSITORY	10
147	CALCITRIOL SACHETS	100
148	WHITE SOFT PARAFFIN AND LIQUID PARAFFIN CREAM	5
149	T. TRYPSIN AND CHYMOTRYPSIN	100
150	T.DROTAVERINE 40	50
151	SYP. COSCOPIN	10
152	SYP. CETIRIZINE 60 ML	10
153	SYP. ANTACID	5
154	T. ACECLOFENAC 100 MG	500
155	T.ATORVASTATIN AND FENOFIBRATE 10/160 MG	60
156	METFORMIN XL 500 MG	300
157	SYP CHLORPHENIRAMINE MALEATE 4 MG/5 ML AND DEXTROMETHORPHAN HCL 10 MG/5 ML	5
158	T. AMBROXOL HCL 30 MG	100
159	T. PREGABALIN XR 50 MG	60
160	T. AMLO 5 MG	200
161	INJ. TETANUS TOXOID VACCINE	100
162	INJ. RABIES VACCINE HUMAN	20
163	T.GABAPENTIN 300 MG	60
164	T. ALLEGRA 120 MG	100
165	T. GLUCOSAMINE SULPHATE ,CALCIUM WITH VIT D3	70

166	T. MONTELUKAST SODIUM 10 MG	100
167	T. ALBENDAZOLE 400 MG	300
168	CALAMINE LOTION 100 ML	80
169	T. CANDID V6	30
170	T. CANDID V3	20
171	T.FREOPEN	500
172	T. TELMA 40 MG	120
173	T. FOLIC ACID 5 MG	200
174	T.GLICLAZIDE 40 SR+METFORMIN 500	60
175	DAPAGLIFLOZIN 10+ SITAGLIPTIN 100+ METFORMIN 500	120
176	INJ.DEGLUDEC PEN 100units /ml	8
177	T. BIZFER XT	500
178	STREPSILS ORANGE FLAVOUR	100
179	T.NEUROBION FORTE	700
180	T. LIV. 52	8
181	PERMETHRIN CREAM 30 MG	25
182	ORASORE MOUTH ULCERS GEL	20
183	OTOFUNGIN EAR FROPS	20

Note:

- Rate of one tablet should be mentioned .
- Rate for tablet per strip along with GST should be mentioned .
- Expiry date of medicines should be after one year.
- Expiry medicines should be taken back.