

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 : 14-Sep-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. **NITC/S&P/S2/654/HC/2026-27**
2. Last Date for receipt of Quotation **05-10-2026** Upto (IST) Time **4:00 PM**
3. The quoted rates should be valid upto **4 Months**
4. Address to which quotation are to be sent

The Assistant Registrar (Store & Purchase)

NIT Calicut

NIT Campus (P.O.)

673 601



AR (S&P)

D. Senthil
14/9/26

SCHEDULED A - INSTRUCTIONS TO TENDERERS

- (a) Quotations should contain the complete specification and brand name.
- (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:

Note:

Sr. No.	Detailed Description	Approx Quantity	Whether Samples are to be sent
1.	Supply of Medicines listed in ANNEXURE - A	1 No.s.	

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.
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MEDICINES LIST

S.NO	MEDICINE NAME	QTY IN TABS
1	T. METFORMIN HYDROCHLORIDE 500 MG (SUSTAINED RELEASE)	3000
2	T.LACOSAM 100 MG	200
3	T.NEBIVOLOL HYDROCHLORIDE 5 MG	120
4	T. CLOPIDOGREL 75 MG (PREVA)	400
5	T.METOPROLOL SUCCINATE EXTENDED RELEASE XL 50 MG	600
6	T. GLIMIPIRIDE 1 MG	700
7	T.ROSUVASTATIN 5 MG	400
8	T.TELMISARTAN 40MG+ AMLODIPINE 5 MG	700
9	T. AMLOPRES-AT (CIPLA)	200
10	T .AMLO 5 MG (CIPLA)	700
11	T. CILNIDIPINE 10 MG	500
12	T.ATORVASTATIN 10MG	900
13	T.ATORVASTATIN 40 MG	90
14	T.CLINIDIPINE 10 MG+ TELMISARTAN 40 MG (NEXOVAS T)	100
15	T.BISOPROLOL FUMARATE 2.5 MG	120
16	T. TELMA 40 MG	2000
17	T. VERTIN 8 MG	600
18	T.AMLO 2.5 MG (cipla)	60
19	T.TENELIGLIPTIN 20MG	30


 DR. SENCY STEPHEN
 SENIOR MEDICAL OFFICER
 HIT CALICUT
 Reg. No. 35728

20	T.METFORMIN HYDROCHLORIDE 1000 MG + GLIMIPIRIDE 2 MG	320
21	T. METFORMIN HYDROCHLORIDE 500 MG + GLIMIPIRIDE 2 MG (PROLONGED RELEASE)	690
22	T. CPM (BOTTLE)	2 BOTTLES
23	METOPROLOL SUCCINATE EXTENDED RELEASE XL 25MG (CIPLA)	600
24	T.CILACAR-M 10/25	180
25	T.ISOSORBIDE DINITRATE 10 MG	90
26	T. MONTELUKAST 10 MG	300
27	T. GLYCOMET - GP 1	180
28	T.LOSARTAN 50 MG	800
29	T.LOSARTAN 25 MG	600
30	MICRO PORE 5CM*9 M (UNIPORE)	12
31	INJ TRESIBA.DEGLUDEC PEN 100 units /ml	6
32	T. ALLEGRA 180 MG	800
33	CAP. RABEPRAZOLE DSR	100
34	SALINE NASAL DROPS	100
35	HYDROCORTISONE 1 % CREAM 15 G	20
36	MENTHOL CAPSULES	400
37	T. VONOPRAZAN 20 MG	300
38	T.AMOXICILLIN & POTASSIUM CLAVUNATE 625MG	1600
39	CAP. AMOXICILLIN 500 MG	900
40	T.CEFIXIME 200 MG	1000
41	POVIDONE -IODINE SOLUTION 5% (500 ML)	5

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SENIOR MEDICAL OFFICER
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42	T.AZITHROMYCIN 500 MG	700
43	T.CIPLOX TZ	600
44	T.PARACETAMOL 500MG	2000
45	T.PARACETAMOL 650 MG	9000
46	T.PANTOPRAZOLE 40 MG	5000
47	T.OMEPRazole 20 MG	6000
48	T. TRYPSIN AND CHYMOTRYPSIN	700
49	T.DROTAVERINE 40	200
50	SYP DOMSTAL 30 ML	5
51	T.ACECLOFENAC 100 MG + PARACETAMOL 325 MG	3000
52	T.SERRATIOPEPTIDASE 10 MG	800
53	T.LEVOCETRIZINE 5 MG	8000
54	CAP. CHOLECALCIFEROL CAPSULES 60000 IU	900
55	T.ONDANSETRON 4 MG	1000
56	HYDROGEN PEROXIDE SOLUTION 400 ML	2
57	PERMETHRIN CREAM 30 MG	15
58	T.VITAMIN B COMPLEX	3000
59	T.VITAMIN C 500 MG LIMCEE CHEWABLE	6000
60	T.RACECADOTRIL 100 MG	600
61	T.SUPRADYN MULTI VIT	1000
62	SYP. DISODIUM HYDROGEN CITRATE 100ML	80
63	T. ETODOLAC 400 MG	250
64	SYP ASCORIL 100 ML	170
65	SYP PIRION 100 ML	100
66	MUPIROCIN 2% OINTMENT 5 G	60

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67	DICLOFENAC [1%W/W] GEL 15 G	200
68	COFSILS ORANGE FLAVOUR	500
69	SYP DIGENE	10
70	ORASORE MOUTH ULCERS GEL 12 GM	48
71	MOXIFLOXACIN EYE/EAR DROPS 0.5 % 10 ML	50
72	T. ALBENDAZOLE 400 MG	450
73	T.ALPRAZOLAM 0.25 MG	250
74	T. NITROFURANTION SR 100 MG	400
75	T.LACTIC ACID BACILLUS CAPSULES	5000
76	T.DERIPHYLLINE RETARD 150 MG	100
77	STERI – STRIP 3M	3
78	INJ.EMESET 2 ML	200
79	NS 100 ML	40
80	INJ.PANTOPRAZOLE 40 MG	300
81	T. FEBUXOSTAT 20 MG	120
82	INJ.AVIL 2 ML	10
83	SUTURE MATERIAL (4-0)	5 BOXES
84	INJ.HYDROCORTISONE 100	30
85	T.DAPAGLIFLOZIN 10 MG & METFORMIN 500 MG (EXTENDED RELEASE)	200
86	SURGICAL MASK (BLUE COLOUR)	1500
87	PARACETAMOL 1G INFUSION	95
88	BUDECORT RESPULES 0.5MG/2 ML	350
89	ASTHALIN RESPULES 2.5 MG/2.5 ML	300


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90	DUOLIN RESPULES 1.25/500 MCG	200
91	BANDAGE CLOTH 100 CM (GAUZE)	15
92	COTTON ROLL	12
93	CARBOXY METHYL CELLULOSE SODIUM EYE DROPS	100
94	T. ESOMEPRZOLE 20 MG	300
95	DISP SYRINGE 2CC [BD EMERALD – 100 UNITS/BOX]	5000
96	SCALP VEIN SET 22*3/4 GAUGE	500
97	STERILE NEEDLE 25 GAUGE	20
98	IV SET	500
99	DNS 500 ML	200
100	NS 500 ML	300
101	RL 500 ML	200
102	INJ. STEMETIL 1 ML	20
103	T. NEXITO FORTE (10MG & 0.5)	50
104	T. FEBUXOSTAT 40 MG	150
105	T. ROSUVAS 20 MG	120
106	INJ TRAMADOL 2 ML	10
107	T. CONCOR 5 MG	120
108	T. ROSUVAS 10 MG & ASPIRIN 75 MG & CLOPI 75 MG	150
109	T. METFORMIN HYDROCHLORIDE 500 MG	3000
110	T. NORMONERV	250
111	T. ONDERO MET 2.5/ 500 MG	150
112	T. NAFODIL 75 MG	150

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113	T.BREVIPIIL 50 MG	210
114	T. MONTEK LC	700
115	T. ORASORE MOUTH ULCER TABLET	600
116	T. SINAREST	1000
117	GLUCO ONE STRIPS	10 BOXES (EACH BOX 25 STRIPS)
118	T. ECOSPIRIN AV 75/20 MG	300
119	T.RUBIRED Z	120
120	T. NEMOCID 250 MG	200
121	T. PANTOP D 40/10 MG	600
122	SOFRAMYCIN CREAM	70
123	OXYMETAZOLINE NASAL DROPS 0.5 %	120
124	SUTURE MATERIAL 3-0	3 PIECE
125	T. THYROX 25	10 BOTTLES
126	T. THYROX 75	3 BOTTLES
127	T. THYROX 100	4 BOTTLES
128	T. THYROX 50	5 BOTTLES
129	T. LOPERAMIDE 2 MG	200
130	T. CEFPODOXIME 200 MG + POTASSIUM CLAV 125 MG	200
131	FLUTICASONE NASAL SPRAY 27.5 MCG/SPRAY	15
132	SYP AMOX 250 MG	30
133	SYP PARACETAMOL 250 MG (FEFANIL 250)	120
134	SYP LEVOLIN 1 MG/5 ML	60
135	SYP CETIRIZINE 5 MG	60

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136	BETNOVATE GM CREAM 20 MG	40
137	SALICYLIC ACID OINTMENT 20 GM	15
138	BETAMETHASONE CREAM 20 GM	25
139	T. NAPROXEN 500 MG	1000
140	CALALMINE LOTION 100 ML	100
141	T. ACICLOVIR 800 MG	400
142	T. ITRACONAZOLE 200 MG	200
143	T. PREGABALIN 75 MG + NORTRIPTYLINE 10 MG + MECOBAL 1500 MCG (PEGABANYL - NTM)	100
144	CLEAR WAX EAR DROPS 10 ML	100
145	AMCRYLATE (ISO AMYL 2- CYANOACRYLATE) 0.25 ML	5 NO'S
146	C. OMEGA 3 SOFT GELATIN CAPSULES	3 BOTTLES
147	DETTOL LIQUID LIME FRESH 550 ML	3 BOTTLES
148	DETTOL ANTISEPTIC LIQUID 550 ML	3 BOTTLES
149	DETTOL HAND SANITIZER 200 ML	20 BOTTLES
150	T.BISOPROLOL FUMARATE 5 MG	200
151	T. THIOCOLCHICOSIDE 4 MG	400
152	T. CINNARIZINE 25 MG	50
153	T. ISTAMET 50 MG/500 MG	180
154	LULICANAZOLE CREAM 1 % 30 MG	5
155	T. VIT D3 + CALCIUM 500 MG	1200
156	T. METFORMIN 1000 SR	200
157	T. PULMO CLEAR	600

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158	T. ZERODOL SPAS	300
159	T. METROGYL 400 MG	800
160	C. OMEZ - D	600
161	ORS 4.2 G SACHET	2000
162	T. MYOSPAZ FORTE	300
163	T. IRON + FOLIC ACID	2000
164	T. FOLIC ACID 5 MG	200
165	CIPLADINE OINTMENT 15 G	100
166	T. NEUROBION FORTE	3000
167	BURN HEAL CREAM 15 GM	100
168	EXAMINATION GLOVES SIZE 7	12 BOXES (EACH BOX 100 NOS)
169	T. DOXY 100 MG	800
170	T. UDAPA-TRIO (10+100+500 MG)	300
171	INJ T T 0.5 ML	250
172	RABIES VACCINE HUMAN	30
173	T. PREGABALIN 50 R	120
174	T. DICLOFENAC SODIUM 50 MG	100
175	T. DICLOFENAC POTASSIUM 50 MG	50
176	INJ CIPROFLOXACIN 100 ML/200 MG	50
177	SURGICAL BLADE SIZE 11	30
178	SUTURE MATERIAL SIZE 3-0	2 BOXES
179	T. CYCLOPAM	1800

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180	T. DIGENE CHEWABLE	1000
181	T. MEFTAL SPAS	1000
182	T. MEFTAL FORTE	400
183	T. MYO SPAZ	300
184	T. FLUNARIZINE 5 MG	500
185	T. OXETOL 150 MG	60
186	T. OXETOL 300 MG	90
187	T. GLICLAZIDE 40 SR+METFORMIN 500	300
189	T. TRANEXAMIC ACID 500 MG	100
190	T. MEFENAMIC ACID 500 MG	200
191	T. JR. LANZOL 15 MG	100
192	T. LONITAB 2.5 MG	150
193	T. BICALUTAMIDE 50 MG	60
194	T. WELL GROW EVA (32 PACK)	64

Note:

The rate of one tablet should be mentioned .

Rate for tablets per strip along with GST should be mentioned .

Expiry date of medicines should be after one year.

Expiry medicines should be taken back.

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