



MAHATMA GANDHI MISSION TRUST
MGM INSTITUTE OF HEALTH SCIENCES, CENTRAL PURCHASE DEPARTMENT (CPD)
Plot 1 &2, Sector -1 Kamothe, Navi Mumbai 410209
3. E-Tender for Medicines (Respiratory Product)

Tender invited from reputed manufacturers of Medicines MGM Group of Hospitals at Navi Mumbai & Aurangabad in the format given below :

Name & Address of Vendor: _____

Sr.No	Composition Name	Brand Name of Medicines (Respiratory Group)					
		Name of Manufacturer	Brand Name	Unit & Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
1	LEVOSALBUTAMOL 1.25 MG + IPRATROPRIMUM 500 MCG RESPULE						
2	LEVOSALBUTAMOL 50 MCG + IPRATROPRIMUM 20 MCG (INHALER)						
3	LEVOSALBUTAMOL 50 MCG + IPRATROPRIMUM 40 MCG (INHELAR)						
4	LEVOSALBUTAMOL 100 MCG + IPRATROPRIMUM 40 MCG (ROTACAP)						
5	LEVOSALBUTAMOL 100 MCG + IPRATROPRIMUM 80 MCG (ROTACAP)						
6	LEVOSALBUTAMOL 0.31 MG RESPULE						

Sr.No	Composition Name	Brand Name of Medicines (Respiratory Group)					
		Name of Manufacturer	Brand Name	Unit & Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
7	LEVOSALBUTAMOL 0.63 MG RESPULE						
8	LEVOSALBUTAMOL 1.25 MG RESPULE						
9	LEVOSALBUTAMOL 50 MCG (INHALER)						
10	LEVOSALBUTAMOL 100 MCG (ROTACAP)						
11	BUDESONIDE 0.5 MG (RESPULE)						
12	BUDESONIDE 1 MG (RESPULE)						
13	BUDESONIDE 100 MG (INHALER)						
14	BUDESONIDE 200 MG (INHALER)						

Sr.No	Composition Name	Brand Name of Medicines (Respiratory Group)					
		Name of Manufacturer	Brand Name	Unit & Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
15	BUDESONIDE 200 MG (ROTACAP)						
16	BUDESONIDE 400 MG (ROTACAP)						

Note: • GST will be applicable as per prevailing rate at the time of supply.

- Please enclose your authorised distributors detail for Navi Mumbai and Aurangabad
- Please enclose all applicable valid licences and FDA approvals wherever applicable.
- Rates once approved, shall remain valid for at least one year as per rate contract.

Date:

Signature of Tenderer:

Name:
Designation:
Email ID:
Mobile No.:
Drug Licence Nos:
Full Address :
GST No:
PAN/TAN No:

Seal