



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

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

**Name & Address of Manufacturer :** \_\_\_\_\_

Sr.No	Composition Name	Branded Medicine - Orther Product					
		Name of Manufacturer	Brand Name	Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
1	Lactulose (3.35gm/5ml)						
2	ECG GELLY						
3	BORIC ACID SOLUTION 400 ML						
4	Clindamycin (100mg) + Clotrimazole (200mg) supposteries						
5	Clindamycin (100mg) + Clotrimazole (100mg) + Tinidazole (100mg) supposteries						
6	Bisacodyl 10 mg suppostries						
7	Diclofenac (12.5mg)						
8	Diclofenac (25 mg )						
9	Diclofenac (100mg)						
10	PARACETAMOL SUPP.						
12	Midazolam (0.5mg) spray						

Sr.No	Composition Name	Branded Medicine - Orther Product					
		Name of Manufacturer	Brand Name	Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
13	DICLOFENAC DIETHYLAMINE 4.64 % W/V + DICLOFENAC SODIUM 0.4 % W/V + ABSOLUTE ALCHOL 10.00 % W/V TOPICL SOLUTION						
14	DICLOFENAC DIETHYLAMINE 2.32 % W/V +Diclofenac SODIUM 2 % W/V + Methyl Salicylate 10 %W/V + ABSOLUTE Alcohol + Menthol 5 % W/V TOPICAL SPRAY						
15	Hydroxyethyl Starch(HES) (6gm) + Sodium Chloride (0.9gm) I/V						
16	NS 3 %						
17	DNS 500 ML I/V						
18	DNS 250 ML I/V						
19	Ibuprofen 400 mg ( 100 ml )						
20	GLYCINE 3 LIT						
21	Central Line						
22	IV Kit (Includes Swab, Etc)						
23	HAEMODYLYSIS CAN 10 LIT						

- Note:**
- GST will be applicable as per prevailing rate at the time of supply.
  - Please enclose authorised distributors detail
  - 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 :

Sr.No	Composition Name	Branded Medicine - Orther Product					
		Name of Manufacturer	Brand Name	Strength Offered	Quoted Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
Seal				GST No:			
				PAN/TAN No:			
• LIST OF AUTHORISED DISTRIBUTORS AT NAVI MUMBAI AND AURANGABAD							
Sr. No.	NAVI MUMBAI			AURANGABAD			
1	Supplier Name:			Supplier Name:			
	Drug Lic No. :			Drug Lic No. :			
	GST No. :			GST No. :			
	Pan No. :			Pan No. :			
	Address :			Address :			
	Email. Id :			Email. Id :			
	Cont No.:			Cont No.:			