



**MAHATMA GANDHI MISSION TRUST**  
**MGM INSTITUTE OF HEALTH SCIENCES, CENTRAL PURCHASE DEPARTMENT (CPD)**

**Plot 1 &2, Sector -1 Kamothe, Navi Mumbai 410209**

**9. E-Tender for Autoclave Products ( CSSD )**

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

**Name & Address of Manufacturer (Tenderer) :** \_\_\_\_\_

**Manufacturer Drug Licence** \_\_\_\_\_

Sr. No.	Item Name	Name of Manufacturer	Brand Name	Strength Offered	Quote Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
1	MEDICAL PAPER PACKING RELL 5 /200						
2	MEDICAL PAPER PACKING RELL 7.5 /200						
3	MEDICAL PAPER PACKING RELL 10 /200						
4	MEDICAL PAPER PACKING RELL 15 /200						
5	MEDICAL PAPER PACKING RELL 20 /200						
6	MEDICAL PAPER PACKING RELL 25 /200						
7	MEDICAL PAPER PACKING RELL 30 /200						
8	MEDICAL PAPER PACKING RELL 40 /200						
9	AUTOCLAVE INDICATOR TAPE						
10	BIOLOGICAL VIALS ( STEAM )						
11	BIOLOGICAL VIALS ( STEAM ) / INSTANT						
12	BIOLOGICAL VIALS ( EO )						
13	INTERGRATOR FOR ETO CHECK						
14	MEDICAL ENZYME DETERGENT 4 LIT						
15	3 LINE LABELS ETO						

Sr. No.	Item Name	Name of Manufacturer	Brand Name	Strength Offered	Quote Rate Per Unit	MRP Per Unit	Whether WHO GMP/ US FDA/DCGA Approved (YES/NO)
16	3 LINE LABELS STEAM						
17	LUBRICANT SPRAY 450 ML						
18	RUSTREMOVAL SOLUTION						
19	I M2 CLEANING SOLUTION						

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:

Seal

Name:
Designation:
Email ID:
Mobile No.:
Drug Licence Nos:
Full Address :
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.:	