



OFFICE OF THE DISTRICT HEALTH SOCIETY ,DHUBRI
NATIONAL HEALTH MISSION, DHUBRI

No. DHS/NHM/DBR/Procurement-supply/2018-2019/ ..1043

Date: 16.03.2019

NOTICE INVITING TENDER

Sealed quotation affixing non refundable court fee stamp of Rs 8.25/- only is hereby invited from Wholesale & Drug Distributors on behalf of District Health Society Dhubri for supplying of Vital Drugs attached (Proforma- 1) and Anti psychiatric drugs (proforma-2)

The quotation will be received by the undersigned upto 2 PM of 28th March 2019 and will be opened at 3.15 PM on the same date . The proprietors of the parties /firm or their authorized agents may remain present at the time of opening of the quotation.

Terms & Conditions:

1. Two separate quotation to be submitted for vital and Psychotic Drugs as per prescribed proforma.(Proforma -1 for Vital Drugs, Proforma-2 for Psychotic Drugs)
2. Quotation must be submitted in the firms own pad having DL.No & GST No.

Suman
Joint Director of Health Services
DHS,Dhubri

Memo No. DHS/NHM/GLP//2018-2019/...1043(A) Date: 16.03.2019


Copy to:-

1. Deputy Commissioner cum Chairman,DHS,Dhubri
2. ADC(Health),Dhubri
3. Treasury Officer,Dhubri
4. DPM/DDSM/DAM, NHM,Dhubri for information and necessary action
5. Office copy
6. Notice Board, O/O the Jt.DHS,Dhubri for information
7. Notice Board, O/O the Deputy Commissioner,Dhubri for information

Suman
Joint Director of Health Services
DHS,Dhubri

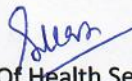
Proforma : 1 Drugs list of Vital Drugs :

| Sl No | Name of drug with strength | Unit pack | Rate/- | GST | Net Rate/- |
|-------|----------------------------|-----------|--------|-----|------------|
| 1 | Tab. Paracetamol 500 mg | 1X10 | | | |
| 2 | Syp Paracetamol 125mg/5ml | bottle | | | |
| 3 | Inj . Vitamin k1 | amp | | | |
| 4 | Tab Levo cetirizine 5mg | 1x10 | | | |
| 5 | Gauge Than | than | | | |
| 6 | Roll Bandage | Dozen | | | |


Joint Director Of Health Services
DHS,Dhubri

Proforma-2 Drugs list for Anti -Psychiatric Drug:

| Sl No | Name of drug with strength | Unit Pack | Rate | GST | Net Rate/- |
|-------|-----------------------------------|-----------|------|-----|------------|
| 1 | TAB. OLANZAPINE 10mg | 10's | | | |
| 2 | TAB. OLANZAPINE 5 mg | 10's | | | |
| 3 | TAB. QUETIAPINE 100mg | 10's | | | |
| 4 | TAB. QUETIAPINE 50 mg | 10's | | | |
| 5 | TAB. TRIHEXYPHENIDYL 2 mg | 10's | | | |
| 6 | TAB. CHLOROPROMAZINE 100 mg (CPZ) | 10's | | | |
| 7 | TAB. CHLOROPROMAZINE 50 mg (CPZ) | 10's | | | |
| 8 | INJ. CHLOROPROMAZINE | Amp | | | |
| 9 | INJ. OLANZAPINE | Amp | | | |
| 10 | INJ. PROMETHAZINE | Amp | | | |
| 11 | INJ. HALOPERIDOL | Amp | | | |
| 12 | INJ. LORAZEPAM (LOPEZ) | Amp | | | |
| 13 | TAB. ESCITALOPRAM 20 mg | 10's | | | |
| 14 | TAB. ESCITALOPRAM 10 mg | 10's | | | |
| 15 | TAB. DULOXETINE 20 mg | 10's | | | |
| 16 | TAB. DULOXETINE 30 mg | 10's | | | |
| 17 | TAB. RESPERIDONE 2 mg | 10's | | | |
| 18 | TAB. RESPERIDONE 5 mg | 10's | | | |
| 19 | TAB. CHLORODIAZEPOXIDE 10 mg | 10's | | | |
| 20 | TAB. SODIUM VALPORATE 200 mg | 10's | | | |
| 21 | TAB. SODIUM VALPORATE 600 mg | 10's | | | |
| 22 | TAB. PHENYTOIN SODIUM 100 mg | 10's | | | |
| 23 | SODIUM VALPORATE SYRUP | bottle | | | |
| 24 | TAB. CARBAMAZEPINE 200 mg | 10's | | | |
| 25 | TAB. CLONAZEPAM 0.5 mg | 10's | | | |
| 26 | TAB. CLONAZEPAM 1 mg | 10's | | | |
| 27 | TAB. LORAZEPAM 2 mg | 10's | | | |


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