



Stores & Purchase Department

Rajiv Gandhi University of Knowledge Technologies-RK Valley

(A.P. Government ACT 18 of 2008)

Rajiv Knowledge Valley (Idupulapaya), Vempalli (M), Y.S.R. Kadapa Dist. AP-516330

Tel.No: 08588-283612

Email: purchasedept@rguktrkv.ac.in

NOTICE INVITING QUOTATIONS

Sealed/Email quotations are hereby invited from the registered firms/vendors for supply of following items to the RGUKT-RK Valley with term and conditions mentioned below.

NIQ. NO : RGUKT-RKV/SPD/Hospital /Medicine /2018-19/Q190A

Date of Issue : 03/11/18

Item Description : Medicine items (As per Annexure –A)

Last Date for submission : 7 days from the date of issue (or) till receiving the competitive quotations

Address for Submission : Stores and Purchase Department,
RGUKT- RK Valley (AP-IIIT),
Vemaplli Mandal,
YSR Kadapa Dist,
Andhrapradesh
Pin: 516330

Terms & Conditions:

1. The bidder may be vendor or dealer.
2. The Bidder is required to have CST/TIN Registration Number and VAT Registration.
3. The Bidder should not have been barred by any PSU/Govt. Dept. in doing business with them.
4. The Bidder is required to quote for the complete bill of quantity. Partial quote are liable to be rejected.

5. Bidders are requested to follow the given price bid format to quote the items. The rate for the item may be quoted in INR. The offers should indicate unit price (excluding taxes and duties applicable). Taxes and other charges (transport, insurance etc.) should be mentioned separately. If not mentioned, it is considered as included in the quoted price.
6. RGUKT – RKV shall deduct 50% of the applicable tax rate under APVAT Act, 2005 for registered vendor (or) 100% of the applicable tax rate under APVAT Act, 2005 for unregistered vendor. The same shall be remitted to the commercial taxes department.
7. The quotations must be addressed to “The Director, RGUKT, RK Valley, Idupulapaya”.
8. The sealed cover should be super scribed with above mentioned NIQ.NO and must reach the office on or before the last date through Speed-post/Registered Post/by hand. The vendors may also send the email quotations (Scanned copy of price bid typed in Firm’s Letter Head) to purchasedept@rguktrkv.ac.in
9. Delivery should be within specified days mentioned in Purchase Order. If the items are not delivered within the stipulated time, the supplier shall be liable to pay a penalty of 1% of the total order value for each delay of 10 days or part thereof and the amount will be deducted from the payment on account of purchase.
10. Unloading of items and delivery to the store place shall be responsibility of the firm.
11. Payment shall be made 100% after delivery of the items in good condition.
12. RGUKT reserves the right to reject any/all quotation(s) without assigning any reasons whatsoever.
13. The quantity mentioned may change as per our requirements.
14. Quotations received against our notification are considered as accepting the terms and conditions of RGUKT, RK Valley.

Sd/-

Administrative Officer

Annexure –A

S.NO	DRUG NAME	QUANTITY
1.	TAB.FERRUS ASCORBATE100+FOLIC ACID1.5	1500
2.	TAB. AMOXYCILLIN+ CLAVULANIC ACID 625	3000
3.	TAB .CEFIXIME 200MG	1500
4.	TAB .CEFIXIME +OFLOXACINE	200
5.	TAB. DICLOFEN+ SERRATIOPEPTIDASE	6000
6.	AMYL METACRESOL 0.6MG+DEXTROMETHORPHAN 5MG COUGH LOZENGES ORANGE	600
7.	CREAM.TERBINAFINE 10G	50
8.	LIGNOCAINE GEL	2
9.	OINT THROMBOPHOBE	2
10.	CREAM. CLOTRIMAZOLE 15G	200
11.	TAB,OFLOXACIN 200MG	200
12.	TAB.BROMHEXINE+CPM+PHENYLEPHERINE	3000
13.	TAB.AMOXYCILLIN 500MG	2000
14.	CHLORAMPHENICOL 1% W/W EYE OINTMENT	500
15.	TAB.MEDROXYPROGESTERONE 10MG	50
16.	TAB RABEPRAZOLE 20MG+DOMPERIDONE 30 .SR	1200
17.	TAB RANITIDINE 150 MG	5000
18.	CORN CAPS	100
19.	TAB LACTIC ACID BACILLUS	500
20.	TAB LEVOCETRIZINE 5MG	5000
21.	TAB CHLORPHENIRAMINE MAL.25MG	1200
22.	SYP.AMBROXOL 15MG+GUAIFENESIN 50MG+LEVOSOLBUTAMOL 0.5MG(PEDIATRIC)	20
23.	SYP.AMOXYCILLIN+CLAVULANIC 400MG/5ML	15
24.	TAB LEVOCET.5MG+PHENYLEPHRINE HCL5MG+ AMBROXYL HCL30MG+PCM325MG	5000
25.	DICLOFENAC+LINCEED+METHYLSAL+MENTHOL GEL 5G	400
26.	CLOBETASOL+GENTAMYCIN+MICONAZOLE CREAM 10G	60
27.	TAB. DICYCLOMINE10MG+MEFENAMIC ACID250MG	600
28.	DICLOFENAC+LINCEED+METHYLSAL+MENTHOL GEL 30G	50
29.	TAB. PCM 650MG	6000
30.	GUAIFENESIN+TERBUTALINE+BROMHEXINE SYP 60ML	150
31.	PERMETHRINE 5% W/W CREAM 15G	60
32.	SYP.AMBROXYL+SALBUTAMOL 100ML	150
33.	CLINDAMYCIN GEL 1%W/W 15G	300
34.	INHALENT CAPS	3000
35.	TAB. ACECLOFENAC+PCM	4000
36.	TAB. DICLO+PCM+CHLORZOXAZONE	600
37.	TAB.ERYTHROMYCIN 500MG	1000
38.	CREAM.SILVER NITRATE 0.2%W/W 10G	40
39.	TAB DICLOFENAC 50MG	3000
40.	TAB. LEVOCETRIZINE DIHYDROCHLORIDE& MONTELUKAST	800
41.	DROPS. CARBOXY METHYL CELLULOSE SODIUM 10ML	100
42.	TAB. MULTI VITAMIN	1350
43.	TAB.ONDANSETRON MD 4 MG	500
44.	LOTION CALAMINE 30ML	100
45.	TAB CETIRIZINE 10MG	4000

46.	TAB FLUCONAZOLE 150MG	300
47.	EMULSION LIQUID PARAFIN+MILK OF MAGNESIA+SOD.PICOSULPHATE 170ML	30
48.	BENZOLKONIUM+LIGNOCAINE+ SALISILIC GEL 15G	150
49.	TAB TRINEXAMIC ACID 500MG	100
50.	TAB. TRIEXAMIC ACID+MEFENAMIC ACID	100
51.	TAB VIT B.COMPLEX,VIT.C,ZINC	1350
52.	TAB MEFANAMIC ACID 250MG	200
53.	TAB IVERMECTIN+ALBENDAZOLE	60
54.	FUSIDIC ACID CREAM 10G	100
55.	EAR DROPS.LIGNOCAINE 2%+CLOTRIMAZOLE1% +OFLOXACIN 0.3%+BECLOMETHASONE 0.025%. 5 ML	20
56.	TAB LEVOCETIRIZINE(5MG)+PHENYLEPHRINE(10MG)	200
57.	EAR DROPS.PARADICHLOROBENZENE+TURPENTINEOIL+ CHLOROBUTANOL+LIGNOCAINE 10ML	30
58.	FRAMYCETIN CREAM 15G	40
59.	ORS 4.5G	3000
60.	TAB CALCIUM	300
61.	INJ PANTOPRAZOLE	100
62.	INJ. DOLONEX 20MG	5
63.	TAB.OFLOXACIN+ORNIDAZOLE	200
64.	INJ.LIGNOCAINE 2%W/V	4
65.	INJ.CEFTRIAXONE+SULBACTUM(1000MG+500MG)	50
66.	OXYMETAZOLINE HCL NASAL SOL.0.05%	50
67.	OINT .BETAMETHASONE O.10%W/W 20G	100
68.	INJ .CEFTRIAXONE 1G	400
69.	INJ. DERIPHYLLINE	20
70.	INJ.DICLOFENAC 25MG/ML	700
71.	POVIDINE IODINE 5% .500ML SOLUTION	1
72.	INJ.AMIKACIN 500MG	50
73.	CREAM MICONAZOLE 15G	25
74.	INJ OMEPRAZOLE	100
75.	INJ.ONDANSETRON	100
76.	INJ.DEXAMETHSONE 4MG	20
77.	INJ.CALCIUMGLUCONATE	5
78.	INJ.AMOXYCILLIN1000+CLAVULANIC200MG	30
79.	INJ.T.T	200
80.	INJ.AMPICILLIN 500MG	50
81.	INJ FRUSIMIDE	2
82.	SYP.PARACETAMOL 250	15
83.	SYP.PARACETAMOL 125	5
84.	OXYMETAZOLINE HCL NASAL SOL.0.012%(INFANTS)	15
85.	OXYMETAZOLINE HCL NASAL SOL.0.025%(CHILD)	15
86.	SYP. MEFENAMIC ACID 100MG/5ML(PAEDIATRIC)	15
87.	SYP.AMOXYCILLIN+CLAVULANIC 228.5MG 30ML	5
88.	TAB PANTOPRAZOLE 40MG	2000
89.	TAB DOXYCYCLINE	160
90.	SYP. CHLORPHENIRAMINE.MAL .2MG +PHENYLEPHRINEHCL .5MG(PEDIATRIC) 30ML	20
91.	SYP. CHLORPHENIRAMINE.MAL +PHENYLEPHRINEHCL+PCM(PEDIATRIC) 30ML	10

92.	TAB DERIPHYLLINE	300
93.	SYP DISODIUM HYDROGEN CITRATE 1.37/5ML	10

Price Bid Format (should be printed in letter head)

Reference : RGUKT-RKV/SPD/Hospital /Medicine /2018-19/Q190A

Quote No :

Date :

Valid till :

To

The Director
RGUKT-RKV

I/We hereby submit the estimate for supplying of the item listed below

S.NO	Item Name	A	B	C = A x B	D	E = C+D
		Unit Price (Rs)	Qty (No's)	Total (Rs)	Tax (Rs)	Item cost (RS)
Subtotal (Rs)						
Transport Charge (Rs)						
Total amount (Rs)						

- I/we shall be bound by a communication of acceptance / rejection by RGUKT-RKV.
- I/We have understood and agree the terms and conditions mentioned in the notice inviting quotations

Name:

Contact No:

Signature:

(Office Seal)