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 /Q347A
Date of Issue	:	07/09/2017
Item Description	:	Medicine items (As per Annexure –A)
Last Date for submission	:	14/09/2017; 5.00 PM
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

Specification of item

S.NO	DRUG NAME	BRAND NAME	QUANTITY
	TAB. AMOXYCILLIN+ CLAVULANIC 625	ABBOT/CIPLA	2400
	TAB .CEFIXIME 200MG	CIPLA/ABBOT	1500
	CAP. DOXYCYCLIN 100MG	REDDY'S	160
	TAB. DICLOFEN+ SERRATIOPEPTIDASE	CIPLA/RAN	4000
	DROPS CIPROFLOXACIN+DEXAMETHASONE 10ML	CIPLA/LABORA	150
	TAB BISACODYL 5MG	CIPLA/BIO	200
	TAB AZITHROMYCINE 500MG	ALKEM/CIPLA	2400
	TAB .OFLOX+ ORNIDAZOLE	LUPIN/RAN	1200
	TAB CEFPODOXIME+CLAVULINIC ACID	CIPLA/ABBOT	120
	TAB.ERITHROMYCIN 500MG	ALEMBIC	2000
	TAB OFLOXACINE 200 MG	CIP/RAN	200
	CAP.VIT A&D	GOPISH	100
	TAB NAPROXEN250MG+DOMPERDONE 10MG	SUN	300
	TAB DICYCLOMINE 10 MG	CIPLA/INDOCO	1500
	CHLORAMPHENICOL 1% W/W EYE OINTMENT	CIP/ALEMBIC	100
	TAB OFLOXACINE+FLOVAXINATE	MANKIND	90
	TAB RABIPROZOLE 20MG+DOMPERIDONE 30	ABBOT	1000
	TAB RANITIDINE 150 MG	JB/ALEMB	6000
	OINT .BETAMETHASONE O.10%W/W 20G	GSK	150
	TAB.FERRUS ASCORBATE100+FOLIC ACID1.5	CIPLA/ALKEM	**1500**
	TAB LACTIC ACID BACILLUS	SANZYME	400
	TAB LEVOCETRIZINE 5MG	ALK/CIPLA	4200
	TAB CHLOROPHENIRAMINE MAL.25MG	SANOFI	3600
	ORS .4.5G	CIPLA	2000

	LOZENGES DETROMETHORPHAN+AMYLMETACRESOL	BLUECROSS	300
	DROPS.CIPROFLOX .O.3%W/V 5ML	CIPLA	100
	XYLOMETAZOLINE NASAL DROPS 10ML/20ML	CIPLA/IPCA	50
	TAB CEFIXIME 200MG+ OFLOX 200MG	CIPLA/RAN	1000
	TAB LEVOCET.5MG+PHENYLEPHRINE HCL5MG+ AMBROXYL HCL30MG+PCM325MG	CIPLA/WOCKARD	4000
	TAB.PARACETAMOL 500MG	CIPLA/WOCHA	2000
	TAB. BETAMETHASONE .5MG	GSK	400
	TAB. DICYCLOMINE10MG+MEFENAMIC ACID250MG	BLUCROSS	600
	DICLOFENAC+LINCEED+METHYLSAL+MENTHOL GEL 30G	CIPLA	50
	TAB ETYOPILLIN77MG+THEOPILLIN23MG	GSK	100
	TAB. PCM 650MG	CIPLA/ABBOT	8000
	GUAIFENESION+TURBUTALINE+BROMHEXINE SYP 60ML	RAN/ALKEM	150
	TAB PANTAPRAZOLE 40MG	ABBOT	1000
	SYP.AMBROXYL+LEVOSALBUTAMOL 100ML	ARISTO	135
	CLINDAMYCIN GEL 1%W/W 15G	LAB/RAN	150
	VAPOUR CAPS	BLUE/INDOCO	1200
	TAB. ACECLOFEN+PCM	CIPLA/ABBOT	3000
	TAB. DICLO+PCM+CHLOROZOXAZONE	**CIPLA/ABBOT**	**600**
	RESP. DUOLIN 2.5 ML	CIPLA	20
	MOXIFLOXACINE EYE DROPS 0. 5W/V 5ML	MANKIND	10
	CREAM.TERBINAFINE 15G	MICRO/WOKHARDT	100
	BENZOLKONIUM+LIGNOCAINE+ SALISILIC GEL 15G	**BIOCHEM**	**64**
	TAB. LEVOCETRIZINE DIHYDROCLORIDE& MONTELUKAST	ALKEM	400
	PERMITHRINE 5% W/W CREAM 15G	LEEFORD	60

	DROPS. CARBOXY METHYL CELLULOSE SODIUM 10ML	LEEFORD	60
	CREAM CLOTRIMAZOLE	CIPLA	100
	TAB. MULTI VITAMINE.	BAYERS	900
	TAB.ONDANSETRON MD 4 MG	RAN/ABOTT	200
	TAB. TRENAXAMIC ACID+MEFENAMIC ACID	ALEMBIC	100
	TAB.CETRIZINE 10MG	CIPLA	4000
	TAB.PARACETAMOL, CHLORPHENIRAMINE MALEATE, BROHEXINEHYDROCHLORIDE,GUAIPHENESIN	CIPLA	4000
	OINT.FUSIDIC ACID 10G	BIOCHEM	25
	RESP.ASTHALINE	CIPLA	50
	DROPS FLURBIPROFEN 5ML	LIFESTAR	3
	TAB.TERBINAFINE 250 MG	MICRO/WOKHARDT	280
	TAB.CPM 25MG +PHENYL EPHRINE10MG+PCM500MG+CAFFINE 30MG	CENTAUR	1000
	INJ ATROPINE	NEON	5
	INJ. CETRIAXONE 1G	ABBOTT	600
	INJ. DICLOFENAC SODIUM 3 ML	INTAS/RAN	1000
	INJ. AMIKACIN 500MG	ABBOT/CIPLA	30
	INJ. ONDONSETRON 2ML	RAN/ABBOT	200
	INJ.PANTAPRAZOLE	CIPLA	30
	INJ .T.T 0.5ML	BE	150
	INJ. PARACETAMOL 2ML	TAB	1000
	INJ. AVIL 10ML	SANOFI	20
	INJ.DICYCLOMINE	BLUECROSS	150
	INJ. EPTOIN 50MG	ABBOT	10
	INJ RABIES VACCINE	NOVART	10
	INJ ADRENALINE	NEON	5
	INJ. DEXAMETHASONE	CADILA	100

	TAB. B.COMPLEX	BAYERS	900
	TAB.AMOXICILLIN + DICLOXACILLIN	ALKEM	3000

Price Bid Format (should be printed in letter head)

Reference : RGUKT-RKV/SPD/Hospital /Medicine /Q347A
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)