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 /Q401A
Date of Issue	:	13/12/2017
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 .CEFIXIME 200MG	2000
2.	TAB. DICLOFENAC SOD 50MG+ SERRATIOPEPTIDASE 10MG	3000
3.	TAB AZITHROMYCINE 500MG	1200
4.	TAB.ERITHROMYCIN 500MG	2500
5.	TAB. AMOXYCILLIN+ POT.CLAVULANIC 625	600
6.	CAP.VIT A&D	100
7.	TAB NAPROXEN250MG+DOMPERDONE 10MG	500
8.	TAB DICYCLOMINE 10 MG	1000
9.	CHLORAMPHENICOL 1% W/W EYE OINTMENT	200
10.	TAB RABIPROZOLE 20MG+DOMPERIDONE 30	800
11.	TAB RANITIDINE 150 MG	6000
12.	TAB.FERRUS ASCORBATE100+FOLIC ACID1.5 MG	**800**
13.	TAB LACTIC ACID BACILLUS	100
14.	TAB LEVOCETRIZINE 5MG	4000
15.	TAB PHENIRAMINE MAL.25MG	1800
16.	TAB AMOXYCILLIN 250MG+ DICLOXACILLN 250MG	2000
17.	XYLOMETAZOLINE HCL NASAL DROPS 0.05% 10ML	30
18.	TAB CEFIXIME 200MG+ OFLOX 200MG	1000
19.	TAB LEVOCET.5MG+PHENYLEPHRINE HCL5MG+ AMBROXYL HCL30MG+PCM325MG	4000
20.	TAB.PARACETAMOL 500MG	2500
21.	TAB.FLUCANAZOLE 150MG	450
22.	DICLOFENAC+LINCEED+METHYLSAL+MENTHOL GEL 30G	100
23.	TAB ETYOPILLIN77MG+THEOPILLIN23MG	100
24.	TAB. PARACETAMOL 650MG	8000
25.	SYP.GUAIFENESION+TURBUTALINE+BROMHEXINE 60ML	150
26.	SYP.AMBROXYL+LEVOSALBUTAMOL 100ML	150
27.	INHALANT CAPS	2000
28.	TAB. ACECLOFEN100MG+PCM325MG	3000
29.	TAB. LOPERAMDE HCL 2MG	100
30.	LIGNOCAINE 2%+CHLORBUTOL 5%+PARADICHLOROBENZENE 2%+ TERPENTINE OIL 15% EAR DROPS 5 ML	20
31.	CREAM.TERBINAFINE 15G	100
32.	**BENZOLKONIUM+LIGNOCAINE+ SALISILIC ACID MOUTH ULCER GEL 15G**	**100**
33.	TAB. LEVOCETRIZINE DIHYDROCLORIDE 5MG& MONTELUKAST 10MG	1000
34.	PERMITHRINE 5% W/W CREAM 15G	50
35.	DROPS. CARBOXY METHYL CELLULOSE SODIUM 10ML	80
36.	CREAM CLOTRIMAZOLE	100
37.	TAB. MULTI VITAMINE.	900
38.	TAB.ONDANSETRON MD 4 MG	300
39.	TAB. TRENAXAMIC ACID 500MG+MEFENAMIC ACID 250MG	100
40.	TAB.PARACETAMOL +CHLORPHENIRAMINE MALEATE+ BROHEXINEHYDROCHLORIDE+GUAIPHENESIN.	4000

41.	TAB VITAMIN C.CHEWABLE	300
42.	CREAM.SILVER NITRATE O.2%W/W 15G	10
43.	TAB.TERBINAFINE 250 MG	70
44.	TAB.CPM 25MG +PHENYL EPHRINE10MG	100
45.	SYP.LACTULOSE 170ML	10
46.	INJ. CETRIAXONE 1G	600
47.	INJ. DICLOFENAC SODIUM 3 ML	500
48.	INJ.OMEPRAZOLE	60
49.	INJ. MECOBALAMINE+PYRIDOXINE+NICOTINAMIDE+VITB5 2ML	20
50.	INJ.PANTAPRAZOLE	30
51.	INJ. TRAMADOL 2ML	5
52.	SYP.AMBROXIL+LEVOSOLBUTAMOL+ GUIPHENESINE 100ML	20
53.	TAB BETAHISTINE 8MG	50
54.	TAB IVERMECTIN .12MG+ALBENDAZOLE .400MG	30
55.	TAB TRAMADOL 37.5+PARACETAMOL 325MG	20
56.	TAB TRANEXAMIC ACID 500MG	100
57.	OINT THROMBOPHOBE	2
58.	TAB B.COMPLEX +VIT C+BIOTIN	900
59.	INJ TRANAXAMIC ACID 2ML	5
60.	INJ LIGNOCAINE 2%	1
61.	INJ DOPAMINE	2
62.	INJ DOBUTAMINE	2
63.	TAB ALPRAZOLAM.MD. 0.25MG	10
64.	SYP.ALOH250,MGOH250MG,ACTIV.DIMETHICONE 50MG 170 ML	20
65.	TAB MEFANAMICACID 500MG+PCM325MG	100
66.	RESP.ASTHALINE	40
67.	RESP.BUDICORT	10
68.	RESP.DUOLIN	10

Price Bid Format (should be printed in letter head)

Reference : RGUKT-RKV/SPD/Hospital /Medicine /Q401A
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)