



**RAJIV GANDHI UNIVERSITY OF KNOWLEDGE TECHNOLOGIES**  
**(A.P Government Act 18 of 2008)**

Nuzvid, RGUKT-campus, Krishna District, Andhra Pradesh-521202

Tele No: 08656-235557.

E-mail Id: [ao.nuz@rgukt.in](mailto:ao.nuz@rgukt.in)

Ref. No: RGUKT/NUZ/Proc/NIQ/Hospital/Medicine/18-19

Date: 22 .02.2019

To

All Interested vendors

Dear Sir/ Madam,

**SUB:** Notice inviting quotation for the supply of Medicines for Hospital at RGUKT, Nuzvid.

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The Administrative Officer, RGUKT- Nuzvid invites quotations in single bid as indicated, in sealed cover for the supply of Medicine to Hospital. Kindly quote your lowest price including taxes & transportation.

**Please Note-**

01. Address of the firms submitting the quotation and the Officer to whom the quotation is addressed must appear distinctly on the sealed cover as under and should reach by speed post/ Courier service/by person.
02. The following must be clearly written on the outer sealed cover irrespective of single bid.  
Without sealed cover, the quotation will not be accepted.

**QUOTATIONS FOR MEDICINE TO HOSPITAL AT RGUKT, NUZVID**

**NIQ Ref. No: RGUKT/NUZ/Proc/NIQ/Hospital/Medicine/18-19 dt:22.02.2019**

**To**

**The ADMINISTRATIVE OFFICER**

**RGUKT - NUZVID**

**KRISHNA (DIST) - A.P. - 521202**

03. There is no Quotation document fee and Quotation document is to be downloaded from our website given below. [www.rguktnuz.in/tenders](http://www.rguktnuz.in/tenders) or [www.rguktn.ac.in/tenders](http://www.rguktn.ac.in/tenders)
04. **Validity:** Quoted rates must be valid for 120 days
05. **Delivery:** Unless otherwise stated delivery of goods at RGUKT-Nuzvid, will have to be maximum within 15days. All aspects of safe delivery shall be the exclusive responsibility of the vendor.

06. **Firm Registration Document and GST Registration** copy of the document to be furnished
07. **GST No** must appear in the Invoice/Bill
08. **Late and delayed quotation:** Late and delayed tender will not be considered. In case any unscheduled holiday occurs on prescribed closing/opening date, the next working day shall be the prescribed date of closing/opening.
09. **Bid not transferable:** The bid documents are not transferable and the seal and signature of the authorized official of the firm's must appear on all the papers and envelopes submitted.
10. **Payment:** Payment will be made within 30 days from the billing date after getting satisfaction certificate from the concerned department. Payment would be made through online mode only. Following information must be clearly written in the quotation for ONLINE MODE TRANSFER: -
- (a) Name of the Firm with complete postal address
- (b) ACCOUNT No
- (c) Name of the Bank with Branch where the Account exist
- (d) IFSC CODE
- (e) PAN No:
11. Kindly read both the Instructions and Terms properly and see that instructions and terms are fully understood and complied. No correspondence shall be entertained in case your quotation is rejected on ground of not complying with our instructions, terms and conditions. In case of doubt please contact us at 8333981200 or the Administrative Office.

**12. INSTRUCTION TO BIDDERS**

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Starting date                         | <b>22.02.2019 (9:00 am)</b>           |
| Last date & Time of receipt of Tender | <b>26 .02.2019 (5:00 pm)</b>          |
| Time of opening Tender:               | <b>27.02.2019 (3.00 pm)</b>           |
| Venue of Bid opening:                 | Administrative Office, RGUKT- Nuzvid. |

Sd/-

**Administrative Officer**

Cont.

**The following list of the medicine:**

| S.NO | NAME OF THE MEDICINE   | QUANTITY | UNIT PRICE<br>PER EACH<br>ONE | TOTAL<br>COST |
|------|--|----------|-------------------------------|---------------|
| 1    | Tab. Ranitidine hcl 150mg  | 15000    |                               |               |
| 2    | Tab .B complex   | 10000    |                               |               |
| 3    | Tab .Erythromycin 500mg  | 1000     |                               |               |
| 4    | Tab .Azithromycin 500mg  | 2000     |                               |               |
| 5    | Dettol lotion 500ml  | 10bott   |                               |               |
| 6    | R.L 500ml  | 100B     |                               |               |
| 7    | I.V .Cannula 22  | 500      |                               |               |
| 8    | 3ml Syringes   | 3000     |                               |               |
| 9    | Cotton rolls 500grm  | 10pice   |                               |               |
| 10   | Needles 24   | 10boxs   |                               |               |
| 11   | Inj .Diazepam 5mg  | 20amp    |                               |               |
| 12   | Inj.Human Mixtard 40 IU/ml   | 10 vail  |                               |               |
| 13   | Tab. Fluconazole 150mg   | 200      |                               |               |
| 14   | Diclofenac+menthol+methy salisylate<br>30grm gel   | 50tube   |                               |               |
| 15   | Tab. Cetirizine hcl 10mg   | 5000     |                               |               |
| 16   | Tab.Paracetamol 650mg  | 5000     |                               |               |
| 17   | Tab.Diclofenac+paracetamol   | 10000    |                               |               |
| 18   | Cap.Amoxyicillin 500mg   | 5000     |                               |               |
| 19   | Tab.Pheniramine maleate25mg  | 5000     |                               |               |
| 20   | Tab.Bromhexine8mg+Guaifenesin100<br>mg+Pheniraminemaleate<br>2mg+Phenylephrine 10mg+pcm325mg | 3000     |                               |               |
| 21   | Tab.Acyclovir 400mg  | 400      |                               |               |
| 22   | Tab. Pantoprazole40+Domperidone10  | 2000     |                               |               |
| 23   | Adhesive plaster 7.5cmx5m  | 25pic    |                               |               |
|      |  |          | <b>Sub Total</b>              |               |
|      |  |          | <b>GST@.....</b>              |               |
|      |  |          | <b>Grand Total</b>            |               |

**Authorized Signature & Stamp**