

SIUT

SINDH INSTITUTE
OF UROLOGY AND
TRANSPLANTATION

PRE-QUALIFICATION DOCUMENTS

**FOR PROCUREMENT OF DRUGS/MEDICINES, DRIPS,
DROPS, TOPICAL, LIQUID SOLUTIONS, I.V. CONTRAST
MEDIA & NUTRITION'S ITEMS ETC. FOR 2025-26**

IMPORTANT DATES

| | |
|---|--------------------------|
| Issuance of Pre-qualification Documents | 12-05-2025 to 02-06-2025 |
| Submission of Application and Documents | 03-06-2025 at 11:00 am |

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1 - INVITATION FOR PRE-QUALIFICATION

Procurement of Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition's Items etc. for 2025-26

SIUT invites application from reputed Manufacturers, Importers and Distributors to participate in Pre-qualification process for the "Procurement of Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition's Items etc. for 2025-26".

| | |
|---|---|
| Name of Document | "Procurement of Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition's Items etc. for 2025-26" |
| Pre-qualification Documents Fee | Rs. 3,000/- (non-refundable) |
| Issuance of Pre-qualification Documents | 12-05-2025 to 02-06-2025 |
| Submission of Application and Document | 03-06-2025 at 11:00 am |

- Pre-qualification will be conducted under Rule 27 of SPPRA Rules, 2010 (Amended 2019). Only prequalified Manufacturers, Importers and Distributors will be invited to participate in the Tender process for the procurement of medicine/drugs, "refer Annexure F".
- Evaluation Criteria, List of documentary evidences required to demonstrate respective qualification and information will be considered to be necessary for pre-qualification of Applicants and their quoted products by the Procuring Agency.
- Interested Manufacturers, Importers and Distributors shall obtain the set of pre-qualification documents from Ground Floor, CRS Department, Dewan Farooq Medical Complex on payment of Rs. 3,000/- (non-refundable) via Pay Order in favor of "Director SIUT, Karachi".
- Sealed Proposals for Pre-qualification are required for submission at 11:00 am on 03-06-2025 and will be opened at 11:30 am on the same day at the Pre-function area 5th floor Dewan Farooq Medical Complex, SIUT Karachi.
- Provision of false, fabricated or incorrect information will lead to immediate disqualification and may result in blacklisting as per SPPRA Rules, 2010 (Amended 2019). SIUT reserves the right to accept or reject any or all the applications on the basis of evaluation criteria framed for this purpose.
- Applicants will be informed, in due course of time, of the result of the evaluation of applications.
- If the submission/opening date falls on a public holiday or under force majeure conditions, the process will proceed on the next working day at the same time and venue.
- Queries can be addressed at the following numbers or in person during office hours.

Tel: 021-99216967-77

Tel: 021-99215718/52

- sd -

**OFFICE OF THE DIRECTOR
OF SIUT, KARACHI, SINDH**

2 - INSTRUCTIONS TO APPLICANTS

1) Application Procedure:

Applications (refer to Page No. 6), along with all annexures, must be duly signed & stamped by the authorized signatory of the applicant. Original documents must be submitted; the Procuring Agency (SIUT) may request copies if required.

2) Applicants' Eligibility for Participation:

Eligible applicants include all Manufacturers, Importers, and Distributors registered or incorporated in Pakistan, regardless of the nationality of their owners or professional staff.

All interested firms may participate in the Pre-qualification process, provided that:

- They are not blacklisted or debarred by any government, semi-government, or autonomous body;
- They fulfill the requirements of Mandatory Section. Refer "*Eligibility Criteria – Mandatory Section*".

3) Cost of Application:

Applicants shall bear all the costs associated with the preparation and submission of their application. The Procuring Agency shall not be responsible for these costs under any circumstances, regardless of the outcome of the Pre-qualification process.

4) Documents Establishing Qualification of the Applicants & Quoted Products:

- The bids will be evaluated based on the **Best Evaluated Bid** criteria. Refer; Sindh Public Procurement Act, 2009 (amended 2010), General Provision 2(c).

For a detailed explanation of the evaluation methodology used to determine the Best Evaluated Bid, please refer to Annexure E.

- Applicants are required to provide; complete documentation demonstrating their legal, technical, and financial qualifications; and
- Detailed information related to each quoted product, including registration certificates, technical specifications, and compliance with applicable regulatory standards.

Please refer to Annexures D1 and D2 for the specific formats and the documentation requirements.

5) Sealing and Marking of Applications:

Applicants shall enclose original and required copies in sealed envelope, which shall;

- a. Bear the name and address of the applicants.
- b. Bear specific identification of this Pre-qualification process as mentioned in the Notice for Pre-qualification or in the instructions.
- c. If the envelope is not sealed and marked as required, the Procuring Agency will assume no responsibility for misplacement of application.
- d. **Softcopy of all required documents mentioned in "Mandatory Section" must be given in Separate USB mandatorily on the format given.**

6) Clarification and Modification of Documents:

Manufacturers, Importers and Distributors, who have obtained documents, may request for clarification of contents of the Pre-qualification document in writing, and response to such queries shall be made in writing within three working days, provided that the same are received at least five calendar days prior to the date of opening of applications.

7) Addendum

At any time prior to the deadline for submission of applications, the Procuring Agency may amend the Pre-qualification Documents by issuing an addendum. Any such addendum shall be communicated in writing to all participants who have obtained the Pre-qualification documents and shall be binding on them.

8) Deadline for Submission of Documents

The Procuring Agency may, at its discretion extend the deadline for the submission of documents by amending the Pre-qualification documents, and in which case all rights and obligations of the Procuring Agency and the applicants shall be subjected to the new extended deadlines.

9) Evaluation:

The Procuring Agency reserves the right to waive any minor deviations, provided such deviations do not materially affect the applicant's qualifications or capability to perform the contract, nor alter the fundamental requirements of the Pre-qualification documents.

10) Dead Line for Submission of Applications:

Applications shall be received by the Procuring Agency at the address not later than date & time mentioned in the Notice for Pre-qualification or in the instructions to applicants.

11) Late Application:

Applications received after the deadline specified in the Invitation for Pre-qualification shall not be entertained and will be returned unopened.

12) Verification of Pre-qualification Information:

Verification of the information provided by the applicants may be made by the procurement agency (SIUT), if required. In case the information is found to be wrong or incorrect in any material way or bidder is found to be lacking in the capability or resources to successfully perform the contract, then it shall not be prequalified.

Any representative(s) of SIUT may visit manufacturing and storage facility of the applicant situated anywhere in Pakistan. The applicant will facilitate the visit in all respects and nominate suitable person for this purpose.

(On Letter Head)
3 - APPLICATION

Date: _____

To

Director,
SIUT
Karachi

Subject: Application for Pre-qualification of “Procurement Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition’s Items etc. for 2025-26” for SIUT.

Dear Sir,

I the undersigned, bearing CNIC #, being duly authorized to represent and act on behalf of hereby applies to be prequalified for the subject cited above.

In compliance with the requirement of the Pre-qualification Documents, I enclose one (1) original hardcopy along with *softcopy* of the complete Pre-qualification submission and declare the following:

- (a) I have read, understood, and have no reservations to the contents, instructions, terms, and conditions set forth in the Pre-qualification Documents;
- (b) I understand that Procuring Agency may cancel the Pre-qualification process at any time and that Procuring Agency is not bound either to accept any application that it may receive or to invite the prequalified applicants to bid for the contract subject of this Pre-qualification, without incurring any liability to the Applicants;
- (c) Application by applicants will be subject to verification of all information submitted for Pre-qualification. The Procuring Agency and its authorized representative(s) may contact the following person(s) for further information, if needed;

Person to be contacted: _____ Telephone: _____
[Please Mention Name] [Please

mention contact number]

The undersigned declares that the statements and the information provided above and in the enclosed documents are complete, true, and correct in all respects.

Signed & Stamp:

Name : _____
Date : _____
Contact No. : _____

4 - ELIGIBILITY AND PRE-QUALIFICATION CRITERIA FOR APPLICANT
4(a) - LOCAL MANUFACTURER

i- MANDATORY SECTION

- Please fill out the following “Mandatory Section”, duly referenced by Page No. of attachment.
- The application will not be entertained if the Mandatory documents are not found attached.
- Please submit softcopy of the application along with all annexures in USB.

| S. No | Mandatory Requirements | Page No. (Attachment) |
|-------|---|--------------------------|
| 1 | Registration with FBR for Income Tax, Sales Tax (Attach copy of Certificate) | |
| 2 | FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence) | |
| 3 | Registration with the Securities and Exchange Commission of Pakistan (SECP) | |
| 4 | Valid Drug Manufacturing License issued by the DRAP. (ensuring that the license covers the quoted product category) | |
| 5 | Valid Current Good Manufacturing Practice (cGMP) issued by the DRAP. | |
| 6 | Valid Drug Registration Certificate issued by DRAP of each quoted product | |
| 7 | Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance. | |
| 8 | The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. (Certificate should be provided as Annexure-B) | |
| 9 | Duly completed Annexure-A, D1 & D2 | |
| 10 | Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock. | |
| 11 | Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee. | |
| 12 | Original Pre-qualification Sales Receipt | |

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

| S. No. | DESCRIPTION | Max. Marks | Slab |
|---------------|--|-------------------|---------------|
| 1. | Annual Turnover / Sales of Applicant (Sales) for Last three years. <ul style="list-style-type: none"> - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million <i>(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2022, 2023 & 2024)</i> | 15 | 15 10 7 |
| 2. | Net Capital investment. <i>(Firm will provide this information on company letterhead. Figure mentioned in letter head should match with the any submitted Audited Financial Statement)</i> | 5 | |
| 3. | Audited Financial Statement of Applicant for last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 4. | Income Tax Return of Applicant for the Last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 5. | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 6 | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 7 | Please Provide: <ul style="list-style-type: none"> - Location & Size of Manufacturing Facility. - High resolution photographs of Manufacturing & Storage Facility. - Cold Storage Facility. <i>(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)</i> | 5 | |
| 8 | Valid ISO-9001:2015 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 3 | |
| 9 | Valid ISO-17025 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 2 | |
| 10 | In-house lab testing facilities <i>(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)</i> | 10 | |
| 11 | Number of Functional Stability Chamber <ul style="list-style-type: none"> - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 | 10 | 10 7 |

| | | | |
|--------------------|---|------------|---|
| | - No. of Functional Stability Chamber 2-3 <i>((Firm will submit the required declaration/undertaking on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.))</i> | | 5 |
| 12 | List of Technical Staff (Pharmacists/chemist/other) <i>(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)</i> | 10 | |
| TOTAL MARKS | | 100 | |

For information purposes only – relevant details to be filled out in Annexure D-1, “Applicant Evaluation Schedule”.

PRE-QUALIFICATION CRITERIA FOR APPLICANT
4(b) - SOLE AGENT / IMPORTER OF FOREIGN PRINCIPLE

i- MANDATORY SECTION

- Please fill out the following “Mandatory Section”, duly referenced by Page No. of attachment.
- The application will not be entertained if the Mandatory documents are not found attached.
- Please submit softcopy of the application along with all annexures in USB.

| S. No | Mandatory Requirements | Page No. (Attachment) |
|-------|---|--------------------------|
| 1 | Registration with FBR for Income Tax & Sales Tax. (Attach copy of Certificate) | |
| 2 | FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence) | |
| 3 | Valid Drug Manufacturing License / Certificate of Manufacturer issued by the regularity authority of the country of origin. (ensuring that the license covers the quoted product category) | |
| 4 | Valid Current Good Manufacturing Practice (cGMP) issued by the relevant drug regulatory authority or an internationally recognized body (e.g., WHO, EMA, FDA). | |
| 5 | Manufacturer’s Authorization Letter clearly authorizing the applicant to import and distribute the quoted product(s) in Pakistan. (Certificate duly signed and stamped should be provided by the Principle as Annexure-C) | |
| 6 | Valid Drug Registration Certificate issued by DRAP of each quoted product | |
| 7 | Valid Drug Sales License of applicant issued by the relevant drug regulatory authority. | |
| 8 | Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance. | |
| 9 | The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. (Certificate should be provided as Annexure-B) | |
| 10 | Duly completed Annexure-A, D1 & D2 | |
| 11 | Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock. | |
| 12 | Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee. | |
| 13 | Original Pre-qualification Sales Receipt | |

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

| S. No. | DESCRIPTION | MAX. MARKS | SLAB |
|--------|--|------------|---------------|
| 1. | Annual Turnover / Sales of Applicant (Sales) for Last three years. <ul style="list-style-type: none"> - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million <i>(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2022, 2023 & 2024)</i> | 15 | 15 10 7 |
| 2 | Current Working Capital <i>(Firm will provide undertaking on notarized stamp paper of worth Rs. 100/-)</i> | 5 | |
| 3. | Audited Financial Statement of Applicant for last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 4. | Income Tax Return of Applicant for the Last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 5. | Applicant & Manufacturer relationship regarding import experience <ul style="list-style-type: none"> - Above 5 years - Above 2 to 5 years - Up to 2 years <i>(Firm will submit the required declaration/undertaking on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)</i> | 10 | 10 7 5 |
| 6. | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 7. | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 8. | Please Provide: <ul style="list-style-type: none"> - Location & Size of Storage Facility of Importer. - High resolution photographs of Storage Facility of Importer. - Cold Storage Facility. <i>(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)</i> | 5 | |
| 9. | Manufacturer's Valid ISO-9001:2015 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 3 | |

| | | | |
|--------------------|--|------------|--------------|
| 10. | Manufacturer's Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 2 | |
| 11. | Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 <i>((Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.))</i> | 10 | 10 7 5 |
| 12. | List of Technical Staff (Pharmacists/chemist/other) <i>(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)</i> | 10 | |
| TOTAL MARKS | | 100 | |

For information purposes only – relevant details to be filled out in Annexure D-1, “Applicant Evaluation Schedule”.

PRE-QUALIFICATION CRITERIA FOR APPLICANTS
4(c) – AUTHORIZED DISTRIBUTOR

i- MANDATORY SECTION

- Please fill out the following “Mandatory Section”, duly referenced by Page No. of attachment.
- The application will not be entertained if the Mandatory documents are not found attached.
- Please submit softcopy of the application along with all annexures in USB.

| S. No | Mandatory Requirements | Page No. (Attachment) |
|-------|--|--------------------------|
| 1 | Registration with FBR for Income Tax & Sales Tax. (Attach copy of Certificate) | |
| 2 | FBR - Active Tax Payer Status of Income Tax & Sales Tax. (Attach evidence) | |
| 3 | Valid Drug Manufacturing License / Certificate of Manufacturer issued by the DRAP. (ensuring that the license covers the quoted product category) | |
| 4 | Valid Current Good Manufacturing Practice (cGMP) of Manufacturer issued by DRAP. (ensuring that the license covers the quoted product category) | |
| 5 | Manufacturer’s Authorization Letter clearly authorizing the applicant to distribute the quoted product(s) in SIUT for the entire duration of this Pre-qualification period is required. (Certificate duly signed and stamped should be provided by the Principle as Annexure-C) | |
| 6 | Valid Drug Registration Certificate issued by DRAP of each quoted product | |
| 7 | Compliance with all Terms & Conditions and Instructions mentioned in the Pre-qualification Documents is mandatory. Applicants must submit the complete Pre-qualification Documents, duly signed and stamped on each page, as acknowledgment of acceptance. | |
| 8 | The organization is neither blacklisted nor involved in any litigation in this regard by any institution of the Federal or Provincial Government, or by any Department, Agency, Organization, Autonomous Body, or Private Sector entity anywhere in Pakistan. (Certificate should be provided as Annexure-B.) | |
| 9 | Company Profile | |
| 10 | Duly completed Annexure-A, D1 & D2 | |
| 11 | Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock. | |
| 12 | Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee. | |
| 13 | Original Pre-Qualification Sales Receipt | |

ii- PRE-QUALIFICATION CRITERIA FOR APPLICANT

Only applicants who meet the Qualification Criteria with minimum passing score of 60% will be eligible for further evaluation in the Product Evaluation stage, in accordance with SPPRA guidelines.

| S. No. | DESCRIPTION | MAX. MARKS | SLAB |
|---------------|---|-------------------|---------------|
| 1. | Annual Turnover / Sales of Applicant (Sales) for Last three years. <ul style="list-style-type: none"> - Above 1,000 Million - 500 Million up to 1,000 Million - Upto 500 Million <i>(Firm will provide FBR Income/Sales Tax Return OR Audited Financial Statement of 2022, 2023 & 2024)</i> | 15 | 15 10 7 |
| 2 | Current Working Capital <i>(Firm will provide undertaking on notarized stamp paper of worth Rs. 100/-)</i> | 5 | |
| 2. | Audited Financial Statement of Applicant for last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 3. | Income Tax Return of Applicant for the Last Two Years. <i>(Duly signed & stamped by the relevant authority)</i> | 5 | |
| 4. | Previous Relationship with SIUT <ul style="list-style-type: none"> - Above 5 years - Above 3 to 5 years - Up to 3 years <i>((Firm will submit POs & received Delivery Chalang))</i> | 10 | 10 7 5 |
| 5. | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 6. | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. <ul style="list-style-type: none"> - Above 5 Hospitals - Above 2 to 5 Hospitals - Up to 2 Hospitals <i>(Duly signed & stamped by the relevant authority of Hospitals)</i> | 15 | 15 10 5 |
| 7. | Please Provide: <ul style="list-style-type: none"> - Location & Size of Storage Facility of Manufacturer. - High resolution photographs of Storage Facility of Applicant. <i>(Firm will submit the required information on a PKR 100 stamp paper, duly signed and stamped by an authorized person and notarized by a Notary Public.)</i> | 5 | |
| 8. | Manufacturer's Valid ISO-9001:2015 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 3 | |
| 9. | Manufacturer's Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | 2 | |

| | | | |
|--------------------|---|------------|--------------|
| 10. | Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 <i>(Firm must submit undertaking on notarized stamp paper of worth Rs. 100/-)</i> | 10 | 10 7 5 |
| 11. | List of Technical Staff of Manufacturer (Pharmacists/chemist/other) <i>(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)</i> | 10 | |
| TOTAL MARKS | | 100 | |

For information purposes only – relevant details to be filled out in Annexure D-1, “Applicant Evaluation Schedule”.

5- PRE-QUALIFICATION CRITERIA FOR INDIVIDUAL PRODUCT

(MINIMUM 60 MARKS REQUIRED OUT OF 100 MARKS FOR PRE-QUALIFICATION)

| S. No. | DESCRIPTION | MAX. MARKS | SLAB |
|--------|--|------------|------------------------------|
| 1 | <p>Previous Experience of Public Sector Hospital with minimum 500 bed capacity. (05 Marks for each Institute)</p> <p><i>(The bidder shall submit a summary of institutional sales, supported by corresponding POs and their respective DC, covering the period from Jan, 2023 onward. This summary must be provided on a stamp paper of Rs. 100, duly notarized/legalized, and must be submitted along with copies of the relevant POs and DCs. Please note that only POs accompanied by duly acknowledged DCs from the respective institutions.)</i></p> | 15 | |
| 2 | <p>Previous Experience of Private Sector Hospital with minimum 500 bed capacity. (05 Marks for each Hospital)</p> <p><i>(The bidder shall submit a summary of institutional sales, supported by corresponding POs and their respective DC, covering the period from Jan, 2023 onward. This summary must be provided on a stamp paper of Rs. 100, duly notarized/legalized, and must be submitted along with copies of the relevant POs and DCs. Please note that only POs accompanied by duly acknowledged DCs from the respective institutions.)</i></p> | 15 | |
| 3 | <p>Source of active pharmaceutical ingredient (API) with certificate of analysis</p> <ol style="list-style-type: none"> API sourced directly from the original manufacturer / research molecule holder, accredited by FDA, WHO, EMA, or other SRA API sourced from a licensed source or manufacturer accredited by FDA, WHO, EMA, or other SRA Other source of API. <p><i>(The firm must provide COA, GMP or regulatory accreditation, valid import documents—such as Bill of Lading, Airway Bill, or GD (Goods Declaration)—for the quoted source, covering the period from Jan, 2024 onward.)</i></p> | 15 | <p>15</p> <p>10</p> <p>5</p> |
| 4 | <p>Annual Product Quality Review (APQR)</p> <ol style="list-style-type: none"> APQR for quoted drugs of 10 - 15 batches or above. APQR for quoted drugs of 05 - 10 batches. APQR for quoted drugs of 05 batches. <p><i>(The firm will provide APQR report duly signed & stamp)</i></p> | 10 | <p>10</p> <p>7</p> <p>5</p> |
| 5 | <p>Report of drug testing laboratory (DTL) / Central Drug Laboratory (CDL) / National Institutes of Health (NIH)</p> <p>If sample of quoted product declared failed/sub-standard by any DTL/CDL/NIH established under Drug Act 1976/MDR Rules 2017 are</p> <ol style="list-style-type: none"> No batch of the quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. One batch of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. Two or more batches of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022. <p><i>(The firm will submit the undertaking that No batch of the quoted product was declared substandard on Rs. 100/- notarized stamp paper)</i></p> | 10 | <p>10</p> <p>7</p> <p>5</p> |

| | | | |
|--------------------|---|------------|--|
| | | | |
| 6 | Primary reference standards with shelf life use for QC testing [Applicable on locally manufactured Generic product, in case of branded origin product of EU/USA/Japan origin full marks]. <i>(The firm shall submit import / shipping document, and certificate of analysis (COA))</i> | 10 | |
| 7 | Stability study of quoted drugs (Real time stability study data of quoted drug from Jan 2021 onwards and should not be less than one year) | 10 | |
| 8 | Bioequivalence Study (if applicable) [Applicable on locally manufactured Generic product, in case of branded original product of EU/USA/Japan origin full marks] OR Bio similar study in case of Biological or biotech product | 10 | |
| 9 | Free Sale Certificate / Certificate of Pharmaceutical Product (CoPP) for imported items (duly attested from embassy of Pakistan in country of origin or embassy of country of origin in Pakistan original / true copy attached). | 5 | |
| TOTAL MARKS | | 100 | |

6-ANNEXURES

Annexure-A

APPLICANT'S INFORMATION FOR MANUFACTURERS, IMPORTERS & DISTRIBUTORS

Company Name: _____

| Contact Person Information | | | |
|----------------------------|--|----------|--|
| Contact Person Name | | Cell No. | |
| Designation | | Tel No. | |
| Email ID | | | |

| Company Incorporation / Establishment Information | | | |
|---|----------------|---|----------------|
| N.T.N # Yes [] No [] | | Active Tax Payer Status | Yes [] No [] |
| SECP Incorporation Certificate | Yes [] No [] | Email ID | |
| Year Established | | Valid Distribution Letter (If applicable) | Yes [] No [] |

| Entity Type | | | | |
|--|-----------------------|------------|--------------------|------------------------|
| 1. Private Company [] | 2. Public Company [] | 3. NGO [] | 4. Partnership [] | 5. Sole Proprietor [] |
| Type of Business | | | | |
| 1. Manufacturer [] 2. Importer [] 3. Distributor [] | | | | |

| Details of Owners | | | | | |
|-------------------|-------------|-------------|-------|----------|---------|
| Name | Designation | Dir Tel No. | Email | CNIC No. | Address |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Details of Management | | | | | |
|-----------------------|-------------|-------------|-------|----------|---------|
| Name | Designation | Dir Tel No. | Email | CNIC No. | Address |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Principle Products and Services | | |
|---------------------------------|----|----|
| 1) | 3) | 5) |
| 2) | 4) | 6) |

| Registered Office | | | | | | |
|-------------------|--|----------|--|---------------|----------|--|
| Address: | | | | | Zip Code | |
| State / Province | | Country | | Tel (Office) | | |
| City | | Cell No. | | Fax | | |
| District | | Email | | Website (URL) | | |

| Work Office | | | | | | |
|------------------|--|----------|--|---------------|----------|--|
| Address: | | | | | Zip Code | |
| State / Province | | Country | | Tel (Office) | | |
| City | | Cell No. | | Fax | | |
| District | | Email | | Website (URL) | | |

| Manufacturing Facility I | | | | | | |
|--------------------------|--|---------|--|--------------|----------|--|
| Address: | | | | | Zip Code | |
| State / Province | | Country | | Tel (Office) | | |
| City | | Email | | Fax | | |

| Manufacturing Facility II | | | | | | |
|---------------------------|--|---------|--|--------------|----------|--|
| Address: | | | | | Zip Code | |
| State / Province | | Country | | Tel (Office) | | |
| City | | Email | | Fax | | |

| Primary Storage Facility | | | | | | |
|--------------------------|--|---------|--|--------------|----------|--|
| Address: | | | | | Zip Code | |
| State / Province | | Country | | Tel (Office) | | |
| City | | Email | | Fax | | |

Please specify below the names & designations of the employees of SIUT to whom Owner/CEO/Management of your firm has relationship.

| | Name | Designation | Relationship |
|---|------|-------------|--------------|
| 1 | | | |
| 2 | | | |

If no data is filled in the above table and subsequently any information contrary to above facts comes in notice of SIUT then in addition to other action, SIUT may terminate Purchase Contract at the cost of Supplier.

All information given above is true and correct.

Authorized Person

Stamp of the Company

Copies to be attached:

- 1- Attach evidence against YES [], where ever applicable;
- 2- CNIC of Owner/Top Management;
- 3- CNIC of Company Representative.

CERTIFICATE

Date: _____

To
Office of the Director
SIUT, Karachi,
Sindh

WHEREAS [Applicant Name] hereby certify that, we are not blacklisted and litigated in this regard by any institute of Federal, Provincial Government or any Department / Agency / Organization / Autonomous body or Private Sector Organization anywhere in Pakistan.

Authorized Sign & Stamp

[Applicant Name]

Note: This certificate should be on the stamp paper of Rs. 100 and should be signed by a person competent authority and having the power of attorney to bind the applicant.

CERTIFICATE OF DISTRIBUTOR NOMINATION

This is to certify that;

- 1- {Name of Distributor}, has been nominated by: [Name of Manufacturer/Importer] as their authorized distributor for the supply of [Product/Service] for the entire contract period.
- 2- The manufacturer/importer shall not change its nominated distributor during the contract period, unless exceptional circumstances warrant such a change, which shall be allowed only with the prior approval of the competent authority of SIUT.

This certificate is issued in accordance with the contract agreement and is valid for the duration of the contract period.

Issued on: [Date]

Authorized Signature:

[Name]

[Designation]

SIUT

PRE-QUALIFICATION CRITERIA FOR APPLICANT
Local Manufacturer

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|---------------------------|---|------------------------|---|---|---|--|---|---|---|---------------------------------|--|---|
| Applicant Name & Category | Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Up to 500 Million = 7 | Net Capital Investment | Audited Financial Statement of Applicant for Last Two Years | Income Tax Return of Applicant for the Last Two Years | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Please Provide: - Location & Size of Manufacturing Facility. - High resolution photographs of Manufacturing & Storage Facility. - Cold Storage Facility. | Valid ISO-9001:2015 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | Valid ISO-17025 certificate issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | In-house lab testing facilities | Number of Functional Stability Chamber - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5 | List of Technical Staff (Pharmacists/chemist/other) |
| Max Marks | 15 | 5 | 5 | 5 | 15 | 15 | 5 | 3 | 2 | 10 | 10 | 10 |

For Example

| | | | | | | | | | | | | |
|----------------------------|---------------------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|-----------------|
| XYZ Pvt Ltd (Manufacturer) | 1,001 Million (Page # 20) | Yes (Page #) | Yes (Page # 30) | Yes (Page # 40) | Yes (Page # 42) | Yes (Page # 60) | Yes (Page # 61) | Yes (Page # 61) | Yes (Page # 63) | Yes (Page #) | Yes (Page # 63) | Yes (Page # 50) |
|----------------------------|---------------------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|-----------------|

INSTRUCTIONS

Following Content should be inserted as described:

- A Please insert Applicant Name & Category
 B Please insert Amount in Million & Page No. of attachment
 C Please insert Yes/No & Page No. of attachment.
 D Please insert Yes/No & Page No. of attachment.
 E Please insert Yes/No & Page No. of attachment.
 F Please insert Yes/No & Page No. of attachment.
 G Please insert Yes/No & Page Number of attached evidence.

- H Please insert Yes/No & Page Number of attached evidence.
 I Please insert Yes/No & Page Number of attached evidence.
 J Please insert Yes/No & Page Number of attached evidence.
 K Please insert option (a), (b) & (c) & Page Number of attached evidence.
 L Please insert option (a), (b) & (c) & Page Number of attached evidence.
 M Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

**PRE-QUALIFICATION CRITERIA FOR APPLICANT
SOLE AGENT / IMPORTER OF FOREIGN PRINCIPLE**

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|---------------------------|---|-------------------------|---|---|--|---|--|---|---|---|---|---|
| Applicant Name & Category | Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Up to 500 Million = 7 | Current Working Capital | Audited Financial Statement of Applicant for Last Two Years | Income Tax Return of Applicant for the Last Two Years | Applicant & Manufacturer relationship regarding import experience - Above 5 years = 10 - Above 2 to 5 years = 7 - Up to 2 years = 5 | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Please Provide: - Location & Size of Manufacturing Facility. - High resolution photographs of Storage Facility. - Cold Storage Facility. | Valid ISO-9001:2015 certificate of manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above = 10 - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5 | List of Technical Staff (Pharmacists/chemist/other) |
| Max Marks | 15 | 5 | 5 | 5 | 10 | 15 | 15 | 5 | 3 | 2 | 10 | 10 |

For Example

| | | | | | | | | | | | | |
|-----------------------------|------------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| XYZ (PVT) LTD (Importer) | 1,001 Million (Page # 20) | Yes (Page #) | Yes (Page # 30) | Yes (Page # 40) | Yes (Page # 40) | Yes (Page # 40) | Yes (Page # 42) | Yes (Page # 60) | Yes (Page # 61) | Yes (Page # 63) | Yes (Page # 63) | Yes (Page # 50) |
|-----------------------------|------------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

INSTRUCTIONS

Following Content should be inserted as described:

- A Please insert Applicant Name & Category
 B Please insert Amount in Million & Page No. of attachment
 C Please insert Yes/No & Page No. of attachment.
 D Please insert Yes/No & Page No. of attachment.
 E Please insert Yes/No & Page No. of attachment.
 F Please insert Yes/No & Page No. of attachment.
 G Please insert Yes/No & Page Number of attached evidence.

- H Please insert Yes/No & Page Number of attached evidence.
 I Please insert Yes/No & Page Number of attached evidence.
 J Please insert Yes/No & Page Number of attached evidence.
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 M Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

**PRE-QUALIFICATION CRITERIA FOR APPLICANT
AUTHORIZED DISTRIBUTOR**

| A | B | C | D | E | F | G | H | I | J | K | L | M |
|---|---|-------------------------|---|---|--|---|--|--|---|---|---|---|
| Max Marks | 15 | 5 | 5 | 5 | 10 | 15 | 15 | 5 | 3 | 2 | 10 | 10 |
| Applicant Name & Category | Annual Turnover / Sales of Applicant (Sales) for Last three years. - Above 1,000 Million = 15 - 500 Million up to 1,000 Million = 10 - Up to 500 Million = 7 | Current Working Capital | Audited Financial Statement of Applicant for Last Two Years | Income Tax Return of Applicant for the Last Two Years | Applicant & Manufacturer relationship - Above 3 years = 10 - Above 1 to 3 years = 7 - Up to 1 years = 5 | Satisfactory / Performance Certificate from more than 300-bed Government hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Satisfactory / Performance Certificate from more than 300-bed Private hospitals. - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5 | Please Provide: - Location & Size of Storage Facility of Manufacturer. - High resolution photographs of Storage Facility of Applicant. | Valid ISO-9001:2015 certificate of manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | Valid ISO-17025 certificate of Manufacturer issued by authorized body of the country of origin duly accredited with International Accreditation forum (IAF), (Duly attested by the senior executive of the firm). | Number of Functional Stability Chamber of Manufacturer - No. of Functional Stability Chamber 7 or above = 10 - No. of Functional Stability Chamber 4-6 = 7 - No. of Functional Stability Chamber 2-3 = 5 | List of Technical Staff of Manufacturer (Pharmacists/chemist/other) |
| For Example XYZ Pvt Ltd (Distributor) | 1,001 Million (Page # 20) | Yes (Page # 25) | Yes (Page # 30) | Yes (Page # 40) | Yes (Page # 40) | Yes (Page # 42) | Yes (Page # 50) | Yes (Page # 51) | Yes (Page # 51) | Yes (Page # 53) | Yes (Page # 53) | Yes (Page # 55) |

INSTRUCTIONS

Following Content should be inserted as described:

- A Please insert Applicant Name & Category
 B Please insert Amount in Million & Page No. of attachment
 C Please insert Yes/No & Page No. of attachment.
 D Please insert Yes/No & Page No. of attachment.
 E Please insert Yes/No & Page No. of attachment.
 F Please insert Yes/No & Page No. of attachment.
 G Please insert Yes/No & Page Number of attached evidence.

- H Please insert Yes/No & Page Number of attached evidence.
 I Please insert Yes/No & Page Number of attached evidence.
 J Please insert Yes/No & Page Number of attached evidence.
 K Please insert option (a), (b) & (c) & Page Number of attached evidence.
 L Please insert option (a), (b) & (c) & Page Number of attached evidence.
 M Please insert option (a), (b) & (c) & Page Number of attached evidence.

Note: Please Provide Softcopy of this Annexure.

**PRODUCT EVALUATION SCHEDULE
TO BE FILLED MANDATORILY**

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|------------|------------------|------------------|-------------|---|-----------|--|--|---|--|---|---|--|--|---|
| S. No | Tender Item Code | Name of Medicine | Formulation | | Pack Size | Previous Experience of Public Sector Hospital with minimum 500 bed capacity. (05 Marks for each Institute) | Previous Experience of Private Sector Hospital with minimum 500 bed capacity. (05 Marks for each Hospital) | Source of active pharmaceutical ingredient (API) with certificate of analysis a. API sourced directly from the original manufacturer / research molecule holder, accredited by FDA, WHO, EMA, or other SRA b. API sourced from a licensed source or manufacturer accredited by FDA, WHO, EMA, or other SRA c. Other source of API. | Annual Product Quality Review (APQR) a. APQR for quoted drugs of 10 - 15 batches or above. b. APQR for quoted drugs of 05 - 10 batches. c. APQR for quoted drugs of 05 batches. | Report of drug testing laboratory (DTL) / Central Drug Laboratory (CDL) / National Institutes of Health (NIH) If sample of quoted product declared failed/sub-standard by any DTL/CDL/NIH established under drug act 1976/MDR Rules 2017 are c. less than 2-3% since January, 2020 to August 31, 2021 = 3 Marks b. less than 2% since January, 2020 to August 31, 2021 = 7 Marks a. less than 1% since January, 2020 to August 31, 2021 = 10 Marks (Attach evidence) | Primary reference standards with shelf life use for QC testing [Applicable on locally manufactured Generic product, in case of branded origin product of EU/USA/Japan origin full marks]. Stability study of quoted drugs (Real time stability study data of quoted drug from Jan 2021 onwards and should not be less than one year) | Bioequivalence Study (if applicable) [Applicable on locally manufactured Generic product, in case of branded origin product of EU/USA/Japan origin full marks] OR Bio similar study in case of Biological or biotech product | Free Sale Certificate / Certificate of Pharmaceutical Product (COPP) for imported items (duly attested from embassy of Pakistan in country of origin or embassy of origin in Pakistan original / true copy attached). (Attach evidence) | 5 |
| | | | Brand Name | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Max. Marks | | | | | | | | | | | | | | |
| | | | | | | 15 | 15 | 15 | 10 | 10 | 10 | 10 | 10 | 5 |

INSTRUCTIONS

Following Content should not be altered:

- A** Serial No.
B Tender Item Code
C Name of Medicine.
D Formulation

Following Content should be inserted as described:

- E** Insert Brand Name of Medicine
F Insert Pack size of Medicine i.e. 1's / 10's / 14's (Number of unit in each pack).
G Insert Number of Public Hospitals & Page Number of attached evidence
H Insert Number of Private Hospitals & Page Number of attached evidence
I Insert option (a), (b) & (c) & Page Number of attached evidence
J Insert option (a), (b) & (c) & Page Number of attached evidence

- K** Insert option (a), (b) & (c) & Page Number of attached evidence
L Please insert Yes/No & Page Number of attached evidence
M Please insert Yes/No & Page Number of attached evidence
N Please insert Yes/No & Page Number of attached evidence
O Please insert Yes/No & Page Number of attached evidence

Note: Please Provide Softcopy of this Annexure.

EXPLANATION OF THE EVALUATION METHODOLOGY USED TO DETERMINE THE BEST EVALUATED BID

- Marks obtained in the detailed technical evaluation will be carried forward and prorated. The tender will be awarded to the Responding organization with the highest cumulative score of each individual product (Technical Score + Financial Score).
- The formula for technical scoring is
Technical Score = (Total technical marks of the respective product / 100) x 60.
- The formula for financial scoring is
 The lowest bidder receive the full 30 marks. Other bidders receive marks calculating using the formula:

Financial score = (Lowest Quoted Price / Bidder's Quoted Price) x 40.

EXAMPLE CALCULATION:

1- Technical Evaluation

| <u>S. No</u> | <u>Supplier</u> | <u>Technical Score</u> | <u>Prorated Technical Score</u> (Score Obtained x 0.60) |
|--------------|-----------------|------------------------|--|
| 1 | A | 85 | 85 x 0.60 = 51 |
| 2 | B | 75 | 75 x 0.60 = 45 |
| 3 | C | 60 | 60 x 0.60 = 36 |

2- Financial Evaluation (if approved Technical)

| <u>S. No</u> | <u>Supplier</u> | <u>Supplier Quoted Rate</u> | <u>Prorated Financial Score</u> (Lowest Quoted Rate ÷ Quoted Rate x 40) |
|--------------|-----------------|-----------------------------|--|
| 1 | A | 86 | (86 ÷ 86) x 40 = 40 |
| 2 | B | 105 | (86 ÷ 105) x 40 = 32.76 |
| 3 | C | 130 | (86 ÷ 130) x 40 = 26.46 |

3- CALCULATION BEST EVALUATED BID

| <u>S. No</u> | <u>Supplier</u> | <u>Technical Prorated Score</u> | <u>Financial Prorated Score</u> | <u>Final Score</u> (Tech Score + Fin Score) | <u>Approval</u> |
|--------------|-----------------|---------------------------------|---------------------------------|--|-----------------------------------|
| 1 | A | 51 | 40 | 51 + 40 = 91 | Approved being Best Evaluated Bid |
| 2 | B | 45 | 32.76 | 45 + 32.76 = 77.7 | |
| 3 | C | 36 | 26.46 | 36 + 26.46 = 62.4 | |

Requirement & Specification

| S. No | Tender Item Code | Name of Medicine | Formulation |
|-------|------------------|-------------------------------|-------------|
| 1 | CAP1-001 | AMOXYCILLIN 250MG | Capsule |
| 2 | CAP1-002 | AMOXYCILLIN 500MG | Capsule |
| 3 | CAP1-005 | AZITHROMYCIN 250MG | Capsule |
| 4 | CAP1-006 | AZITHROMYCIN 500MG | Capsule |
| 5 | CAP1-007 | BUDESONIDE + FORMOTEROL 200MG | Capsule |
| 6 | CAP1-008 | BUDESONIDE + FORMOTEROL 400MG | Capsule |
| 7 | CAP1-009 | CEFIXIME 400MG | Capsule |
| 8 | CAP1-010 | CEPHRADINE 500MG | Capsule |
| 9 | CAP1-011 | CLINDAMYCIN 150 MG | Capsule |
| 10 | CAP1-012 | CLINDAMYCIN 300 MG | Capsule |
| 11 | CAP1-015 | DOXYCYCLINE 100MG | Capsule |
| 12 | CAP1-016 | DULOXETINE 20MG | Capsule |
| 13 | CAP1-018 | ESOMEPRAZOLE 20MG | Capsule |
| 14 | CAP1-020 | FLUCONAZOLE 150 MG | Capsule |
| 15 | CAP1-021 | FLUCONAZOLE 50MG | Capsule |
| 16 | CAP1-022 | FLUOXETINE 20MG | Capsule |
| 17 | CAP1-024 | FOSFOMYCINE 500MG | Capsule |
| 18 | CAP1-025 | GABAPENTIN 100MG | Capsule |
| 19 | CAP1-026 | HYDROXYUREA 500MG | Capsule |
| 20 | CAP1-027 | IRON WITH B-COMPLEX | Capsule |
| 21 | CAP1-028 | ITRACONAZOLE 100MG | Capsule |
| 22 | CAP1-029 | LOPERAMIDE HCL | Capsule |
| 23 | CAP1-032 | MORPHINE SULFATE 10MG | Capsule |
| 24 | CAP1-033 | MORPHINE SULFATE 30MG | Capsule |
| 25 | CAP1-036 | PANCREATIN 10,000IU | Capsule |
| 26 | CAP1-038 | PHENYTOIN SODIUM 100MG | Capsule |
| 27 | CAP1-039 | PIROXICAM 20 MG | Capsule |
| 28 | CAP1-040 | PREGABALIN 100MG | Capsule |
| 29 | CAP1-041 | PREGABALIN 50MG | Capsule |
| 30 | CAP1-042 | PREGABALIN 75MG | Capsule |
| 31 | CAP1-043 | TAMSULOSIN HCL 0.4MG | Capsule |
| 32 | CAP1-046 | TIOTROPIUM 18MCG | Capsule |
| 33 | CAP1-047 | TRAMADOL HCL 50MG | Capsule |
| 34 | CAP1-048 | TRANEXAMIC ACID 250MG | Capsule |
| 35 | CAP1-050 | TIOTROPIUM BROMIDE 18MCG | Capsule |
| 36 | CAP1-051 | URSODEOXYCHOLIC ACID 250MG | Capsule |

| | | | |
|----|----------|---|----------|
| 37 | CAP1-052 | VITAMIN A,D & E | Capsule |
| 38 | CAP1-053 | VITAMIN E 400MG | Capsule |
| 39 | CAP1-054 | CALCITROIL 0.25 | Capsule |
| 40 | CAP1-055 | CALCITROIL 0.5 | Capsule |
| 41 | CAP1-056 | LENALIDOMIDE 10MG | Capsule |
| 42 | CAP1-057 | OSELTAMIVIR 75MG | Capsule |
| 43 | CAP1-058 | ISAVUCONAZOLE 100MG | Capsule |
| 44 | CAP2-001 | APREPITANT 125 MG | Capsule |
| 45 | CAP2-002 | APREPITANT 80 MG | Capsule |
| 46 | CAP2-003 | APREPITANT 125MG + 80MG COMBO | Capsule |
| 47 | CAP3-004 | EVEROLIMUS 5MG | Capsule |
| 48 | DRP1-001 | ATROPINE SULPHATE 5ML/10ML | Drop |
| 49 | DRP1-004 | BRINZOLAMIDE 1% | Drop |
| 50 | DRP1-005 | CHLORAMPHENICOL 0.5% | Drop |
| 51 | DRP1-006 | CIPROFLOXACIN | Drop |
| 52 | DRP1-007 | CIPROFLOXACIN + DEXAMETHASONE | Drop |
| 53 | DRP1-009 | DEXAMETHASONE 1MG 5ML 0.1% | Drop |
| 54 | DRP1-010 | DORZOLAMIDE DROP | Drop |
| 55 | DRP1-012 | FLUOROMETHOLONE | Drop |
| 56 | DRP1-016 | LEVOBUNOLOL 5ML 0.5% | Drop |
| 57 | DRP1-017 | MOXIFLOXACIN 5ML | Drop |
| 58 | DRP1-021 | POLYETHYLENE GLYCOL 30ML | Drop |
| 59 | DRP1-022 | POLYVINYL ALCOHOL POVIDONE 10ML | Drop |
| 60 | DRP1-025 | TOBRAMYCIN 3MG + DEXAMETHASONE 1MG 5ML | Drop |
| 61 | DRP1-026 | TROPICAMIDE 1% | Drop |
| 62 | DRP1-027 | VITAMIN - A 10ML DROP | Drop |
| 63 | DRP1-028 | VITAMIN - D 10ML DROP | Drop |
| 64 | DRP1-031 | CROMOGLYCATE-TETRA HYDROZOLINE EYE DROP | Drop |
| 65 | DRP1-035 | TRAVOPROST EYE DROP | Drop |
| 66 | DRP1-036 | DICLOFENAC SODIUM EYE DROP | Drop |
| 67 | DRP1-037 | BRIMONIDINE 0.2% EYE DROP | Drop |
| 68 | DRP1-038 | PROPARACAINE EYE DROP | Drop |
| 69 | DRP1-039 | PHENYLEPHRINE EYE DROP | Drop |
| 70 | DRP1-040 | CYCLOSPORIN EYE DROP | Drop |
| 71 | DRP1-041 | SODIUM CHLORIDE EYE DROP | Drop |
| 72 | DRP1-042 | SODIUM CHLORIDE 5% EYE DROP | Drop |
| 73 | DRP1-043 | GENTAMICIN 10ML | Drop |
| 74 | DRP1-044 | BRIMONIBINE 0.2% EYE DROP 5 ML | Drop |
| 75 | INF1-002 | 0.45% DEXTROSE + SODIUM CHLORIDE 1000ML | Infusion |
| 76 | INF1-005 | 0.9% SODIUM CHLORIDE 25 ML | Infusion |
| 77 | INF1-006 | 0.9% SODIUM CHLORIDE 500 ML | Infusion |
| 78 | INF1-007 | 1/3 DEXTROSE + SODIUM CHLORIDE 500 ML | Infusion |

| | | | |
|-----|----------|---|-----------|
| 79 | INF1-008 | 10% 500ML AMINO ACIDS | Infusion |
| 80 | INF1-009 | 10% DEXTROSE WATER 1000 ML | Infusion |
| 81 | INF1-010 | 20% LIPIDS EMULSION 250 ML | Infusion |
| 82 | INF1-011 | 20% MANNITOL 500 ML | Infusion |
| 83 | INF1-012 | 25% DEXTROSE WATER 1000 ML | Infusion |
| 84 | INF1-013 | 25% DEXTROSE WATER 25 ML | Infusion |
| 85 | INF1-014 | 5% AMINO ACIDS, VITAMINS & 10% SORBITOL | Infusion |
| 86 | INF1-015 | 5% DEXTROSE + 0.45% SODIUM CHLORIDE 500ML | Infusion |
| 87 | INF1-016 | 5% DEXTROSE + 0.9% SODIUM CHLORIDE 1000ML | Infusion |
| 88 | INF1-017 | 5% DEXTROSE + 0.9% SODIUM CHLORIDE 500ML | Infusion |
| 89 | INF1-018 | 5% DEXTROSE WATER 100 ML | Infusion |
| 90 | INF1-019 | 5% DEXTROSE WATER 1000ML | Infusion |
| 91 | INF1-020 | 5% DEXTROSE WATER 500ML | Infusion |
| 92 | INF1-021 | GELATIN 4% 500ML | Infusion |
| 93 | INF1-022 | PERITONEAL DIALYSIS SOLUTION 1000 ML | Infusion |
| 94 | INF1-023 | RINGER + LACTOSE 1000ML | Infusion |
| 95 | INF1-024 | RINGER SOLUTION 1000ML | Infusion |
| 96 | INF1-025 | RINGER SOLUTION 500 ML | Infusion |
| 97 | INF1-026 | SODIUM CHLORIDE 0.45% 500ML | Infusion |
| 98 | INF1-027 | 0.9% SODIUM CHLORIDE 500 ML (EURO CAP) | Infusion |
| 99 | INF1-029 | 5% DEXTROSE WATER 500ML (DOUBLE EURO CAP) | Infusion |
| 100 | INF1-030 | 5% DEXTROSE WATER 100 ML (DOUBLE EURO CAP) | Infusion |
| 101 | INF1-031 | 0.9% SODIUM CHLORIDE 250 ML (DOUBLE EURO CAP) | Infusion |
| 102 | INF1-032 | 8% 500ML AMINO ACIDS | Infusion |
| 103 | INH1-001 | BECLOMETHASONE 250MCG | Inhaler |
| 104 | INH1-002 | SALBUTAMOL 100MCG INHALER | Inhaler |
| 105 | INH1-003 | SALBUTAMOL100MCG+ BECLMETHASONE 50MCG | Inhaler |
| 106 | INH1-004 | SALMETEROL 25 MCG+ FLUTICASONE 125 MCG | Inhaler |
| 107 | INH1-005 | BECLOMETHASONE + SALBUTAMOL 25MCG + 125MCG | Inhaler |
| 108 | INH1-006 | BECLOMETASONE 100 MCG AND FORMOTEROL 6MCG | Inhaler |
| 109 | INH1-007 | BECLOMETASONE 200 MCG AND FORMOTEROL 6MCG | Inhaler |
| 110 | INH1-008 | BECLOMETASONE/FORMOTEROL/GLYCOPYRRONIUM | Inhaler |
| 111 | INJ1-001 | ACETYLCYSTEINE 300 MG | Injection |
| 112 | INJ1-002 | ACYCLOVIR SODIUM 500MG | Injection |
| 113 | INJ1-003 | ADENOSINE 6MG/2ML | Injection |
| 114 | INJ1-004 | ADRENALINE 1MG | Injection |
| 115 | INJ1-008 | ALFACALCIDOL 1MCG /ML | Injection |
| 116 | INJ1-009 | AMIKACIN SULPHATE 250MG | Injection |
| 117 | INJ1-010 | AMIKACIN SULPHATE 500MG | Injection |
| 118 | INJ1-011 | AMINOPHYLLINE 250MG/10 ML | Injection |
| 119 | INJ1-012 | AMIODARONE HYDROCHLORIDE 150MG | Injection |

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| 120 | INJ1-015 | ANTI RABIES VACCINES 0.5ML | Injection |
| 121 | INJ1-016 | ANTI SNAKE VENAM | Injection |
| 122 | INJ1-018 | ARTESUNATE 120MG | Injection |
| 123 | INJ1-019 | ARTESUNATE 60MG | Injection |
| 124 | INJ1-020 | ARTHEMETER 80MG | Injection |
| 125 | INJ1-023 | ATROPINE SULPHATE 1MG | Injection |
| 126 | INJ1-025 | BUPIVACAINE HYDROCHLORIDE 5MG/ML | Injection |
| 127 | INJ1-026 | BUPIVACINE 5MG + DEXTROSE 80MG /MLSPINAL | Injection |
| 128 | INJ1-028 | CALCIUM CHLORIDE 10 ML INJ | Injection |
| 129 | INJ1-029 | CALCIUM FOLINATE 15MG | Injection |
| 130 | INJ1-031 | CALCIUM FOLINATE 50MG | Injection |
| 131 | INJ1-032 | CALCIUM GLUCONATE 1GM/10 ML | Injection |
| 132 | INJ1-033 | CLAVULANIC ACID + AMOXYCILLIN 1.2G | Injection |
| 133 | INJ1-034 | CLAVULANIC ACID + AMOXYCILLIN 600MG | Injection |
| 134 | INJ1-036 | CEFAZOLIN SODIUM 1G | Injection |
| 135 | INJ1-037 | CEFEPIME 1GM | Injection |
| 136 | INJ1-038 | CEFOTAXIME 1GM | Injection |
| 137 | INJ1-039 | CEFTAZIDIME 1GM | Injection |
| 138 | INJ1-040 | CEFTRIAXONE 1G | Injection |
| 139 | INJ1-043 | CHOLECALCIFEROL 1ML | Injection |
| 140 | INJ1-044 | CIPROFLOXACIN 200MG | Injection |
| 141 | INJ1-047 | CLINDAMYCIN 300 MG | Injection |
| 142 | INJ1-048 | CLINDAMYCIN 600 MG | Injection |
| 143 | INJ1-051 | CO-TRIAMOXAZOLE 80/400 MG/ 5 ML | Injection |
| 144 | INJ1-053 | DESMOPRESSIN | Injection |
| 145 | INJ1-054 | DEXAMETHASONE 4MG | Injection |
| 146 | INJ1-055 | DIAZEPAM 10 MG | Injection |
| 147 | INJ1-056 | DICLOFENAC SODIUM 75MG | Injection |
| 148 | INJ1-058 | DIGOXIN 2ML | Injection |
| 149 | INJ1-060 | DIMENHYDRINATE 50MG | Injection |
| 150 | INJ1-062 | DOBUTAMINE 250MG/20ML INJ | Injection |
| 151 | INJ1-063 | DOPAMINE HYDROCHLORIDE 20MG | Injection |
| 152 | INJ1-064 | DROTAVERINE 40MG | Injection |
| 153 | INJ1-065 | ENBUCRILATE 0.5 ML INJ | Injection |
| 154 | INJ1-067 | ENOXAPARIN 40MG | Injection |
| 155 | INJ1-068 | ENOXAPARIN 60MG | Injection |
| 156 | INJ1-069 | ENOXAPARIN 80MG | Injection |
| 157 | INJ1-070 | EPHEDRINE 50MG/ML | Injection |
| 158 | INJ1-071 | ERTAPENEM SODIUM 1GM | Injection |
| 159 | INJ1-073 | ETHYL ESTERS OF IODIZED FATTY ACIDS OF POPPY SEED OIL | Injection |
| 160 | INJ1-074 | ETOMIDATE 10ML INJ | Injection |

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| 161 | INJ1-075 | FENTANYL 5ML INJ | Injection |
| 162 | INJ1-077 | FLUCONAZOLE 100MG | Injection |
| 163 | INJ1-078 | FLUMAZENIL 0.5MG/ML | Injection |
| 164 | INJ1-080 | FRUSEMIDE 2ML | Injection |
| 165 | INJ1-081 | GENTAMYCIN 80 MG | Injection |
| 166 | INJ1-082 | GLYCOPYROLATE | Injection |
| 167 | INJ1-084 | GRANISETRON 3MG | Injection |
| 168 | INJ1-086 | HALOPERIDOL 5MG | Injection |
| 169 | INJ1-089 | HYDRALAZINE 25MG | Injection |
| 170 | INJ1-090 | HYDROCORTISONE 100MG | Injection |
| 171 | INJ1-091 | HYDROCORTISONE 250MG | Injection |
| 172 | INJ1-094 | IMMUNOGLOBULIN ANTI RABIES 300IU | Injection |
| 173 | INJ1-097 | INFLUENZA VACCINE | Injection |
| 174 | INJ1-098 | INSULIN - N | Injection |
| 175 | INJ1-099 | INSULIN - R | Injection |
| 176 | INJ1-100 | INSULIN 70/ 30 | Injection |
| 177 | INJ1-101 | IRON SUCROSE 100MG | Injection |
| 178 | INJ1-102 | ISOSORBIDE DINITRATE 10ML | Injection |
| 179 | INJ1-103 | KETAMINE HCL 10ML | Injection |
| 180 | INJ1-104 | KETOROLAC 30MG | Injection |
| 181 | INJ1-106 | LABETALOL HCL 50MG | Injection |
| 182 | INJ1-107 | LACOSAMIDE 200MG /20 ML | Injection |
| 183 | INJ1-108 | LEVETIRACETAM 500MG | Injection |
| 184 | INJ1-109 | LEVOFLOXACIN 500MG | Injection |
| 185 | INJ1-110 | LIGNOCAINE 2% 10ML | Injection |
| 186 | INJ1-111 | LINEZOLID 100ML | Injection |
| 187 | INJ1-112 | L-ORNITHINE L-ASPARTATE 10ML | Injection |
| 188 | INJ1-114 | MAGNESSIUM SULPHATE 500MG/ML | Injection |
| 189 | INJ1-115 | MECOBALAMIN 500MCG | Injection |
| 190 | INJ1-117 | MENENGOCOAL VACCINE | Injection |
| 191 | INJ1-121 | MESNA 400MG | Injection |
| 192 | INJ1-122 | METOCLOPRAMIDE 10MG | Injection |
| 193 | INJ1-125 | METHYLENE BLUE | Injection |
| 194 | INJ1-126 | METHYLPREDNISOLONE ACETATE 40MG | Injection |
| 195 | INJ1-128 | METOPROLOL TARTRATE 5MG | Injection |
| 196 | INJ1-129 | METRONIDAZOLE 100ML | Injection |
| 197 | INJ1-130 | MIDAZOLAM 5ML | Injection |
| 198 | INJ1-132 | MORPHINE SULPHATE 15MG | Injection |
| 199 | INJ1-133 | MOXIFLOXACIN 400 MG | Injection |
| 200 | INJ1-134 | MULTIVITAMIN | Injection |
| 201 | INJ1-135 | NALBUPHIN HCL 10MG | Injection |
| 202 | INJ1-136 | NALAXONE HYDROCHLORIDE | Injection |

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| 203 | INJ1-137 | NEOSTIGMINE GLYCOPYROLATE 1ML | Injection |
| 204 | INJ1-139 | NOREPINEPHRINE/NORADRENALINE 4MG | Injection |
| 205 | INJ1-140 | OCTREOTIDE ACETATE 0.1MG | Injection |
| 206 | INJ1-141 | OMEPRazole I/V 40MG | Injection |
| 207 | INJ1-143 | ONDANSETRON 8MG | Injection |
| 208 | INJ1-145 | PARACETAMOL 500 G | Injection |
| 209 | INJ1-149 | PHENIRAMINE MALEATE 2ML | Injection |
| 210 | INJ1-152 | PHENYLEPHRINE 10MG | Injection |
| 211 | INJ1-153 | PHENYTOIN SODIUM 250MG | Injection |
| 212 | INJ1-157 | PNEUMOCOCCAL VACCINES | Injection |
| 213 | INJ1-158 | POTASSIUM CHLORIDE 25ML | Injection |
| 214 | INJ1-160 | PROCYCLIDINE HCL 10MG | Injection |
| 215 | INJ1-161 | PROPOFOL 20ML | Injection |
| 216 | INJ1-169 | ROCURONIUM BROMIDE 50MG | Injection |
| 217 | INJ1-170 | SALBUTAMOL 1ML | Injection |
| 218 | INJ1-171 | SODABICARBONATE 50 ML | Injection |
| 219 | INJ1-172 | SODIUM NITROPRUSSIDE 50MG | Injection |
| 220 | INJ1-173 | SODIUM TETRADECYL SULPHATE 2ML | Injection |
| 221 | INJ1-174 | STREPTOKINASE 1.5MIU | Injection |
| 222 | INJ1-176 | SALBACTAM 0.5G + CEFOPRAZONE 1G INJ | Injection |
| 223 | INJ1-177 | SUXAMETHONIUM 100MG | Injection |
| 224 | INJ1-179 | TERBUTALINE 1ML | Injection |
| 225 | INJ1-180 | TERLIPRESSIN 1MG | Injection |
| 226 | INJ1-181 | TESTOSTERONE 250MG/ML | Injection |
| 227 | INJ1-182 | TETANUS TOXOID 0.5ML | Injection |
| 228 | INJ1-184 | TISSUE PLASMINOGEN ACTIVATOR 50MG | Injection |
| 229 | INJ1-187 | TRAMADOL HCL 100MG | Injection |
| 230 | INJ1-188 | TRANEXAMIC ACID BP 250MG | Injection |
| 231 | INJ1-189 | TRIAMCINOLONE ACETONIDE | Injection |
| 232 | INJ1-190 | VALPORIC ACID 500MG | Injection |
| 233 | INJ1-191 | VANCOMYCIN 500MG | Injection |
| 234 | INJ1-193 | VERAPAMIL 2ML | Injection |
| 235 | INJ1-194 | VIT. B1,B6,B12 3ML | Injection |
| 236 | INJ1-195 | VITAMIN D3 | Injection |
| 237 | INJ1-196 | VITAMIN K | Injection |
| 238 | INJ1-197 | VARICELLA VACCINE | Injection |
| 239 | INJ1-199 | ATRACURIUM BESYLATE 30MG | Injection |
| 240 | INJ1-200 | CASPOFUNGIN 50MG | Injection |
| 241 | INJ1-203 | MINOCYCLINE 100MG | Injection |
| 242 | INJ1-207 | DEXMEDETROMIDINE 100MCG/ML | Injection |
| 243 | INJ1-208 | FOSFOMYCIN 1GM | Injection |
| 244 | INJ1-259 | FERRIC CARBOXYMALTOSE 500 MG | Injection |

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| 245 | INJ1-260 | RITUXIMAB 1400MG / 11.7ML | Injection |
| 246 | INJ1-261 | VASSOPRESSIN 20 UNITS 1ML | Injection |
| 247 | INJ1-262 | LIPOSOMAL AMPHOTERICIN B 50MG | Injection |
| 248 | INJ1-263 | REMDESIVIR 100MG | Injection |
| 249 | INJ1-264 | ANTIHEMOPHILIC FACTOR VIII | Injection |
| 250 | INJ1-265 | CEFTAZIDIME 2GM + AVIBACTAM 0.5GM | Injection |
| 251 | INJ1-266 | MILRINONE 10ML | Injection |
| 252 | INJ1-267 | ETANERCEPT 50MG | Injection |
| 253 | INJ1-268 | HUMAN CHORIONIC GONADOTROPIN HORMONE 5000IU | Injection |
| 254 | INJ1-269 | TOBRAMYCIN 50MG | Injection |
| 255 | INJ1-270 | AZITHROMYCIN | Injection |
| 256 | INJ1-271 | BEVACIZUMAB 100MG | Injection |
| 257 | INJ1-272 | TOCILIZUMAB 200 MG/10ML | Injection |
| 258 | INJ1-273 | TOCILIZUMAB 80MG/4ML | Injection |
| 259 | INJ1-274 | CEFOPERAZONE + SALBACTAM 2 GM | Injection |
| 260 | INJ1-275 | CIS-ATRACURIUM 10MG / 5ML | Injection |
| 261 | INJ1-276 | CIMETIDINE 200 MG | Injection |
| 262 | INJ1-277 | CALCITONIN 100 IU / ML | Injection |
| 263 | INJ1-278 | VORICONAZOLE 200 MG | Injection |
| 264 | INJ1-279 | LACOSAMIDE 20 ML | Injection |
| 265 | INJ1-280 | CETUXIMAB 100MG | Injection |
| 266 | INJ1-281 | ONABOTULINUMTOXINA 100UNIT | Injection |
| 267 | INJ1-282 | ISAVUCONAZOLE 200MG | Injection |
| 268 | INJ1-283 | ALPROSTADIL 200MCG | Injection |
| 269 | INJ1-284 | TRASTUZUMAB 440MG | Injection |
| 270 | INJ1-285 | INSULIN GLARGLINE 100UNIT/ML | Injection |
| 271 | INJ1-286 | LEVOCARNITINE 1G | Injection |
| 272 | INJ1-287 | HUMAN HEPATITIS IMMUNOGLOBULIN (HBIG) 2ML | Injection |
| 273 | INJ2-001 | 5-FLUOROURACIL 500MG | Injection |
| 274 | INJ2-003 | BENDAMUSTINE 100MG | Injection |
| 275 | INJ2-005 | BLEOMYCIN 15MG | Injection |
| 276 | INJ2-006 | BORTEZOMIB 2MG | Injection |
| 277 | INJ2-008 | CARBOPLATIN 450MG | Injection |
| 278 | INJ2-010 | CISPLATIN 50MG | Injection |
| 279 | INJ2-014 | DACARBAZINE 200MG | Injection |
| 280 | INJ2-015 | DACTINOMYCIN 0.5MG | Injection |
| 281 | INJ2-016 | DOCETAXEL 20MG | Injection |
| 282 | INJ2-018 | DOXORUBICIN 50MG | Injection |
| 283 | INJ2-019 | EPIRUBICIN C/S 50MG | Injection |
| 284 | INJ2-020 | EPIRUBICIN D/R 50MG | Injection |
| 285 | INJ2-021 | ETOPOSIDE 100MG | Injection |
| 286 | INJ2-023 | GEMCITABINE 1G | Injection |

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| 287 | INJ2-024 | GEMCITABINE 200MG | Injection |
| 288 | INJ2-027 | IFOSFAMIDE 1G | Injection |
| 289 | INJ2-028 | INTRAVESICAL BCG 40MG | Injection |
| 290 | INJ2-030 | IRINOTECAN HYDROCHLORIDE 100MG | Injection |
| 291 | INJ2-031 | LEUPRORELIN ACETATE 7.5MG | Injection |
| 292 | INJ2-032 | LEUPRORELIN ACETATE 11.25MG | Injection |
| 293 | INJ2-034 | METHOTREXATE 50MG | Injection |
| 294 | INJ2-035 | METHOTREXATE 1000MG | Injection |
| 295 | INJ2-036 | MITOMYCIN 10MG INJ. | Injection |
| 296 | INJ2-038 | OXALIPLATIN 100MG | Injection |
| 297 | INJ2-040 | PACLITAXEL 100MG | Injection |
| 298 | INJ2-041 | PAMIDRONATE DISODIUM 90MG | Injection |
| 299 | INJ2-048 | VINBLASTINE 10MG | Injection |
| 300 | INJ2-049 | VINCISTINE SULFATE 2MG | Injection |
| 301 | INJ2-050 | VINCISTINE SULFATE 1MG | Injection |
| 302 | INJ2-051 | ZOLEDRONIC ACID 4MG | Injection |
| 303 | INJ2-052 | AZTREONAM INJ 1 GM | Injection |
| 304 | INJ3-001 | AMPHOTERICIN B 50MG | Injection |
| 305 | INJ3-010 | PEMBROLIZUMAB 100MG | Injection |
| 306 | NUT1-001 | HYDROLYZED FORMULA FOR MALABSORPTION (ADULT) | Powder |
| 307 | NUT1-002 | ISO-OSMOLAR ENTERAL TUBE FEEDING FORMULA | Powder |
| 308 | NUT1-003 | MODULAR PROTEIN FORMULA | Powder |
| 309 | NUT1-004 | PARTIALLY HYDROLYZED FORMULA (INFANT/PEAD) STAGE 02 360GM POWDER | Powder |
| 310 | NUT1-005 | STANDARD ADULT ENTERAL FORMULA | Powder |
| 311 | NUT1-006 | STANDARD DIABETIC FORMULA | Powder |
| 312 | NUT1-007 | STANDARD PEDIATRIC ENTERAL FORMULA | Powder |
| 313 | NUT1-012 | STANDARD UHT DAIRY MILK | Litter |
| 314 | NUT1-013 | HYPERCALORIC INFANT FORMULA 1 KCAL/ML | Powder |
| 315 | NUT1-014 | SUCCINYLATED GELATIN + SODIUM + CHLORINE 500ML | Infusion |
| 316 | NUT1-015 | MCT OIL BASED INFANT FORMULA 400 GM | Powder |
| 317 | NUT1-016 | PARTIALLY HYDROLYZED FORMULA (INFANT/PEAD) STAGE 01 360GM POWDER | Powder |
| 318 | PCP1-002 | TRISODIUM CITRATE DIHYDRATE 5KG | Powder |
| 319 | PCP1-003 | TRIPOTASSIUM CITRATE 5KG | Powder |
| 320 | PCP1-004 | CITRIC ACID MONOHYDRATE 5KG | Powder |
| 321 | PCP1-005 | DISODIUM HYDROGEN PHOSPHATE HEPTAHYDRATE 1KG | Powder |
| 322 | PCP1-006 | SODIUM DIHYDROGEN PHOSPHATE DIHYDRATE 1KG | Powder |
| 323 | PCP1-009 | MAGNESSIUM SULPHATE HYDRATE 5KG | Powder |
| 324 | PCP1-010 | ZINC OXIDE 1KG | Powder |
| 325 | PCP1-014 | POTASSIUM DIHYDROGEN PHOSPHATE 1KG | Powder |

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| 326 | PCP1-015 | DI-POTASSIUM HYDROGEN PHOSPHATE 1KG | Powder |
| 327 | POW1-001 | ACETYLCYSTEINE 200MG (SACHET) | Sachet |
| 328 | POW1-002 | CHOLESTYRAMINE 4GM (SACHET) | Sachet |
| 329 | POW1-003 | CRANBERRY EXTRACT 250MG (SACHET) | Sachet |
| 330 | POW1-004 | DIOCTAHEDRAL SMECTITE 3GM (SACHET) | Sachet |
| 331 | POW1-006 | GLUCOS-D 400GM | Powder |
| 332 | POW1-007 | L-ORNITHINE L-ASPARTATE 3GM (SACHET) | Sachet |
| 333 | POW1-008 | MONTELUKAST (SACHET) | Sachet |
| 334 | POW1-009 | ORAL REHYDRATION SALT (SACHET) | Sachet |
| 335 | POW1-010 | POLYETHYLENE GLYCOL | Powder |
| 336 | POW1-011 | SODIUM / CALCIUM POLYSTYRENE SULFONATE | Sachet |
| 337 | POW1-014 | SACCHROMYCES BOULARDII 250MG (SACHET) | Sachet |
| 338 | POW1-015 | SACHROMYCIN SACHET | Powder |
| 339 | POW1-019 | OMEPRAZOLE 20MG | Powder |
| 340 | POW1-020 | BISMUTH(III) NITRATE PENTAHYDRATE 500 GM | Powder |
| 341 | POW1-021 | FOSFOMYCIN 3GM (SACHET) | Sachet |
| 342 | POW1-023 | POLYTHYLENEGLUCOL + NACL + KCL + NAHCO3 4 GM | Sachet |
| 343 | RAD1-001 | CONSTRASIT MEDIUM FOR MRI 20ML | Injection |
| 344 | RAD1-003 | MEGLUMINE DIATRIZOATE (SODIUM DIATRIZOATE) | Injection |
| 345 | RAD1-004 | SODIUM AMIDOTRIZOATE + MAGLUMINE AMIDOTRIZOATE 100ML | Injection |
| 346 | SOL1-003 | BECLOMETHASONE + SULBUTAMOL AEROSOL | Liquid Solution |
| 347 | SOL1-004 | BECLOMETHASONE DIPROPIONATE AEROSOL 800 MCG / 2 ML | Liquid Solution |
| 348 | SOL1-005 | CHLOROXYLENOL 1 LITER | Liquid Solution |
| 349 | SOL1-009 | CLOTRIMAZOLE LOTION | Liquid Solution |
| 350 | SOL1-010 | IPRATROPIUM BROMIDE 250MCG/ML | Liquid Solution |
| 351 | SOL1-011 | LIGNOCAINE 4% 50ML SOLUTION | Liquid Solution |
| 352 | SOL1-012 | LIQUID PARAFFIN 450 ML | Liquid Solution |
| 353 | SOL1-013 | NILSTATIN 30ML/50ML | Liquid Solution |
| 354 | SOL1-014 | SALBUTAMOL 20ML | Liquid Solution |
| 355 | SOL1-015 | SPIRIT SOLUTION | Liquid Solution |
| 356 | SOL1-016 | TINCTURE BENZOINE 450ML | Liquid Solution |

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| 357 | SOL1-017 | SODIUM BIPHOSPHATE ENEMA | Liquid Solution |
| 358 | SOL1-018 | HYDROGEN PEROXIDE 450ML | Liquid Solution |
| 359 | SOL1-019 | XYLOMETAZOLINE 0.1% / 15ML SPRAY | Liquid Solution |
| 360 | SOL1-020 | BECLOMETASONE DIPROPIONATE AND SALBUTAMOL 0.8MG/1.6MG/2ML | Liquid Solution |
| 361 | SUP1-001 | DICLOFENAC SUPPOSITORIES | Suppository |
| 362 | SUP1-002 | GLYCERINE ADULT SUPPOSITRIES | Suppository |
| 363 | SUP1-003 | GLYCERINE PEADS SUPPOSITRIES | Suppository |
| 364 | SUP1-004 | PARACETAMOL 125 MG | Suppository |
| 365 | SUP1-005 | PARACETAMOL 250 MG | Suppository |
| 366 | SYP1-001 | ACEFYLLINE PIPERAZINE & DIPHENHYDRAMINE HCL 120ML | Syrup |
| 367 | SYP1-002 | ALBENDAZOLE 10ML | Syrup |
| 368 | SYP1-003 | ALUMINA 215MG + MAGNESIA 80MG + SIMETHICONE 25MG | Syrup |
| 369 | SYP1-004 | AMINOPHYLLINE + DIPHENHYDRAMINE + AMONIUM CHLORIDE 120 ML | Syrup |
| 370 | SYP1-005 | AMINOPHYLLINE PLUS COMPOUND 120ML | Syrup |
| 371 | SYP1-007 | AZITHROMYCIN 15ML | Syrup |
| 372 | SYP1-008 | B-COMPLEX + IRON 120ML | Syrup |
| 373 | SYP1-011 | CEFIXIME 100MG 60ML | Syrup |
| 374 | SYP1-012 | CHLOROQUINE PHOSHATE 60ML | Syrup |
| 375 | SYP1-014 | CIPROFLOXACIN 125MG | Syrup |
| 376 | SYP1-015 | CLARITHROMYCIN 125MG | Syrup |
| 377 | SYP1-016 | CO-AMOXICLAV 156MG 60ML | Syrup |
| 378 | SYP1-017 | CO-AMOXICLAV 312MG 60ML | Syrup |
| 379 | SYP1-018 | CO-TRIMOXAZOLE 50ML | Syrup |
| 380 | SYP1-019 | DIMENHYDRINATE | Syrup |
| 381 | SYP1-021 | DISODIUMHYDROGEN CITRATE 120 ML | Syrup |
| 382 | SYP1-022 | DIVALPROEX SODIUM 60ML | Syrup |
| 383 | SYP1-023 | DOMPERIDONE 120 ML | Syrup |
| 384 | SYP1-025 | FLUCONAZOLE 50MG/5ML | Syrup |
| 385 | SYP1-026 | FOSFOMYCINE 60ML | Syrup |
| 386 | SYP1-027 | IBUPROFEN 90ML | Syrup |
| 387 | SYP1-030 | LACTULOSE 120ML | Syrup |
| 388 | SYP1-031 | LEVETIRACETAM 30ML | Syrup |
| 389 | SYP1-032 | LINEZOLID 60ML | Syrup |
| 390 | SYP1-034 | LORATADINE 60ML | Syrup |
| 391 | SYP1-035 | L-ORTHININE + L-ASPARATE | Syrup |
| 392 | SYP1-036 | MAGNESSIUM CHLORIDE 1G/5ML | Syrup |
| 393 | SYP1-038 | MEBENDAZOLE 30ML | Syrup |
| 394 | SYP1-039 | METRONIDAZOLE 60ML | Syrup |

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| 395 | SYP1-042 | MULTIVITAMIN 120 ML | Syrup |
| 396 | SYP1-043 | OXETHAZAINE + ALUMINUM & MAGNESIUM HYDROXID 150ML | Syrup |
| 397 | SYP1-044 | PARACETAMOL 120ML | Syrup |
| 398 | SYP1-045 | PHENIRAMINE MALEATE 60ML | Syrup |
| 399 | SYP1-046 | PHENYTOIN SODIUM 120ML | Syrup |
| 400 | SYP1-047 | POTASSIUM CHLORIDE 120ML | Syrup |
| 401 | SYP1-048 | PROMETHAZINE + PHOLCODINE 120ML | Syrup |
| 402 | SYP1-051 | SODIUM ALGINATE + CALCIUM CARBONATE + SODIUM BICARBONATE 120 ML | Syrup |
| 403 | SYP1-052 | SUCRALFATE 60ML | Syrup |
| 404 | SYP1-053 | TERBUTALINE SULPHATE 60ML | Syrup |
| 405 | SYP1-054 | URSODEOXYCHOLIC ACID SYP | Syrup |
| 406 | SYP1-055 | DEXTROMETHORPHAN + CARBINOXAMIN + PSEUDOEPHEDRINE + GUAIFENESIN 120ML | Syrup |
| 407 | SYP1-056 | ZINC SULPHATE 60ML | Syrup |
| 408 | SYP1-057 | ARTEMETHER + LUMEFANTRINE 60 ML | Syrup |
| 409 | SYP1-058 | BOSENTAN 6.25 MG/ML | Syrup |
| 410 | TAB1-001 | ACETAZOLAMIDE 250MG | Tablet |
| 411 | TAB1-002 | ACETOAMINOPHEN 500MG / PARACETAMOL | Tablet |
| 412 | TAB1-003 | ACYCLOVIR 200MG | Tablet |
| 413 | TAB1-004 | ACYCLOVIR 400 MG | Tablet |
| 414 | TAB1-005 | ALBENDAZOLE 200MG | Tablet |
| 415 | TAB1-006 | ALENDRONATE 70MG | Tablet |
| 416 | TAB1-007 | ALFACALCIDOL 0.5MCG | Tablet |
| 417 | TAB1-008 | ALLOPURINOL 100MG | Tablet |
| 418 | TAB1-009 | ALLOPURINOL 300MG | Tablet |
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| 431 | TAB1-027 | ATENOLOL 50MG | Tablet |
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| 477 | TAB1-084 | DIAZEPAM 5MG | Tablet |
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| 483 | TAB1-093 | DOMPERIDONE 10MG | Tablet |
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| 491 | TAB1-104 | ESCITALOPRAM 10MG | Tablet |
| 492 | TAB1-105 | ESCITALOPRAM 20MG | Tablet |
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| 497 | TAB1-114 | FEXOFENADINE 120MG | Tablet |
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| 499 | TAB1-119 | FLAVOXATE HCL 200MG | Tablet |
| 500 | TAB1-123 | FOLIC ACID 5MG | Tablet |
| 501 | TAB1-124 | FRUSEMIDE 40MG, AMILORIDE HCL 5MG | Tablet |
| 502 | TAB1-125 | FUROSEMIDE 40MG | Tablet |
| 503 | TAB1-127 | GEMFIBROZIL 600MG | Tablet |
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| 506 | TAB1-131 | GLIMEPIRIDE 1MG | Tablet |
| 507 | TAB1-132 | GLIMEPRIDE 2MG | Tablet |
| 508 | TAB1-134 | GLIPIZIDE 5MG | Tablet |
| 509 | TAB1-135 | GLYCERYL TRINITRATE 0.5MG | Tablet |
| 510 | TAB1-136 | HALOPERIDOL 1.5MG | Tablet |
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| 512 | TAB1-138 | HYDRALAZINE 25MG | Tablet |
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| 514 | TAB1-140 | HYDROCORTISONE 10MG | Tablet |
| 515 | TAB1-141 | HYDROXYCHLOROQUINE 200MG | Tablet |
| 516 | TAB1-142 | IBUPROFEN 400MG | Tablet |

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| 517 | TAB1-148 | ISONIAZID 100MG | Tablet |
| 518 | TAB1-149 | ISOSORBIDE-5 & MONONITRATE 20MG | Tablet |
| 519 | TAB1-150 | ITOPRIDE HCL 50MG | Tablet |
| 520 | TAB1-151 | IVABRADINE 5MG | Tablet |
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| 522 | TAB1-156 | LACOSAMIDE 100MG | Tablet |
| 523 | TAB1-157 | LACOSAMIDE 50MG | Tablet |
| 524 | TAB1-158 | LAMOTRIGINE 100MG | Tablet |
| 525 | TAB1-159 | LAMOTRIGINE 25MG | Tablet |
| 526 | TAB1-160 | LAMOTRIGINE 50MG | Tablet |
| 527 | TAB1-161 | LETROZOLE 2.5MG | Tablet |
| 528 | TAB1-162 | LEVAMISOLE HCL 40MG | Tablet |
| 529 | TAB1-163 | LEVETIRACETAM 250 MG | Tablet |
| 530 | TAB1-164 | LEVETIRACETAM 500MG | Tablet |
| 531 | TAB1-165 | LEVOFLOXACIN 250MG | Tablet |
| 532 | TAB1-166 | LEVOFLOXACIN 500MG | Tablet |
| 533 | TAB1-168 | LINEZOLID 600MG | Tablet |
| 534 | TAB1-171 | LISINOPRIL 5MG | Tablet |
| 535 | TAB1-172 | LORATADINE 10MG | Tablet |
| 536 | TAB1-173 | LORAZEPAM 1MG | Tablet |
| 537 | TAB1-175 | LOSARTAN 50MG | Tablet |
| 538 | TAB1-176 | LOSARTAN 50MG + HYDROCHLOROTHIAZIDE 12.5MG | Tablet |
| 539 | TAB1-178 | MEBEVERINE HCL 135MG | Tablet |
| 540 | TAB1-179 | MEBENDAZOLE 100MG | Tablet |
| 541 | TAB1-182 | MECOBALAMIN 500MCG | Tablet |
| 542 | TAB1-183 | MEFENAMIC ACID 250MG | Tablet |
| 543 | TAB1-186 | MESALAZINE 400MG | Tablet |
| 544 | TAB1-188 | METFORMIN HYDROCHLORIDE 1GM | Tablet |
| 545 | TAB1-190 | METFORMIN HYDROCHLORIDE 500MG | Tablet |
| 546 | TAB1-191 | METHYLDOPA 250MG | Tablet |
| 547 | TAB1-192 | METOCLOPRAMIDE 10MG | Tablet |
| 548 | TAB1-193 | METOLAZONE 5MG | Tablet |
| 549 | TAB1-194 | METOPROLOL TARTRATE 100MG | Tablet |
| 550 | TAB1-195 | METOPROLOL TARTRATE 25MG | Tablet |
| 551 | TAB1-196 | METRONIDAZOLE 400MG | Tablet |
| 552 | TAB1-198 | MIDAZOLAM 7.5MG TAB | Tablet |
| 553 | TAB1-200 | MISOPROSTOL 200MCG | Tablet |
| 554 | TAB1-201 | MONTELUKAST 10MG | Tablet |
| 555 | TAB1-203 | MONTELUKAST 5MG | Tablet |
| 556 | TAB1-204 | MOXIFLOXACIN 400MG | Tablet |
| 557 | TAB1-205 | NAPROXEN 500MG | Tablet |
| 558 | TAB1-206 | NEBIVOLOL 5MG | Tablet |

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| 559 | TAB1-208 | NIFEDIPINE 30MG LONG ACTING | Tablet |
| 560 | TAB1-209 | NIMESULIDE 100MG | Tablet |
| 561 | TAB1-210 | NIMODIPINE 30MG | Tablet |
| 562 | TAB1-211 | NITAZOXANIDE INN 500MG | Tablet |
| 563 | TAB1-212 | NITROFURANTOIN 100MG | Tablet |
| 564 | TAB1-213 | GLYCERYL TRINITRATE 2.6MG | Tablet |
| 565 | TAB1-216 | OLANZAPINE 10MG TAB | Tablet |
| 566 | TAB1-218 | OLANZAPINE 5MG | Tablet |
| 567 | TAB1-219 | ONDANSETRON 8MG | Tablet |
| 568 | TAB1-220 | OXYBUTYNIN 5MG TAB | Tablet |
| 569 | TAB1-222 | PARACETAMOL 450MG + ORPHENADRINE 35MG | Tablet |
| 570 | TAB1-224 | PARACETAMOL 500MG, THIORDAZINE HCL 3MG | Tablet |
| 571 | TAB1-226 | PARACETAMOL 650 MG+ ORPHENADRINE 50MG | Tablet |
| 572 | TAB1-228 | PENEGRA 100MG | Tablet |
| 573 | TAB1-229 | PENICILLAMINE 250MG | Tablet |
| 574 | TAB1-231 | PHENAZOPYRIDINE 100MG | Tablet |
| 575 | TAB1-232 | PHENIRAMINE MALEATE 25MG | Tablet |
| 576 | TAB1-233 | PHENOBARBITONE 30MG TAB | Tablet |
| 577 | TAB1-234 | PROMETHAZINE 15MG | Tablet |
| 578 | TAB1-236 | POTASIUUM CITRATE 10 MEQ / 1080MG | Tablet |
| 579 | TAB1-237 | POTASSIUM CHLORIDE 500MG | Tablet |
| 580 | TAB1-241 | PRIMAQUINE 7.5MG | Tablet |
| 581 | TAB1-242 | PROCHLORPERAZINE MALEATE | Tablet |
| 582 | TAB1-243 | PROCYCLIDINE HCL 5MG | Tablet |
| 583 | TAB1-245 | PROPRANOLOL 10MG | Tablet |
| 584 | TAB1-246 | PROPRANOLOL 40MG | Tablet |
| 585 | TAB1-247 | PYRAZINAMID 500MG | Tablet |
| 586 | TAB1-248 | PYRIDOXIN 50 MG | Tablet |
| 587 | TAB1-250 | RAMIPRIL 10MG | Tablet |
| 588 | TAB1-251 | RAMIPRIL 5MG | Tablet |
| 589 | TAB1-253 | RESPRIDON 1MG | Tablet |
| 590 | TAB1-254 | RESPRIDON 2MG | Tablet |
| 591 | TAB1-256 | RIBAVIRIN 400MG | Tablet |
| 592 | TAB1-259 | RIFAMPICIN 150MG +INH 75MG + ETHAMBUTOL 275MG+ PYRAZINAMIDE 400MG | Tablet |
| 593 | TAB1-260 | RIFAMPICIN 300 INH 150MG | Tablet |
| 594 | TAB1-261 | RIFAMPICIN 300MG | Tablet |
| 595 | TAB1-265 | RIFAXIMIN 550MG | Tablet |
| 596 | TAB1-266 | RIVAROXABAN 10MG | Tablet |
| 597 | TAB1-267 | RIVAROXABAN 15MG | Tablet |
| 598 | TAB1-268 | ROSUVASTATIN 10MG | Tablet |
| 599 | TAB1-269 | ROSUVASTATIN 20MG | Tablet |

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| 600 | TAB1-270 | SALBUTAMOL 2MG | Tablet |
| 601 | TAB1-271 | SERTALINE 50MG | Tablet |
| 602 | TAB1-272 | SEVELAMER 400MG | Tablet |
| 603 | TAB1-275 | SITAGLIPTIN 50MG | Tablet |
| 604 | TAB1-276 | SODIUM BICARBONATE 300MG | Tablet |
| 605 | TAB1-277 | SOFOSBUVIR 400MG | Tablet |
| 606 | TAB1-278 | SOLIFENACIN 5MG | Tablet |
| 607 | TAB1-279 | SPIRONOLACTONE + FUROSEMIDE 20MG | Tablet |
| 608 | TAB1-280 | SPIRONOLACTONE + FUROSEMIDE 40MG | Tablet |
| 609 | TAB1-281 | SPIRONOLACTONE 100MG | Tablet |
| 610 | TAB1-282 | SPIRONOLACTONE 25MG | Tablet |
| 611 | TAB1-284 | TAMOXIFEN 10MG | Tablet |
| 612 | TAB1-285 | TERAZOSIN HCL 2MG | Tablet |
| 613 | TAB1-286 | TERAZOSIN HCL 5MG | Tablet |
| 614 | TAB1-287 | TERBINAFINE 125MG | Tablet |
| 615 | TAB1-288 | TERBINAFINE 250MG | Tablet |
| 616 | TAB1-289 | TERBUTALINE SULPHATE 2.5MG | Tablet |
| 617 | TAB1-291 | THEOPHYLLINE 350MG | Tablet |
| 618 | TAB1-292 | THYROXIN 50MCG | Tablet |
| 619 | TAB1-293 | TIZANDINE 2MG | Tablet |
| 620 | TAB1-294 | TOLTERODINE 2MG | Tablet |
| 621 | TAB1-295 | TOPIRAMATE 25MG | Tablet |
| 622 | TAB1-296 | TOPIRAMATE 50MG | Tablet |
| 623 | TAB1-297 | TRAZODONE 50MG | Tablet |
| 624 | TAB1-303 | VALGANCICLOVIR 450MG | Tablet |
| 625 | TAB1-304 | VALPORIC ACID 250MG | Tablet |
| 626 | TAB1-305 | VALPORIC ACID 500MG | Tablet |
| 627 | TAB1-306 | VALSARTAN 160MG | Tablet |
| 628 | TAB1-308 | VERAPAMIL 240MG | Tablet |
| 629 | TAB1-309 | VERAPAMIL 40MG | Tablet |
| 630 | TAB1-310 | VIT. B1,B6,B12 | Tablet |
| 631 | TAB1-311 | VORICONAZOLE 200MG | Tablet |
| 632 | TAB1-312 | VORICONAZOLE 50MG | Tablet |
| 633 | TAB1-313 | WARFARIN 1MG | Tablet |
| 634 | TAB1-314 | WARFARIN 5MG | Tablet |
| 635 | TAB1-315 | VELPATASVIR + SOFOSBUVIR 100MG/400MG | Tablet |
| 636 | TAB1-317 | AMLODIPINE 10MG + VALSARTAN 160MG + HYDROCHLOROTHIAZIDE 25MG | Tablet |
| 637 | TAB1-321 | ELTROMBOPAG 25MG | Tablet |
| 638 | TAB1-323 | FLUDROCORTISONE ACETATE 0.1 MG | Tablet |
| 639 | TAB1-325 | ARTEMETHER 40MG + LUMEFANTRINE 240MG | Tablet |
| 640 | TAB1-326 | ARTEMETHER 80MG + LUMEFANTRINE 480MG | Tablet |

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| 641 | TAB1-328 | DOXAZOSIN MESYLATE 4MG | Tablet |
| 642 | TAB1-329 | DIPHENOXYLATE HYDROCHLORIDE BP & ATROPINE SULPHATE | Tablet |
| 643 | TAB1-330 | FAMOTIDINE 20MG | Tablet |
| 644 | TAB1-331 | SEVELAMER 800MG | Tablet |
| 645 | TAB1-332 | SITAGLIPTIN 50MG + METFORMIN 500MG | Tablet |
| 646 | TAB1-333 | VORICONAZOLE 200MG | Tablet |
| 647 | TAB1-334 | SACUBITRIL + VALSARTAN 24 MG + 26 MG | Tablet |
| 648 | TAB1-335 | SACUBITRIL + VALSARTAN 49 MG + 51 MG | Tablet |
| 649 | TAB1-336 | SERRATIOPEPTIDASE 20,000 UNITS | Tablet |
| 650 | TAB1-337 | METFORMIN 250MG | Tablet |
| 651 | TAB1-338 | POSACONAZOL 100MG | Tablet |
| 652 | TAB1-339 | TENOFOVIR + ALAFENAMIDE 25MG | Tablet |
| 653 | TAB1-340 | TOFACITINIB 5MG | Tablet |
| 654 | TAB1-341 | ZINC SULPHATE 20MG | Tablet |
| 655 | TAB1-342 | AMLODIPINE 5MG + VALSARTAN 160MG + HYDROCHLOROTHIAZIDE 12.5MG | Tablet |
| 656 | TAB1-343 | IBUPROFEN 200MG | Tablet |
| 657 | TAB1-344 | SITAGLIPTIN 50MG + METFORMIN 850MG | Tablet |
| 658 | TAB1-345 | AMLODIPINE+VALSARTAN 5 MG + 160 MG | Tablet |
| 659 | TAB1-346 | BISMUTH SUBSALICYLATE 265 MG | Tablet |
| 660 | TAB1-347 | CLOBAZAM 10 MG | Tablet |
| 661 | TAB1-348 | DAPSONE 100 MG | Tablet |
| 662 | TAB1-349 | DEFERASIROX 400 MG | Tablet |
| 663 | TAB1-350 | VILDAGLIPTIN + METFORMIN 50/850MG | Tablet |
| 664 | TAB1-351 | DESMOPRESSIN 0.1 MG | Tablet |
| 665 | TAB1-352 | TRAMADOL HCI + PARACETAMOL 37.5 / 325 MG | Tablet |
| 666 | TAB1-353 | AMLODIPINE+VALSARTAN 5 MG + 80 MG | Tablet |
| 667 | TAB1-354 | EMPAGLIFLOZIN 10MG | Tablet |
| 668 | TAB2-002 | BICALUTAMIDE 50MG | Tablet |
| 669 | TAB2-003 | CAPECITABINE 500MG | Tablet |
| 670 | TAB2-008 | DEFERASIROX 400MG | Tablet |
| 671 | TAB2-009 | ABIRATERONE ACETATE 250MG TAB | Tablet |
| 672 | TOP1-003 | ACYCLOVIR 5GM CREAM | Topical |
| 673 | TOP1-005 | BETAMETHASONE 0.1% 60 ML | Topical |
| 674 | TOP1-007 | BORIC ACID + GLYCERINE | Topical |
| 675 | TOP1-008 | CHOLINE SALICYLATE 8.7%, CETALKONIUM CHLORIDE 0.01% 10GM | Topical |
| 676 | TOP1-009 | CLINADAMYCIN LOTION 30 ML | Topical |
| 677 | TOP1-010 | CLOBETASOL 0.5%+ NEOMYCIN 0.5% +NYSTATIN 5GM | Topical |
| 678 | TOP1-011 | CLOBETASOL 10GM CREAM | Topical |
| 679 | TOP1-012 | CLOBETASOL 5GM OINTMENT | Topical |
| 680 | TOP1-013 | CLOTRIMAZOLE CREAM | Topical |

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| 681 | TOP1-014 | CLOTRIMAZOLE 1%+HYDROCORTISONE1% 10GM | Topical |
| 682 | TOP1-015 | CROTAMITON AND SULPHUR 60 ML | Topical |
| 683 | TOP1-018 | FUSIDIC ACID | Topical |
| 684 | TOP1-019 | FUSIDIC ACID + BETAMETHASONE OINT | Topical |
| 685 | TOP1-021 | ISOCONAZOLE + DIFLUCORTALONE 10G CREAM | Topical |
| 686 | TOP1-022 | LIGNOCAINE + CETYLPYRIDINIUM,EUCALYPTOL 15GM | Topical |
| 687 | TOP1-023 | LIGNOCAINE + CETYTPYREDINIUMORAL | Topical |
| 688 | TOP1-024 | LIGNOCAINE JELLY 15GM | Topical |
| 689 | TOP1-029 | MUPIROCIN 15 GM CREAM | Topical |
| 690 | TOP1-035 | PERMETHRIN 30 GM CREAM | Topical |
| 691 | TOP1-036 | PERMETHRIN 60ML | Topical |
| 692 | TOP1-037 | POLYMAXIN B + BACITRACIN CREAM | Topical |
| 693 | TOP1-040 | POLYMAXIN B + BACITRACIN EYE OINTMENT 20 GM | Topical |
| 694 | TOP1-041 | POVIDONE - IODINE SOLUTION 450ML | Topical |
| 695 | TOP1-042 | POVIDONE - IODINE SURGICAL SCRUB 450ML | Topical |
| 696 | TOP1-043 | POVIDONE IODINE 60 ML MOUNTH WASH | Topical |
| 697 | TOP1-045 | TERBENEFINE 10GM CREAM | Topical |
| 698 | TOP1-046 | TRIAMCINOLONE ACETORIDE 5GM OINTMENT | Topical |
| 699 | TOP1-047 | TETRACYCLINE EYE OINTMENT | Topical |
| 700 | TOP1-049 | VITAMIN-A EYE OINTMENT | Topical |
| 701 | TOP1-050 | TOBRAMYCIN 0.3% + DEXAMETHASONE 0.1% EYE OINTMENT | Topical |
| 702 | TOP1-051 | SODIUM CHLORIDE HYPERTONICITY EYE OINTMENT | Topical |
| 703 | TOP1-052 | CLOBETASOL PROPIONATE + 0.5% NEOMYCIN + 0.5% NYSTATIN | Topical |
| 704 | TOP1-053 | CLINDAMYCIN LOTION 1% / 30 ML | Topical |
| 705 | TOP1-054 | CLINDAMYCIN + TRETINOIN Gel 1.2% + 0.025% | Topical |