

SIUT

SINDH INSTITUTE

OF UROLOGY AND

TRANSPLANTATION

PRE-QUALIFICATION DOCUMENTS

**PROCUREMENT OF DRUGS/MEDICINES, DRIPS, DROPS,
TOPICAL, LIQUID SOLUTIONS, I.V. CONTRAST MEDIA &
NUTRITION'S ITEMS ETC. FOR THE YEAR 2026–27
UNDER FRAMEWORK CONTRACT AGREEMENT**

IMPORTANT DATES

Issuance of Pre-qualification Documents	23-05-2026 to 11-06-2026
Submission of Application and Documents	12-06-2026 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 2026-27 under Framework Contract Agreement

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 2026-27 under Framework Contract Agreement".

Name of Document	"Procurement of Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition's Items etc. for 2026-27 under Framework Contract Agreement"
Pre-qualification Documents Fee	Rs. 3,000/- (non-refundable)
Issuance of Pre-qualification Documents	23-05-2026 to 11-06-2026
Submission of Application and Document	12-06-2026 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 E".
- Prequalification shall remain valid for the year 2026-27, unless revoked earlier.
- Evaluation Criteria, List of documentary evidences required to demonstrate respective qualification and information will considered to be necessary for pre-qualification of Applicants and their quoted products by the Procuring Agency.
- This procurement shall be executed through a Framework Contract under which quantities may vary based on institutional requirements during the contract period.
- Interested Manufacturers, Importers and Distributors shall obtain the set of pre-qualification documents from Ground Floor (Gate No. 3), CRS Department, SIUT - Transplant Tower, 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 12-06-2026 and will be opened at 11:30 am on the same day at the Pearle Hall, Mezzanine Floor, SIUT-Trust Hospital, Shahrah e Faisal, 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. 7), 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 with relevant Registration Authorities and Tax Departments/ Authorities (Income Tax, Sales Tax). Joint venture (JV) is not allowed.

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

- They fulfill the requirements of Mandatory Section. Refer "*Eligibility Criteria – Mandatory Section*".
- Applicants must not have any direct or indirect association, past or present, with any firm or affiliate engaged by the Procuring Agency for consultancy services related to the preparation of specifications, designs, or procurement documents for this tender.
- Applicants shall not be blacklisted or debarred by any Procuring Agency, SPPRA, or any national/international organization. If a Applicant is blacklisted after award of contract, the Procuring Agency may require a 100% Bank Guarantee against the contract value or proceed with the next lowest evaluated Applicant in case of non-compliance.
- Applicants shall not have any conflict of interest. A conflict of interest includes, but is not limited to:
 - Common ownership, shareholders, or legal representation;
 - Direct or indirect relationships influencing the bidding process;
 - Receipt of subsidies from related parties; or
 - Access to confidential information that may affect fair competition.
- A Applicant shall be considered ineligible if it:
 - Is bankrupt, insolvent, or under legal proceedings affecting its operations;
 - Has been convicted of offences involving professional misconduct; or
 - Is involved in corrupt, fraudulent, or performance-related blacklisting under applicable PPRA laws/rules.

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 evaluation process shall consist of Mandatory Criteria, Eligibility Evaluation, and Product Evaluation stages.

- Applicants must qualify each stage by submitting the relevant documents as specified in the PQ Documents.
- Product evaluation shall be based on the prescribed criteria and minimum passing marks.

- Only qualified Applicants and products shall be eligible to participate in the tender process.

Refer to Annexures D1 and D2 for detailed documentation requirements and formats.

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 Applicant 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 of Drugs/Medicines, Drips, Drops, Topical, Liquid Solutions, I.V. Contrast Media & Nutrition’s Items etc. for 2026-27 under the Framework Contract Agreement” 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.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- 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 issued by the DRAP. <i>(Valid license covering the quoted product category must be provided. In case of renewal, documentary evidence of timely submission to the relevant regulatory authority shall be attached.)</i>	
4	Valid Current Good Manufacturing Practice (cGMP) issued by the DRAP OR Valid Satisfactory GMP Inspection Report issued by DRAP.	
5	Valid Drug Registration Certificate issued by DRAP of each quoted product <i>(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted)</i>	
6	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
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. <i>(Certificate should be provided as Annexure-B)</i>	
9	Duly completed Annexure-A, D1 & D2	
10	Applicant must provide an undertaking that all near to expiry medicines must be replaced with fresh stock.	
11	Applicant must provide 2 (two) packs of quoted product 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 2023, 2024 & 2025)</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 PRINCIPAL**

i- MANDATORY SECTION

- Please fill out the following “Mandatory Section”, duly referenced by Page No. of attachment.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- 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 regularoty authority of the country of origin. <i>(ensuring that the license covers the quoted product category)</i>	
4	Valid Current Good Manufacturing Practice (cGMP) issued by the relevant drug regulatory authority or an internationally recognized body. <i>(e.g., WHO, EMA, FDA)</i>	
5	Manufacturer’s Authorization Letter clearly authorizing the applicant to import and distribute the quoted product(s) in Pakistan. <i>(Certificate duly signed and stamped should be provided by the Principal as Annexure-C)</i>	
6	Valid Drug Registration Certificate issued by DRAP of each quoted product <i>(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted.)</i>	
7	Valid Drug Sales License of applicant issued by the relevant drug regulatory authority <i>(If renewal is under process, documentary evidence of submission to DRAP must be provided.)</i>	
8	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
9	The Applicant will provide registration documents issued by relevant registration authorities like S.E.C.P. /Registrar of firms / FBR.	
10	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.	
11	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. <i>(Certificate should be provided as Annexure-B)</i>	
12	Duly completed Annexure-A, D1 & D2	
13	Applicant must provide an undertaking that all near to expiry medicines must be replace with fresh stock.	

14	Applicant must provide 2 (two) packs of quoted item as sample for evaluation by Technical committee.	
15	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 2023, 2024 & 2025)</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.	<p>Number of Functional Stability Chamber of Manufacturer</p> <ul style="list-style-type: none"> - No. of Functional Stability Chamber 7 or above - No. of Functional Stability Chamber 4-6 - No. of Functional Stability Chamber 2-3 <p><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></p>	10	10 7 5
12.	<p>List of Technical Staff (Pharmacists/chemist/other)</p> <p><i>(Attach section wise list with qualification & Experience, duly signed & stamped by the relevant authority)</i></p>	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.
- Failure to comply with any compulsory parameter shall render the bid non-responsive. Only bids meeting all compulsory parameters shall qualify for further evaluation under the Marking Criteria.
- 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. <i>(ensuring that the license covers the quoted product category)</i>	
4	Valid Current Good Manufacturing Practice (cGMP) of Manufacturer issued by DRAP. <i>(ensuring that the license covers the quoted product category)</i>	
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. <i>(Certificate duly signed and stamped should be provided by the Principal as Annexure-C)</i>	
6	Valid Drug Registration Certificate issued by DRAP of each quoted product. <i>(If renewal is under process, documentary evidence of submission to DRAP must be provided. Applications for unregistered items shall not be accepted.)</i>	
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. <i>(Certificate should be provided as Annexure-B.)</i>	
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 2023, 2024 & 2025)</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.	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
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 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	
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	10	
	- 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
<i>(Firm must submit undertaking on notarized stamp paper of worth Rs. 100/-)</i>			
12.	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</p> <ul style="list-style-type: none"> - Supply of the quoted product Equivalent or Higher than the required quantity. - Supply of the quoted product at least 70% or above of total of required quantity. - Supply of the quoted product at least 50% or above of total of required quantity. - Supply of the quoted product at least 25% to below 50% of total of required quantity. <p><i>(The Applicant 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	15 10 7 3
2	<p>Previous Experience of Private Sector</p> <ul style="list-style-type: none"> - Supply of the quoted product Equivalent or Higher than the required quantity. - Supply of the quoted product at least 70% or above of total of required quantity. - Supply of the quoted product at least 50% or above of total of required quantity. - Supply of the quoted product at least 25% to below 50% of total of required quantity. <p><i>(The Applicant shall submit a summary of private market 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	15 10 7 3
3	<p>Source of active pharmaceutical ingredient (API) with certificate of analysis</p> <ul style="list-style-type: none"> a. API sourced directly from the original manufacturer / innovator / research molecule holder, duly approved or accredited by FDA, WHO, EMA, or any other Stringent Regulatory Authority (SRA). b. API sourced from a manufacturer duly licensed and approved/accredited by FDA, WHO, EMA, or any other SRA. c. API sourced from any manufacturer not falling under the above categories. <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	15 10 5

4	<p>Annual Product Quality Review (APQR)</p> <p>a. APQR covering data for more than 100% required tender quantities of the quoted product.</p> <p>b. APQR covering data for 75% required tender quantities of the quoted product.</p> <p>c. APQR covering data for up to 50% required tender quantities of the quoted product.</p> <p><i>(The firm will provide APQR report duly signed & stamp)</i></p>	10	10 7 5
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> <p>a. No batch of the quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022.</p> <p>b. One batch of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022.</p> <p>c. Two or more batches of quoted product was declared substandard/spurious by any DTL/CDL/NIH, since June 2022.</p> <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	10 7 5
6	<p>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].</p> <p><i>(The firm shall submit import / shipping document, and certificate of analysis (COA))</i></p>	10	
7	<p>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)</p>	10	
8	<p>Bioequivalence Study (if applicable) [Applicable on locally manufactured Generic product, in case of branded original product of EU/USA/Japan origin full marks]</p> <p>OR</p> <p>Bio similar study in case of Biological or biotech product</p>	10	
9	<p>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).</p>	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

Principal 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.

S.No	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 Applicant.

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**

	1	2	3	4	5	6	7	8	9	10	11	12
Max Marks	15	5	5	5	15	15	5	3	2	10	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 - Upto 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 (Govt. hospitals) - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	Satisfactory / Performance Certificate (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 or 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 or 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 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)

For Example XYZ (PVT) LTD (Manufacturer)	1,001 Million (Page # 20)	Yes (Page # 25)	Yes (Page # 30)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 63)	Yes (Page # 63)	Yes (Page # 63)	Yes (Page # 50)
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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**

	1	2	3	4	5	6	7	8	9	10	11	12
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 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)

For Example XYZ (PVT) LTD (Importer)	Yes (Page # 20)	Yes (Page # 20)	Yes (Page # 20)	Yes (Page # 40)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 61)	Yes (Page # 63)	Yes (Page # 20)
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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
AUTHORIZED DISTRIBUTOR**

	1	2	3	4	5	6	7	8	9	10	11	12
Applicant Name & Category	15	5	5	5	10	15	15	5	3	2	10	10
Annual Turnover	- 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	Previous Relationship with SIUT - Above 5 years - Above 3 to 5 years - Up to 3 years	Satisfactory / Performance Certificate (Govt hospitals) - Above 5 Hospitals = 15 - Above 2 to 5 Hospitals = 10 - Up to 2 Hospitals = 5	Satisfactory / Performance Certificate (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 4-6 = 7 - No. of Functional Stability Chamber 7 or above = 10	List of Technical Staff of Manufacturer (Pharmacists/chemist/other)
Max Marks												
For Example XYZ (PVT) LTD (Distributor)	1,001 Million (Page # 30)	Yes (Page # 25)	Yes (Page # 30)	Yes (Page # 40)	Yes (Page # 40)	Yes (Page # 42)	Yes (Page # 60)	Yes (Page # 61)	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.
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- 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**

S. No	Tender Item Code	Name of Medicine	Formulation	Brand Name	Pack Size	1	2	3	4	5	6	7	8	9
					Max. Marks	15	15	15	10	10	10	10	10	5
						<p>Experience of Public Hospital</p> <ul style="list-style-type: none"> - Supply of the quoted product Equivalent or Higher than the required quantity. - at least 70% or above - at least 50% or above - at least 25% to below 50% 	<p>Experience of Private Hospital</p> <ul style="list-style-type: none"> - Supply of the quoted product Equivalent or Higher than the required quantity. - at least 70% or above - at least 50% or above - at least 25% to below 50% 	<p>Source of active pharmaceutical ingredient (API) with certificate of analysis</p> <ul style="list-style-type: none"> a. API sourced directly from the original manufacturer / innovator / research molecule holder, duly approved or accredited by FDA, WHO, EMA, or any other Stringent Regulatory Authority (SRA). b. API sourced from a manufacturer duly licensed and approved/accredited by FDA, WHO, EMA, or any other SRA. c. API sourced from any manufacturer not falling under the above categories. 	<p>Annual Product Quality Review (APQR)</p> <ul style="list-style-type: none"> a. APQR covering data for more than 100% required tender quantities of the quoted product. b. APQR covering data for 75% required tender quantities of the quoted product. c. APQR covering data for up to 50% required tender quantities of the quoted product. 	<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 a. less than 1% since January, 2020 to August 31, 2021 = 10 Marks b. less than 2% since January, 2020 to August 31, 2021 = 7 Marks c. less than 2-3% since January, 2020 to August 31, 2021 = 3 Marks</p> <p>(Attach evidence)</p>	<p>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 full marks].</p> <p>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)</p> <p>Bioequivalence Study (if applicable) [Applicable on locally manufactured Generic product, in case of branded original product of EU/USA/Japan origin full marks]</p> <p>OR</p> <p>Bio similar study in case of Biological or biotech product</p>	<p>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).</p> <p>(Attach evidence)</p>		

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

Note: Please Provide Softcopy of this Annexure.

- 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

Requirement & Specification

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
1	CAP1-001	AMOXYCILLIN 250MG	Capsule	2,500
2	CAP1-002	AMOXYCILLIN 500MG	Capsule	2,000
3	CAP1-005	AZITHROMYCIN 250MG	Capsule	20,000
4	CAP1-006	AZITHROMYCIN 500MG	Capsule	360
5	CAP1-007	BUDESONIDE + FORMOTEROL 200MG	Capsule	6,400
6	CAP1-008	BUDESONIDE + FORMOTEROL 400MG	Capsule	16,000
7	CAP1-009	CEFIXIME 400MG	Capsule	14,000
8	CAP1-012	CLINDAMYCIN 300 MG	Capsule	13,000
9	CAP1-015	DOXYCYCLINE 100MG	Capsule	8,800
10	CAP1-016	DULOXETINE 20MG	Capsule	600
11	CAP1-018	ESOMEPRAZOLE 20MG	Capsule	506,000
12	CAP1-020	FLUCONAZOLE 150 MG	Capsule	6,700
13	CAP1-021	FLUCONAZOLE 50MG	Capsule	25,000
14	CAP1-022	FLUOXETINE 20MG	Capsule	14,000
15	CAP1-024	FOSFOMYCIN 500 MG	Capsule	37,000
16	CAP1-025	GABAPENTIN 100 MG	Capsule	24,000
17	CAP1-026	HYDROXYUREA 500MG	Capsule	300
18	CAP1-028	ITRACONAZOLE 100MG	Capsule	4,400
19	CAP1-029	LOPERAMIDE HCL	Capsule	2,000
20	CAP1-036	PANCREATIN 10000 IU	Capsule	14,000
21	CAP1-038	PHENYTOIN SODIUM 100MG	Capsule	300
22	CAP1-040	PREGABALIN 100MG	Capsule	100
23	CAP1-041	PREGABALIN 50MG	Capsule	20,000
24	CAP1-042	PREGABALIN 75MG	Capsule	52,000
25	CAP1-043	TAMSULOSIN HCL 0.4MG	Capsule	100,000
26	CAP1-047	TRAMADOL HCL 50MG	Capsule	26,000
27	CAP1-048	TRANEXAMIC ACID 250MG	Capsule	5,400
28	CAP1-050	TIOTROPIUM BROMIDE 18MCG	Capsule	9,800
29	CAP1-051	URSODEOXYCHOLIC ACID 250MG	Capsule	115,000
30	CAP1-052	VITAMIN A,D & E	Capsule	15,000
31	CAP1-053	VITAMIN E 400MG	Capsule	4,000
32	CAP1-054	CALCITRIOL 0.25	Capsule	500,000
33	CAP1-055	CALCITRIOL 0.5	Capsule	200,000
34	CAP1-056	LENALIDOMIDE 10MG	Capsule	2,100
35	CAP1-057	OSELTAMIVIR 75 MG CAP	Capsule	1,200
36	CAP1-058	ISAVUCONAZOLE 100MG	Capsule	1,000
37	CAP2-003	APREPITANT 125MG + 80MG COMBO	Capsule	1,000
38	CAP3-004	EVEROLIMUS 5MG	Capsule	300
39	CAP3-007	ETOPOSIDE 50 MG CAP	Capsule	150
40	CAP3-008	EVEROLIMUS 10 MG CAP	Capsule	700
41	CAP3-011	MINOCYCLINE 100 MG CAP	Capsule	1,600
42	CAP3-012	NINTEDANIB 100 MG CAP	Capsule	1,400
43	DLS1-001	CATHETER LOCK SOLUTION (CITRATE BASED, NON-HEPARIN FORMULATION) PER ML	Solution	150,000
44	DRP1-001	ATROPINE SULPHATE 5ML/10ML	Drop	30

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
45	DRP1-006	CIPROFLOXACIN	Drop	10
46	DRP1-007	CIPROFLOXACIN + DEXAMETHASONE	Drop	10
47	DRP1-009	DEXAMETHASONE 1MG 5ML 0.1%	Drop	1,200
48	DRP1-010	DORZOLAMIDE DROP	Drop	1,200
49	DRP1-012	FLUOROMETHOLONE	Drop	800
50	DRP1-016	LEVOBUNOLOL 5ML 0.5%	Drop	250
51	DRP1-017	MOXIFLOXACIN 5ML	Drop	2,500
52	DRP1-022	POLYVINYL ALCOHOL POVIDONE 10ML	Drop	10
53	DRP1-025	TOBRAMYCIN 3MG + DEXAMETHASONE 1MG 5ML	Drop	280
54	DRP1-026	TROPICAMIDE 1%	Drop	350
55	DRP1-027	VITAMIN - A 10ML DROP	Drop	380
56	DRP1-028	VITAMIN - D 10ML DROP	Drop	500
57	DRP1-035	TRAVOPROST EYE DROP	Drop	500
58	DRP1-036	DICLOFENAC SODIUM EYE DROP	Drop	1,050
59	DRP1-037	BRIMONIDINE 0.2% EYE DROP	Drop	720
60	DRP1-038	PROPARACAINE EYE DROP	Drop	150
61	DRP1-039	PHENYLEPHRINE EYE DROP	Drop	10
62	DRP1-040	CYCLOSPORIN EYE DROP	Drop	400
63	DRP1-041	SODIUM CHLORIDE EYE DROP	Drop	1,000
64	DRP1-042	SODIUM CHLORIDE 5% EYE DROP	Drop	350
65	DRP1-043	GENTAMICIN 10 ML	Drop	10
66	DRP1-044	BRIMONIBINE 0.2% EYE DROP 5 ML	Drop	720
67	DRP1-046	ARTIFICIAL TEARS 15 ML EYE DROP	Drop	20
68	DRP1-048	CYCLOPENTOLATE UNK EYE DROP	Drop	480
69	DRP1-050	SODIUM HYALURONATE 0.18% 5ML EYE DROP	Drop	5
70	INF1-006	SODIUM CHLORIDE 0.9% 500 ML	Infusion	8,000
71	INF1-008	500 ML AMINO ACIDS 10%	Infusion	500
72	INF1-009	DEXTROSE WATER 10% 1000 ML	Infusion	5,000
73	INF1-010	LIPIDS EMULSION 20% 250 ML	Infusion	700
74	INF1-011	MANNITOL 20% 500 ML	Infusion	2,200
75	INF1-012	DEXTROSE WATER 25% 1000 ML	Infusion	3,600
76	INF1-013	DEXTROSE WATER 25% 25 ML	Infusion	188,000
77	INF1-014	AMINO ACIDS 5%, VITAMINS & SORBITOL 10%	Infusion	160
78	INF1-015	DEXTROSE 5% + SODIUM CHLORIDE 0.45% 500ML	Infusion	36,000
79	INF1-016	DEXTROSE 5% + SODIUM CHLORIDE 0.9% 1000ML	Infusion	4,800
80	INF1-017	DEXTROSE 5% + SODIUM CHLORIDE 0.9% 500ML	Infusion	1,800
81	INF1-019	DEXTROSE WATER 5% 1000ML	Infusion	14,000
82	INF1-020	DEXTROSE WATER 5% 500ML	Infusion	7,200
83	INF1-021	GELATIN 4% 500 ML	Infusion	2,300
84	INF1-022	PERITONEAL DIALYSIS SOLUTION 1000 ML	Infusion	100
85	INF1-023	RINGER + LACTOSE 1000ML	Infusion	30,000
86	INF1-025	RINGER SOLUTION 500 ML	Infusion	6,000
87	INF1-026	SODIUM CHLORIDE 0.45% 500ML	Infusion	750
88	INF1-027	SODIUM CHLORIDE 0.9% 500ML (EURO CAP)	Infusion	7,500
89	INF1-029	DEXTROSE WATER 5% 500ML (EURO CAP)	Infusion	8,000
90	INF1-030	DEXTROSE WATER 5% 100 ML (DOUBLE EURO CAP)	Infusion	4,600
91	INF1-031	SODIUM CHLORIDE 0.9% 250 ML (DOUBLE EURO CAP)	Infusion	150
92	INF1-032	500ML AMINO ACIDS 8%	Infusion	1,700
93	INH1-002	SALBUTAMOL 100 MCG INH	Inhaler	600

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
94	INH1-003	SALBUTAMOL100MCG+ BECLOMETHASONE 50MCG	Inhaler	50
95	INH1-004	SALMETEROL + FLUTICASONE PROPIONATE 25 MCG + 125 MCG	Inhaler	70
96	INH1-006	BECLOMETHASONE 100 MCG AND FORMOTEROL 6 MCG	Inhaler	60
97	INH1-007	BECLOMETHASONE 200 MCG AND FORMOTEROL 6MCG	Inhaler	30
98	INH1-008	BECLOMETHASONE/FORMOTEROL/GLYCOPYRRONIUM	Inhaler	30
99	INH1-009	BECLOMETHASONE + FORMOTEROL 25 MCG + 125 MCG	Inhaler	70
100	INJ1-001	ACETYLCYSTEINE 1G/5ML	Injection	1,400
101	INJ1-002	ACYCLOVIR SODIUM 500MG	Injection	2,200
102	INJ1-003	ADENOSINE 6MG/2ML	Injection	450
103	INJ1-004	ADRENALINE 1MG	Injection	53,000
104	INJ1-009	AMIKACIN SULPHATE 250MG	Injection	4,000
105	INJ1-010	AMIKACIN SULPHATE 500MG	Injection	28,000
106	INJ1-011	AMINOPHYLLIN 250 MG / 10 ML INJ	Injection	210
107	INJ1-012	AMIODARONE HYDROCHLORIDE 150MG	Injection	2,800
108	INJ1-015	ANTI RABIES VACCINES 0.5ML	Injection	50
109	INJ1-016	ANTI-SNAKE VENOM UNK VACCINE	Injection	10
110	INJ1-018	ARTESUNATE 120MG	Injection	1,200
111	INJ1-019	ARTESUNATE 60 MG INJ	Injection	420
112	INJ1-020	ARTHEMETER 80 MG	Injection	2,800
113	INJ1-023	ATROPINE SULPHATE 1MG	Injection	26,000
114	INJ1-025	BUPIVACAINE HYDROCHLORIDE 5MG/ML	Injection	16,000
115	INJ1-026	BUPIVACINE 5MG + DEXTROSE 80MG /MLSPINAL	Injection	2,900
116	INJ1-028	CALCIUM CHLORIDE 10 ML INJ	Injection	1,600
117	INJ1-029	CALCIUM FOLINATE 15 MG/ 2ML INJ	Injection	5,000
118	INJ1-031	CALCIUM FOLINATE 50MG	Injection	700
119	INJ1-032	CALCIUM GLUCONATE 1 GM / 10 ML INJ	Injection	234,000
120	INJ1-033	CLAVULANIC ACID + AMOXYCILLIN 1.2G	Injection	9,500
121	INJ1-034	CLAVULANIC ACID + AMOXYCILLIN 600MG	Injection	5,000
122	INJ1-036	CEFAZOLIN SODIUM 1G	Injection	16,000
123	INJ1-037	CEFEPIME 1GM	Injection	600
124	INJ1-038	CEFOTAXIME 1GM	Injection	100
125	INJ1-039	CEFTAZIDIME 1GM	Injection	2,800
126	INJ1-040	CEFTRIAXONE 1G	Injection	33,000
127	INJ1-043	CALCITRIOL INJ 1 MCG	Injection	3,200
128	INJ1-044	CIPROFLOXACIN 200MG INJ	Injection	6,700
129	INJ1-047	CLINDAMYCIN 300 MG INJ	Injection	900
130	INJ1-048	CLINDAMYCIN 600 MG	Injection	1,000
131	INJ1-051	CO-TRIAMOXAZOLE 80/400 MG/ 5 ML	Injection	50
132	INJ1-054	DEXAMETHASONE 4MG	Injection	75,000
133	INJ1-055	DIAZEPAM 10 MG / 2 ML INJ	Injection	50
134	INJ1-056	DICLOFENAC SODIUM 75MG	Injection	28,000
135	INJ1-058	DIGOXIN 500 MCG / 2 ML INJ	Injection	40
136	INJ1-060	DIMENHYDRINATE 50MG	Injection	50
137	INJ1-062	DOBUTAMINE 250MG/20ML INJ	Injection	1,600
138	INJ1-063	DOPAMINE HYDROCHLORIDE 20MG	Injection	4,500
139	INJ1-064	DROTAVERINE 40MG	Injection	3,200
140	INJ1-065	ENBUCRILATE 0.5 ML INJ	Injection	100
141	INJ1-067	ENOXAPARIN 40MG	Injection	7,500
142	INJ1-068	ENOXAPARIN 60MG	Injection	10,000

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
143	INJ1-069	ENOXAPARIN 80MG	Injection	750
144	INJ1-071	ERTAPENEM SODIUM 1GM	Injection	1,200
145	INJ1-073	ETHYL ESTERS OF IODIZED FATTY ACIDS OF POPPY SEED OIL	Injection	50
146	INJ1-077	FLUCONAZOLE 100MG	Injection	10,000
147	INJ1-078	FLUMAZENIL 0.5 MG / 5 ML INJ	Injection	10
148	INJ1-080	FUROSEMIDE 2ML	Injection	116,000
149	INJ1-081	GENTAMYCIN 80 MG	Injection	100
150	INJ1-082	GLYCOPYROLATE	Injection	2,400
151	INJ1-084	GRANISETRON 3 GM / 3 ML INJ	Injection	250
152	INJ1-086	HALOPERIDOL 5 MG / ML INJ	Injection	1,700
153	INJ1-089	HYDRALAZINE 20 MG / ML INJ	Injection	12,000
154	INJ1-090	HYDROCORTISONE 100MG	Injection	30,000
155	INJ1-091	HYDROCORTISONE 250MG	Injection	5,000
156	INJ1-097	INFLUENZA VACCINE 0.5 ML INJ	Injection	40
157	INJ1-098	INSULIN NPH (N) 10 ML INJ	Injection	50
158	INJ1-099	INSULIN - R (REGULAR) 10 ML INJ	Injection	2,400
159	INJ1-100	INSULIN PREMIXED 70/30 10 ML INJ	Injection	5,000
160	INJ1-101	IRON SUCROSE 100MG	Injection	20,000
161	INJ1-102	ISOSORBIDE DINITRATE 10ML	Injection	1,000
162	INJ1-103	KETAMINE 10 ML INJ	Injection	3,300
163	INJ1-104	KETOROLAC 30MG	Injection	15,000
164	INJ1-106	LABETALOL 50 MG / 10 ML INJ	Injection	3,800
165	INJ1-107	LACOSAMIDE 200MG /20 ML	Injection	400
166	INJ1-108	LEVETIRACETAM 500MG	Injection	15,000
167	INJ1-109	LEVOFLOXACIN 500MG	Injection	6,000
168	INJ1-110	LIGNOCAINE 2% 10ML	Injection	95,000
169	INJ1-111	LINEZOLID 600MG/ 100 ML	Injection	14,000
170	INJ1-112	L-ORNITHINE L-ASPARTATE 10ML	Injection	1,000
171	INJ1-114	MAGNESSIUM SULPHATE 500MG/ML	Injection	9,500
172	INJ1-115	MECOBALAMIN 500MCG	Injection	5,000
173	INJ1-117	MENENGOCOAL VACCINE	Injection	150
174	INJ1-121	MESNA 400 MG /4 ML INJ	Injection	4,200
175	INJ1-122	METOCLOPRAMIDE 10 MG / 2 ML INJ	Injection	65,000
176	INJ1-126	METHYLPREDNISOLONE ACETATE 40 MG INJ	Injection	10
177	INJ1-128	METOPROLOL TARTRATE 5MG	Injection	900
178	INJ1-129	METRONIDAZOLE 100ML	Injection	18,000
179	INJ1-130	MIDAZOLAM 5ML	Injection	82,000
180	INJ1-132	MORPHINE SULPHATE 15MG	Injection	1,500
181	INJ1-133	MOXIFLOXACIN 400 MG INJ	Injection	900
182	INJ1-134	MULTIVITAMIN	Injection	2,500
183	INJ1-135	NALBUPHIN HCL 10MG	Injection	89,000
184	INJ1-136	NALAXONE 1 MG / ML INJ	Injection	3,800
185	INJ1-137	NEOSTIGMINE GLYCOPYROLATE 1ML	Injection	24,000
186	INJ1-139	NOREPINEPHRINE/NORADRENALINE 4MG	Injection	70,000
187	INJ1-140	OCTREOTIDE ACETATE 0.1 MG INJ	Injection	8,000
188	INJ1-141	OMEPRAZOLE I/V 40MG	Injection	160,000
189	INJ1-143	ONDANSETRON 8MG	Injection	45,000
190	INJ1-145	PARACETAMOL 1G	Injection	115,000
191	INJ1-149	PHENIRAMINE MALEATE 2ML	Injection	9,000

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
192	INJ1-152	PHENYLEPHRINE 10MG	Injection	2,000
193	INJ1-153	PHENYTOIN SODIUM 250 MG / 5 ML INJ	Injection	320
194	INJ1-157	PNEUMOCOCCAL VACCINES	Injection	120
195	INJ1-158	POTASSIUM CHLORIDE 25ML	Injection	27,000
196	INJ1-160	PROCYCLIDINE HCL 10MG	Injection	20
197	INJ1-161	PROPOFOL 20ML	Injection	27,000
198	INJ1-169	ROCURONIUM BROMIDE 50MG	Injection	600
199	INJ1-171	SODABICARBONATE 50 ML	Injection	12,000
200	INJ1-172	SODIUM NITROPRUSSIDE 50MG	Injection	100
201	INJ1-173	SODIUM TETRADECYL SULPHATE 2ML	Injection	120
202	INJ1-174	STREPTOKINASE 1.5 MIU INJ	Injection	5
203	INJ1-176	SALBACTUM 0.5G + CEFOPRAZONE 1G INJ	Injection	3,000
204	INJ1-177	SUXAMETHONIUM 100MG	Injection	600
205	INJ1-179	TERBUTALINE 1 ML INJ	Injection	260
206	INJ1-180	TERLIPRESSIN 1MG	Injection	1,000
207	INJ1-181	TESTOSTERONE 250 MG INJ	Injection	100
208	INJ1-182	TETANUS TOXOID 0.5ML	Injection	22,000
209	INJ1-184	TISSUE PLASMINOGEN ACTIVATOR 50 MG INJ	Injection	30
210	INJ1-187	TRAMADOL HCL 100MG	Injection	55,600
211	INJ1-188	TRANEXAMIC ACID BP 250MG	Injection	56,000
212	INJ1-189	TRIAMCINOLONE ACETONIDE	Injection	60
213	INJ1-190	VALPORIC ACID 500MG	Injection	100
214	INJ1-193	VERAPAMIL 2ML	Injection	250
215	INJ1-194	VITAMIN B1,B6,B12 3ML	Injection	18,000
216	INJ1-196	VITAMIN K	Injection	12,000
217	INJ1-197	VARICELLA VACCINE	Injection	150
218	INJ1-199	ATRACURIUM BESYLATE 30MG	Injection	250
219	INJ1-200	CASPOFUNGIN 50MG	Injection	90
220	INJ1-203	MINOCYCLINE 100 MG INJ	Injection	2,300
221	INJ1-208	FOSFOMYCIN 1 GM INJ	Injection	10,000
222	INJ1-259	FERRIC CARBOXYMALTOSE 500 MG	Injection	5,000
223	INJ1-260	RITUXIMAB 1400MG / 11.7ML	Injection	70
224	INJ1-261	VASOPRESSIN-20 UNITS	Injection	2,400
225	INJ1-262	LIPOSOMAL AMPHOTERICIN B 50 MG INJ	Injection	1,200
226	INJ1-264	ANTI-HEMOPHILIC FACTOR VIII 250 IU INJ	Injection	150
227	INJ1-265	CEFTAZIDIME 2GM + AVIBACTAM 0.5GM	Injection	1,700
228	INJ1-266	MILRINONE 10ML	Injection	750
229	INJ1-267	ETANERCEPT 50MG	Injection	120
230	INJ1-268	HUMAN CHORIONIC GONADOTROPIN HORMONE 5000 IU	Injection	20
231	INJ1-270	AZITHROMYCIN 500 MG INJ.	Injection	60
232	INJ1-273	TOCILIZUMAB 80MG/4ML	Injection	10
233	INJ1-274	CEFOPERAZONE + SALBACTAM 2 GM	Injection	2,100
234	INJ1-275	CIS-ATRACURIUM 10MG / 5ML	Injection	4,400
235	INJ1-277	CALCITONIN 100 IU / ML	Injection	50
236	INJ1-278	VORICONAZOLE 200 MG	Injection	60
237	INJ1-281	ONABOTULINUMTOXINA 100UNIT	Injection	70
238	INJ1-282	ISAVUCONAZOLE 200 MG INJ	Injection	150
239	INJ1-283	ALPROSTADIL 200MCG	Injection	200
240	INJ1-285	INSULIN GLARGLINE 100 UNIT / ML INJ	Injection	10

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
241	INJ1-286	LEVOCARNITINE 1G	Injection	2,500
242	INJ1-287	HUMAN HEPATITIS IMMUNOGLOBULIN (HBIG) 2ML	Injection	30
243	INJ1-288	DAPTOMYCIN 500MG	Injection	100
244	INJ1-289	TEDIZOLID	Injection	200
245	INJ1-290	N-BUTYL CYNAOCRYLATE/ ENBUCRILATE	Injection	60
246	INJ2-001	5-FLUOROURACIL 500MG	Injection	250
247	INJ2-005	BLEOMYCIN 15 MG INJ	Injection	40
248	INJ2-006	BORTEZOMIB 2 MG INJ	Injection	800
249	INJ2-008	CARBOPLATIN 450MG	Injection	360
250	INJ2-010	CISPLATIN 50MG	Injection	1,050
251	INJ2-014	DACARBAZINE 200MG	Injection	30
252	INJ2-015	DACTINOMYCIN 0.5 MG INJ	Injection	200
253	INJ2-016	DOCETAXEL 20MG	Injection	600
254	INJ2-018	DOXORUBICIN 50MG	Injection	500
255	INJ2-019	EPIRUBICIN C/S 50MG	Injection	20
256	INJ2-021	ETOPOSIDE 100 MG / 5 ML INJ	Injection	2,200
257	INJ2-023	GEMCITABINE 1G	Injection	800
258	INJ2-027	IFOSFAMIDE 1G	Injection	1,300
259	INJ2-028	INTRAVESICAL BCG 40MG	Injection	950
260	INJ2-030	IRINOTECAN HYDROCHLORIDE 100MG	Injection	250
261	INJ2-032	LEUPRORELIN ACETATE 11.25MG	Injection	840
262	INJ2-034	METHOTREXATE 50MG	Injection	10
263	INJ2-036	MITOMYCIN 10MG INJ.	Injection	2,400
264	INJ2-038	OXALIPLATIN 100MG	Injection	700
265	INJ2-040	PACLITAXEL 100MG	Injection	1,200
266	INJ2-041	PAMIDRONATE DISODIUM 60MG/ 90 MG	Injection	90
267	INJ2-048	VINBLASTINE 10MG	Injection	10
268	INJ2-049	VINCRISTINE SULFATE 2MG	Injection	250
269	INJ2-050	VINCRISTINE SULFATE 1 MG	Injection	250
270	INJ2-051	ZOLEDRONIC ACID 4MG	Injection	750
271	INJ2-052	AZTREONAM 1 GM	Injection	4,300
272	INJ3-001	AMPHOTERICIN 50 MG	Injection	4,500
273	INJ3-012	ACETYLCYSTEINE 1 GM / 5 ML	Injection	2,000
274	INJ3-015	ANTI-HEMOPHILIC FACTOR IX 500 IU	Injection	20
275	INJ3-017	BERIPLAST P 1 ML	Injection	5
276	INJ3-018	CEFTAROLINE FOSAMIL 600 MG	Injection	150
277	INJ3-021	DIVALPROEX SODIUM 500 MG / 5 ML	Injection	2,000
278	INJ3-023	ECULIZUMAB UNK 300 MG	Injection	50
279	INJ3-025	ETANERCEPT 50 MG	Injection	90
280	INJ3-028	GENTAMYCIN 80 MG / 2 ML	Injection	3,300
281	INJ3-029	GLYCERYL TRINITRATE 10 ML	Injection	3,200
282	INJ3-036	METHYLENE BLUE 10 MG / ML	Injection	200
283	INJ3-039	OCTREOTIDE ACETATE 20 MG	Injection	50
284	INJ3-044	PAPAVERINE 60 MG / 2 ML	Injection	150
285	INJ3-048	PHENOBARBITAL 130 MG	Injection	10
286	INJ3-049	PHENOBARBITONE 200 MG	Injection	50
287	INJ3-051	PROTAMINE SULPHATE 50 MG / 5 ML	Injection	900
288	INJ3-052	RABIES IMMUNE GLOBULIN (HUMAN) 300 IU / 2 ML	Injection	30

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
289	INJ3-055	SULFAMELBOXAZOLE+TRIMETHEPRIM 80 MG + 400 MG	Injection	30
290	INJ3-056	TEICOPLANIN 200 MG	Injection	10
291	INJ3-057	TEICOPLANIN 400 MG	Injection	20
292	INJ3-059	TOBRAMYCIN 80 MG	Injection	80
293	INJ3-060	TOCILIZUMAB 200 MG/10ML	Injection	40
294	INJ3-061	VARICELLA VACCINE 0.5 ML	Injection	150
295	INJ3-062	VINBLASTINE 10 MG INJ	Injection	10
296	NUT1-001	HYDROLYZED FORMULA FOR MALABSORPTION (ADULT)	Powder	140
297	NUT1-002	ISO-OSMOLAR ENTERAL TUBE FEEDING FORMULA	Powder	360
298	NUT1-003	MODULAR PROTEIN FORMULA	Powder	200
299	NUT1-004	HYDROLYZED PROTEIN FORMULA (INFANT/PEAD) STAGE 02 360GM	Powder	100
300	NUT1-005	STANDARD ADULT ENTERAL FORMULA	Powder	3,000
301	NUT1-006	STANDARD DIABETIC FORMULA	Powder	1,300
302	NUT1-007	STANDARD PEDIATRIC ENTERAL FORMULA	Powder	500
303	NUT1-012	STANDARD UHT DAIRY MILK	Powder	25,000
304	NUT1-015	LACTOSE FREE INFANT FORMULA	Powder	15
305	NUT1-016	HIGH PROTEIN FORMULA FOR DIALYSIS PATIENTS POWDER	Powder	50
306	PCP1-006	SODIUM DIHYDROGEN PHOSPHATE DIHYDRATE # 106345 1 KG	Powder	5
307	POW1-001	ACETYLCYSTEINE 200 MG	Sachet	450
308	POW1-002	CHOLESTYRAMINE 4GM	Sachet	200
309	POW1-003	CRANBERRY EXTRACT 250MG	Sachet	4,800
310	POW1-004	DIOCTAHEDRAL SMECTITE 3GM	Sachet	21,000
311	POW1-006	GLUCOS-D 400 GM	Powder	600
312	POW1-007	L-ORNITHINE L-ASPARTATE 3GM	Sachet	15
313	POW1-008	MONTELUKAST 4 MG SAC	Sachet	180
314	POW1-009	ORAL REHYDRATION SALT	Sachet	9,500
315	POW1-011	SODIUM / CALCIUM POLYSTTYRENE SULFONATE	Sachet	25,000
316	POW1-014	SACCHAROMYCES BOULARDII 250MG	Sachet	400
317	POW1-015	SACCHAROMYCES BOULARDII SACHET 250 MG	Sachet	450
318	POW1-019	OMEPRAZOLE + SODIUM BICARBONATE SACHET	Sachet	4,200
319	POW1-021	FOSFOMYCIN 3GM	Sachet	4,200
320	POW1-023	POLYETHYLENE GLYCOL + NACL + KCL + NAHCO3 4 GM SAC	Sachet	3,000
321	POW1-024	DI SODIUM HYDROGEN PHOSPHATE HEPTAHYDRATE # 1.06574 1KG	Powder	5
322	POW1-027	MAGNESSIUM SULPHATE (RDH) 1 KG POW	Powder	5
323	POW1-031	PREMATURE HYDROLYZED PROTEIN INFANT FORMULA BIRTH TO 12 MONTHS	Powder	36
324	POW1-032	POTASSIUM CITRATE TRIBASIC (60153) MONOHYDRATE 1KG	Powder	40
325	POW1-035	SODIUM CHLORIDE 5 KG POW	Powder	5
326	POW1-038	TRI-SODIUM CITRATE DIHYDRATE # 106448 1 KG	Powder	30
327	RAD1-001	CONSTRASIT MEDIUM FOR MRI 20ML	Injection	1,400
328	SOL1-003	BECLOMETHASONE + SALBUTAMOL AEROSOL NEBULISING 2ML	Solution	15
329	SOL1-004	BECLOMETHASONE DIPROPIONATE AEROSOL 800 MCG / 2 ML	Solution	2,000
330	SOL1-009	CLOTRIMAZOLE 1 % 20ML LOTION	Topical	5
331	SOL1-010	IPRATROPIUM BROMIDE 250MCG/ML	Solution	177,000
332	SOL1-011	LIGNOCAINE 4% / 50 ML SOL	Solution	320
333	SOL1-013	NILSTATIN 30ML/50ML/56ML	Solution	10,000
334	SOL1-015	SPIRIT 1000 ML SOL	Solution	14,000

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
335	SOL1-016	TINCTURE BENZOINE 450ML	Solution	5
336	SOL1-017	SODIUM BIPHOSPHATE ENEMA	Solution	5,000
337	SOL1-018	HYDROGEN PEROXIDE 450ML	Solution	700
338	SOL1-019	XYLOMETAZOLINE 0.1% / 15 ML SPR	Solution	450
339	SOL1-021	CAFFEINE CITRATE 20 MG / ML SOLUTION	Solution	15
340	SOL1-025	SALBUTAMOL 5 MG / ML SOL	Solution	900
341	SOL1-027	DICLOFENAC 100 MG SUP	Solution	480
342	SUP1-001	DICLOFENAC SODIUM 25 MG SUP	Suppository	25
343	SUP1-002	GLYCERINE ADULT SUPPOSITRIES	Suppository	21,000
344	SUP1-003	GLYCERINE PEADS SUPPOSITRIES	Suppository	2,000
345	SUP1-004	PARACETAMOL 125 MG SUS	Suppository	700
346	SUP1-005	PARACETAMOL 250 MG SUS	Suppository	700
347	SYP1-001	ACEFYLLINE PIPERAZINE & DIPHENHYDRAMINE HCL 120ML	Syrup	12,000
348	SYP1-002	ALBENDAZOLE 10ML	Syrup	250
349	SYP1-005	AMINOPHYLLINE COMPOUND 120 ML SYP	Syrup	300
350	SYP1-007	AZITHROMYCIN 15 ML	Syrup	210
351	SYP1-011	CEFIXIME 100MG 60ML	Syrup	600
352	SYP1-014	CIPROFLOXACIN 125MG	Syrup	700
353	SYP1-015	CLARITHROMYCIN 125MG	Syrup	10
354	SYP1-016	CO-AMOXICLAV 156.25 MG / 5 ML SUS	Syrup	150
355	SYP1-017	CO-AMOXICLAV 312MG 60ML	Syrup	700
356	SYP1-018	CO-TRIMOXAZOLE 50ML	Syrup	30
357	SYP1-019	DIMENHYDRINATE	Syrup	80
358	SYP1-022	DIVALPROEX SODIUM SYRUP	Syrup	600
359	SYP1-023	DOMPERIDONE 60 ML/120 ML	Syrup	600
360	SYP1-025	FLUCONAZOLE 35 ML SYP	Syrup	180
361	SYP1-026	FOSFOMYCINE 60ML	Syrup	70
362	SYP1-027	IBUPROFEN 90ML	Syrup	2,500
363	SYP1-030	LACTULOSE 120ML	Syrup	7,200
364	SYP1-031	LEVETIRACETAM 30ML	Syrup	2,000
365	SYP1-032	LINEZOLID 60ML	Syrup	250
366	SYP1-034	LORATADINE 60 ML	Syrup	600
367	SYP1-035	L-ORTHININE + L-ASPARATE	Syrup	90
368	SYP1-036	MAGNESSIUM CHLORIDE 1 GM / 5 ML SYP	Syrup	20
369	SYP1-039	METRONIDAZOLE SYRUP	Syrup	400
370	SYP1-043	OXETHAZAINE + ALUMINIUMMUCAINE HYDROXIDE + MAGNESIUM HYDROXIDE 150ML	Syrup	2,900
371	SYP1-044	PARACETAMOL 120ML	Syrup	3,800
372	SYP1-046	PHENYTOIN SODIUM 120ML	Syrup	20
373	SYP1-047	POTASSIUM CHLORIDE 120ML	Syrup	1,000
374	SYP1-052	SUCRALFATE 60ML	Syrup	900
375	SYP1-053	TERBUTALINE (0.3 MG / ML) 60 ML SYP	Syrup	300
376	SYP1-054	URSODEOXYCHOLIC ACID SYP	Syrup	50
377	SYP1-056	ZINC SULPHATE 60ML	Syrup	500
378	SYP1-057	ARTEMETHER + LUMEFANTRINE 60 ML	Syrup	60
379	SYP1-061	CHLORAL HYDRATE 500 MG / 5 ML SYP	Syrup	450
380	SYP1-070	RIBAVIRIN 200 MG / 5 ML SYP	Syrup	20
381	SYP3-002	BACILLUS CLAUSI 5 ML SUS	Syrup	250

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
382	TAB1-001	ACETAZOLAMIDE 250 MG TAB	Tablet	2,300
383	TAB1-002	ACETOAMINOPHEN 500MG / PARACETAMOL	Tablet	445,000
384	TAB1-003	ACYCLOVIR 200 MG TAB	Tablet	12,000
385	TAB1-004	ACYCLOVIR 400 MG	Tablet	3,800
386	TAB1-005	ALBENDAZOLE 200 MG TAB	Tablet	700
387	TAB1-006	TEDIZOLID	Tablet	300
388	TAB1-008	ALLOPURINOL 100 MG TAB	Tablet	35,000
389	TAB1-009	ALLOPURINOL 300 MG TAB	Tablet	12,000
390	TAB1-011	ALPRAZOLAM 0.50	Tablet	400
391	TAB1-013	AMANTADINE SULPHATE	Tablet	600
392	TAB1-015	AMILORIDE 5MG + HYDROCHLOROTHIAZIDE 50MG	Tablet	70
393	TAB1-016	AMIODARONE HYDROCHLORIDE 200MG	Tablet	900
394	TAB1-017	AMITRIPTYLINCE 25MG TAB	Tablet	160
395	TAB1-018	AMLODIPINE BESYLATE 10MG	Tablet	670,000
396	TAB1-019	AMLODIPINE BESYLATE 5MG	Tablet	1,600,000
397	TAB1-020	ARTEMETHER 20MG + LUMEFANTRINE 120MG	Tablet	30
398	TAB1-021	ASPIRIN + CLOPIDOGREL	Tablet	160
399	TAB1-024	ASPIRIN 300MG ENTERIC COATED	Tablet	5
400	TAB1-025	ASPIRIN 75MG ENTERIC COATED	Tablet	90,000
401	TAB1-026	ATENOLOL 100MG	Tablet	182,000
402	TAB1-027	ATENOLOL 50MG	Tablet	641,000
403	TAB1-028	ATORVASTATIN 10MG	Tablet	37,000
404	TAB1-029	ATORVASTATIN 20MG	Tablet	40,000
405	TAB1-030	BACLOFEN 10 MG TAB	Tablet	2,500
406	TAB1-031	BERAPROST SODIUM 20MCG	Tablet	3,800
407	TAB1-032	BETAHISTINE 16MG TAB	Tablet	210
408	TAB1-033	BETAHISTINE 8MG TAB	Tablet	2,600
409	TAB1-034	BETAMETHASONE 0.5 MG TAB	Tablet	1,700
410	TAB1-037	BISOPROLOL FUMARATE 5MG	Tablet	37,000
411	TAB1-038	BOSENTAN 62.5MG	Tablet	19,000
412	TAB1-039	NIMODIPINE 30MG	Tablet	120
413	TAB1-040	BROMAZEPAM 3MG	Tablet	8,500
414	TAB1-042	BROMOCRIPTINE 2.5MG	Tablet	150
415	TAB1-046	CALCIUM ACETATE 667MG	Tablet	2,000,000
416	TAB1-047	CALCIUM CARBONATE WITH VITAMIN D3	Tablet	2,500,000
417	TAB1-048	CALCIUM FOLINATE 15MG	Tablet	5,500
418	TAB1-049	CLAVULANIC ACID + AMOXYCILLIN 1GM	Tablet	8,500
419	TAB1-050	CLAVULANIC ACID + AMOXYCILLIN 375MG	Tablet	480
420	TAB1-051	CLAVULANIC ACID + AMOXYCILLIN 625MG	Tablet	29,000
421	TAB1-055	CAPTOPRIL 25MG	Tablet	12,000
422	TAB1-056	CARBAMAZEPINE 200MG	Tablet	700
423	TAB1-057	CARBIDOPA + LEVODOPA	Tablet	360
424	TAB1-058	CARBIMAZOLE 5 MG TAB	Tablet	500
425	TAB1-059	CARVEDILOL 12.5MG	Tablet	7,000
426	TAB1-061	CARVEDILOL 6.25 MG	Tablet	57,000
427	TAB1-064	CILOSTAZOL 100 MG TAB	Tablet	250
428	TAB1-065	CILOSTAZOL 50MG	Tablet	15
429	TAB1-066	CINACALCET 30MG	Tablet	35,000

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
430	TAB1-067	CIPROFLOXACIN 250MG	Tablet	31,000
431	TAB1-068	CIPROFLOXACIN 500MG	Tablet	25,000
432	TAB1-070	CLARITHROMYCIN 250MG	Tablet	500
433	TAB1-071	CLARITHROMYCIN 500MG	Tablet	3,200
434	TAB1-072	CLONAZEPAM 0.5MG	Tablet	8,000
435	TAB1-073	CLONAZEPAM 2MG	Tablet	200
436	TAB1-074	CLONIDINE 100MCG TAB	Tablet	2,000
437	TAB1-075	CLOPIDOGREL 75MG	Tablet	26,000
438	TAB1-078	CO-TRIMOXAZOLE DS	Tablet	152,000
439	TAB1-079	CYCLOPHOSPHAMIDE 50 MG TAB	Tablet	16,000
440	TAB1-080	DACLATASVIR 60MG	Tablet	51,000
441	TAB1-083	DEXAMATHASONE 0.5MG	Tablet	2,100
442	TAB1-084	DIAZEPAM 5MG	Tablet	200
443	TAB1-085	DICLOFENAC SODIUM 50MG	Tablet	4,200
444	TAB1-088	DIGOXIN 0.25 MCG TAB	Tablet	500
445	TAB1-089	DILOXANIDE FUROATE + METRONIDAZOLE 500MG + 400MG	Tablet	1,400
446	TAB1-090	DILTIAZEM 60MG	Tablet	26,000
447	TAB1-091	DIMENHYDRINATE 50MG	Tablet	1,700
448	TAB1-095	DOTHEPINE 25MG	Tablet	1,600
449	TAB1-096	DOTHEPINE 75MG	Tablet	100
450	TAB1-099	ENALAPRIL MALEATE 10MG	Tablet	125,000
451	TAB1-100	ENALAPRIL MALEATE 5MG	Tablet	465,000
452	TAB1-101	ENTECAVIR 0.5MG	Tablet	185,000
453	TAB1-104	ESCITALOPRAM 10MG	Tablet	27,000
454	TAB1-109	ETHAMBUTOL HCL 400MG	Tablet	3,200
455	TAB1-110	ETHAMBUTOL+ REFAMPACIN+ISONAZID TAB	Tablet	300
456	TAB1-112	FERROUS SULPHATE 200 MG TAB	Tablet	750
457	TAB1-114	FEXOFENADINE 120MG	Tablet	1,600
458	TAB1-119	FLAVOXATE HCL 200MG	Tablet	14,000
459	TAB1-123	FOLIC ACID 5 MG TAB	Tablet	35,000
460	TAB1-124	FRUSEMIDE 40MG, AMILORIDE HCL 5MG	Tablet	500
461	TAB1-125	FUROSEMIDE 40MG	Tablet	100,000
462	TAB1-127	GEMFIBROZIL 600 MG	Tablet	20
463	TAB1-129	GLIBENCLAMIDE 5MG	Tablet	20
464	TAB1-130	GLICLAZIDE MR	Tablet	250
465	TAB1-131	GLIMEPIRIDE 1MG	Tablet	1,200
466	TAB1-132	GLIMEPRIDE 2MG	Tablet	81,000
467	TAB1-135	GLYCERYL TRINITRATE 0.5 MG TAB	Tablet	4,600
468	TAB1-136	HALOPERIDOL 1.5 MG TAB	Tablet	150
469	TAB1-137	HALOPERIDOL 5 MG TAB	Tablet	200
470	TAB1-138	HYDRALAZINE 25 MG TAB	Tablet	975,000
471	TAB1-139	HYDROCHLOROTHIAZIDE 25 MG TAB	Tablet	2,000
472	TAB1-140	HYDROCORTISONE 10MG	Tablet	300
473	TAB1-141	HYDROXYCHLOROQUINE 200 MG TAB	Tablet	62,000
474	TAB1-148	ISONIAZID 100MG	Tablet	3,500
475	TAB1-149	ISOSORBIDE-5 & MONONITRATE 20MG	Tablet	1,050
476	TAB1-150	ITOPRIDE HCL 50MG	Tablet	600
477	TAB1-151	IVABRADINE 5MG	Tablet	700

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
478	TAB1-153	IVERMECTIN 6MG TAB	Tablet	200
479	TAB1-156	LACOSAMIDE 100MG	Tablet	18,000
480	TAB1-157	LACOSAMIDE 50MG	Tablet	28,000
481	TAB1-158	LAMOTRIGINE 100MG	Tablet	2,600
482	TAB1-159	LAMOTRIGINE 25MG	Tablet	1,200
483	TAB1-160	LAMOTRIGINE 50MG	Tablet	1,800
484	TAB1-161	LETROZOLE 2.5MG	Tablet	34,000
485	TAB1-163	LEVETIRACETAM 250 MG	Tablet	112,000
486	TAB1-164	LEVETIRACETAM 500MG	Tablet	63,000
487	TAB1-165	LEVOFLOXACIN 250MG	Tablet	19,000
488	TAB1-166	LEVOFLOXACIN 500MG	Tablet	4,800
489	TAB1-168	LINEZOLID 600MG	Tablet	6,200
490	TAB1-171	LISINOPRIL 5MG	Tablet	10
491	TAB1-172	LORATADINE 10MG	Tablet	32,000
492	TAB1-173	LORAZEPAM 1MG	Tablet	300
493	TAB1-175	LOSARTAN 50MG	Tablet	140,000
494	TAB1-178	MEBEVERINE HCL 135MG	Tablet	3,400
495	TAB1-179	MEBENDAZOLE 100MG	Tablet	70
496	TAB1-182	MECOBALAMIN 500MCG	Tablet	3,000
497	TAB1-183	MEFENAMIC ACID 250MG	Tablet	600
498	TAB1-186	MESALAZINE 400 MG TAB	Tablet	5,000
499	TAB1-188	METFORMIN 1 GM TAB	Tablet	1,000
500	TAB1-190	METFORMIN HYDROCHLORIDE 500MG	Tablet	112,000
501	TAB1-191	METHYLDOPA 250MG	Tablet	34,000
502	TAB1-192	METOCLOPRAMIDE 10 MG	Tablet	20
503	TAB1-193	METOLAZONE 5MG	Tablet	2,000
504	TAB1-194	METOPROLOL TARTRATE 100MG	Tablet	44,000
505	TAB1-195	METOPROLOL TARTRATE 25MG	Tablet	157,000
506	TAB1-196	METRONIDAZOLE 400MG	Tablet	48,000
507	TAB1-198	MIDAZOLAM 7.5MG TAB	Tablet	300
508	TAB1-200	MISOPROSTOL 200MCG	Tablet	400
509	TAB1-201	MONTELUKAST 10MG	Tablet	14,000
510	TAB1-203	MONTELUKAST 5MG	Tablet	19,000
511	TAB1-204	MOXIFLOXACIN 400MG	Tablet	2,400
512	TAB1-205	NAPROXEN 500MG	Tablet	2,400
513	TAB1-206	NEBIVOLOL 5MG	Tablet	220,000
514	TAB1-208	NIFEDIPINE 30MG LONG ACTING	Tablet	12,000
515	TAB1-209	NIMESULIDE 100 MG TAB	Tablet	15
516	TAB1-211	NITAZOXANIDE INN 500MG	Tablet	750
517	TAB1-212	NITROFURANTOIN 100 MG TAB	Tablet	5,200
518	TAB1-213	GLYCERYL TRINITRATE 2.6 MG TAB	Tablet	1,200
519	TAB1-218	OLANZAPINE 5MG	Tablet	50
520	TAB1-219	ONDANSETRON 8MG	Tablet	5,000
521	TAB1-220	OXYBUTYNIN 5 MG TAB	Tablet	152,000
522	TAB1-226	PARACETAMOL 650 MG+ ORPHENADRINE 50MG	Tablet	231,000
523	TAB1-228	PENEGRA 100MG	Tablet	2,000
524	TAB1-229	PENICILLAMINE 250 MG TAB	Tablet	120
525	TAB1-231	PHENAZOPYRIDINE 100MG	Tablet	150

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
526	TAB1-232	PHENIRAMINE MALEATE 25MG	Tablet	50
527	TAB1-233	PHENOBARBITONE 30 MG TAB	Tablet	1,400
528	TAB1-236	POTASIU M CITRATE 10 MEQ / 1080MG	Tablet	10,000
529	TAB1-237	POTASSIU M CHLORIDE 500 MG TAB	Tablet	14,000
530	TAB1-241	PRIMAQUINE PO4 7.5 MG TAB	Tablet	300
531	TAB1-242	PROCHLORPERAZINE MALEATE	Tablet	50
532	TAB1-243	PROCYCLIDINE 5 MG TAB	Tablet	1,400
533	TAB1-245	PROPRANOLOL 10MG	Tablet	1,000
534	TAB1-246	PROPRANOLOL 40MG	Tablet	5
535	TAB1-247	PYRAZINAMID 500MG	Tablet	2,800
536	TAB1-248	PYRIDOXIN 50 MG	Tablet	220,000
537	TAB1-250	RAMIPRIL 10MG	Tablet	60
538	TAB1-251	RAMIPRIL 5MG	Tablet	450
539	TAB1-253	RESPRIDON 1MG	Tablet	6,200
540	TAB1-254	RESPRIDON 2MG	Tablet	5,000
541	TAB1-256	RIBAVIRIN 400 MG TAB	Tablet	1,500
542	TAB1-259	RIFAMPICIN 150MG + INH 75MG + ETHAMBUTOL 275MG + PYRAZINAMIDE 400MG	Tablet	100,000
543	TAB1-260	RIFAMPICIN 300 INH 150MG	Tablet	1,000
544	TAB1-261	RIFAMPICIN 300MG	Tablet	1,000
545	TAB1-265	RIFAXIMIN 550MG	Tablet	5,600
546	TAB1-266	RIVAROXABAN 10MG	Tablet	20,000
547	TAB1-267	RIVAROXABAN 15MG	Tablet	1,000
548	TAB1-268	ROSUVASTATIN 10MG	Tablet	2,800
549	TAB1-269	ROSUVASTATIN 20MG	Tablet	1,300
550	TAB1-270	SALBUTAMOL 2 MG TAB	Tablet	40
551	TAB1-271	SERTALINE 50MG	Tablet	80
552	TAB1-272	SEVELAMER 400MG	Tablet	350,000
553	TAB1-275	SITAGLIPTIN 50MG	Tablet	10,000
554	TAB1-276	SODIU M BICARBONATE 300 MG TAB	Tablet	420,000
555	TAB1-277	SOFOSBUVIR 400 MG TAB	Tablet	58,000
556	TAB1-278	SOLIFENACIN 5MG	Tablet	20,000
557	TAB1-279	SPIRONOLACTONE + FUROSEMIDE 20MG	Tablet	1,200
558	TAB1-280	SPIRONOLACTONE + FUROSEMIDE 40MG	Tablet	800
559	TAB1-281	SPIRONOLACTONE 100MG	Tablet	600
560	TAB1-282	SPIRONOLACTONE 25MG	Tablet	14,000
561	TAB1-284	TAMOXIFEN 10 MG TAB	Tablet	203,000
562	TAB1-285	TERAZOSIN HCL 2MG	Tablet	38,000
563	TAB1-286	TERAZOSIN HCL 5MG	Tablet	450
564	TAB1-287	TERBINAFINE 125MG	Tablet	900
565	TAB1-288	TERBINAFINE 250MG	Tablet	1,000
566	TAB1-289	TERBUTALINE SULPHATE 2.5MG	Tablet	5
567	TAB1-292	THYROXIN 50MCG	Tablet	4,000
568	TAB1-293	TIZANDINE 2MG	Tablet	700
569	TAB1-294	TOLTERODINE 2MG	Tablet	60,000
570	TAB1-295	TOPIRAMATE 25MG	Tablet	6,400
571	TAB1-296	TOPIRAMATE 50MG	Tablet	200
572	TAB1-297	TRAZODONE 50MG	Tablet	50

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
573	TAB1-303	VALGANCICLOVIR 450MG	Tablet	19,000
574	TAB1-304	VALPORIC ACID 250MG	Tablet	61,000
575	TAB1-305	VALPORIC ACID 500MG	Tablet	8,500
576	TAB1-306	VALSARTAN 160MG	Tablet	6,200
577	TAB1-308	VERAPAMIL 240MG	Tablet	250
578	TAB1-309	VERAPAMIL 40MG	Tablet	250
579	TAB1-310	VITAMIN B1, B6, B12	Tablet	200,000
580	TAB1-311	VORICONAZOLE 200MG	Tablet	6,400
581	TAB1-312	VORICONAZOLE 50MG	Tablet	2,100
582	TAB1-313	WARFARIN 1 MG TAB	Tablet	500
583	TAB1-314	WARFARIN 5 MG TAB	Tablet	3,000
584	TAB1-315	VELPATASVIR + SOFOSBUVIR 100MG/400MG	Tablet	6,000
585	TAB1-323	FLUDROCERTISONE ACETATE 0.1 MG TAB	Tablet	500
586	TAB1-325	ARTEMETHER 40MG + LUMEFANTRINE 240MG	Tablet	9,500
587	TAB1-326	ARTEMETHER 80MG + LUMEFANTRINE 480MG	Tablet	1,200
588	TAB1-328	DOXAZOSIN MESYLATE 4MG	Tablet	31,000
589	TAB1-329	DIPHENOXYLATE HYDROCHLORIDE BP & ATROPINE SULPHATE	Tablet	1,300
590	TAB1-330	FAMOTIDINE 20MG	Tablet	1,200
591	TAB1-331	SEVELAMER 800MG	Tablet	200,000
592	TAB1-332	SITAGLIPTIN 50MG + METFORMIN 500MG	Tablet	4,200
593	TAB1-334	SACUBITRIL + VALSARTAN 24 MG + 26 MG	Tablet	84,000
594	TAB1-335	SACUBITRIL + VALSARTAN 49 MG + 51 MG	Tablet	40,000
595	TAB1-336	SERRATIOPEPTIDASE 20,000 UNITS	Tablet	4,000
596	TAB1-338	POSACONAZOL 100MG	Tablet	30
597	TAB1-339	TENOFOVIR + ALAFENAMIDE 25MG	Tablet	500
598	TAB1-340	TOFACITINIB 5MG	Tablet	300
599	TAB1-341	ZINC SULPHATE 20 MG TAB	Tablet	850
600	TAB1-342	AMLODIPINE 5MG + VALSARTAN 160MG + HYDROCHLOROTHIAZIDE 12.5	Tablet	260
601	TAB1-345	AMLODIPINE+VALSARTAN 5 MG + 160 MG	Tablet	500
602	TAB1-347	CLOBAZAM 10MG	Tablet	500
603	TAB1-348	DAPSONE 100 MG	Tablet	500
604	TAB1-350	VIDAGLIPTIN + METFORMIN 50 + 850 MG TAB	Tablet	1,200
605	TAB1-351	TEDIZOLID 200 MG	Tablet	500
606	TAB1-352	AMLODIPINE 5MG + VALSARTAN 80 MG	Tablet	223,000
607	TAB1-353	EMPAGLIFLOZIN 10MG	Tablet	2,000
608	TAB1-355	L-METHYLFOLATE + VIT B, C, D & TRACE MINERALS 400 MCG	Tablet	1,500,000
609	TAB1-356	DAPRODUSTAT 2MG TAB	Tablet	4,000
610	TAB1-357	DAPRODUSTAT 4MG TAB	Tablet	6,000
611	TAB1-358	DAPRODUSTAT 6MG TAB	Tablet	6,000
612	TAB1-359	HYDROXY CARBAMIDE	Tablet	100
613	TAB2-002	BICALUTAMIDE 50MG	Tablet	38,000
614	TAB2-003	CAPECITABINE 500MG	Tablet	53,000
615	TAB2-009	ABIRATERONE ACETATE 250MG TAB	Tablet	9,500
616	TAB2-010	AMLODIPINE BESYLATE + VALSARTAN 10 MG + 160 MG TAB	Tablet	150,000
617	TAB2-013	APIXABAN 5 MG TAB	Tablet	1,000
618	TAB2-014	OXCARBAZEPINE 300MG TAB	Tablet	100
619	TAB2-019	CHLORPROMAZINE HCL 100 MG TAB	Tablet	160
620	TAB2-025	ELTROMBOPAG 50 MG TAB	Tablet	450
621	TAB2-031	ISOSORBIDE MONOITRATE 20 MG TAB	Tablet	840

S. No.	Tender Item Code	Name of Medicine	Formulation	Req. Quantity 2026-27
622	TAB2-034	MEFANEMC ACID 250 MG TAB	Tablet	3,000
623	TAB2-036	METOLAZONE 5 MG TAB	Tablet	1,500
624	TAB2-037	MIDODRINE 5 MG TAB	Tablet	500
625	TAB2-038	MIDODRINE HCL 5 MG TAB	Tablet	400
626	TAB2-039	MIRABEGRON 25 MG TAB	Tablet	200
627	TAB2-040	MODAFINIL 100MG TAB	Tablet	120
628	TAB2-041	NITROFURANTOIN 50 MG TAB	Tablet	180
629	TAB2-047	QUETIAPINE 25 MG TAB	Tablet	1,000
630	TAB2-049	SITAGLIPTIN 100 MG TAB	Tablet	30
631	TAB2-050	SORAFENIB 200 MG TAB	Tablet	120
632	TAB2-052	TETRABENAZINE 25 MG TAB	Tablet	1,000
633	TAB2-053	TICAGRELOR 90 MG TAB	Tablet	10
634	TAB2-056	TOLVAPTAN 15 MG TAB	Tablet	60
635	TAB2-058	VALPROATE SODIUM 500 MG TAB	Tablet	18,000
636	TAB2-060	VONOPRAZAN 20 MG TAB	Tablet	600
637	TAB2-063	BRIVARACETAM 50MG	Tablet	200
638	TAB2-064	DONEPEZIL 5MG	Tablet	100
639	TAB2-065	MEMANTINE 10 MG	Tablet	300
640	TAB2-067	RIVASTIGMINE 6MG	Tablet	200
641	TAB2-070	TRHEXIPHENIDYL 2MG	Tablet	50
642	TAB2-071	ZONISAMIDE 50MG	Tablet	100
643	TOP1-003	ACYCLOVIR 5 GM CRM	Topical	250
644	TOP1-011	CLOBETASOL 10GM CREAM	Topical	100
645	TOP1-012	CLOBETASOL 5GM OINTMENT	Topical	20
646	TOP1-014	CLOTRIMAZOLE 1%+HYDROCORTISONE1% 10GM	Topical	800
647	TOP1-018	FUSIDIC ACID CREAM	Topical	600
648	TOP1-019	FUSIDIC ACID + BETAMETHASONE OINT	Topical	50
649	TOP1-023	LIGNOCAINE + CETYTPYREDINIUMORAL	Topical	700
650	TOP1-024	LIGNOCAINE 15 GM JELLY	Topical	52,000
651	TOP1-029	MUPIROCIN 15 GM CRM	Topical	250
652	TOP1-035	PERMETHRIN 30GM CREAM	Topical	600
653	TOP1-036	PERMETHRIN 60ML	Topical	600
654	TOP1-040	POLYMYXIN + BACITRACIN 20 GM ONT	Topical	6,300
655	TOP1-041	POVIDONE - IODINE SOLUTION 450ML	Topical	15,000
656	TOP1-042	POVIDONE - IODINE SURGICAL SCRUB 450ML	Topical	3,500
657	TOP1-043	POVIDONE IODINE MOUNTH WASH	Topical	100
658	TOP1-045	TERBENEFINE 10GM CREAM	Topical	800
659	TOP1-046	TRIAMCINOLONE 0.1% 5 GM ONT	Topical	20
660	TOP1-047	TETRACYCLINE EYE OINTMENT	Topical	700
661	TOP1-049	VITAMIN-A EYE OINTMENT	Topical	400
662	TOP1-050	TOBRAMYCIN 0.3% + DEXAMETHASONE 0.1% EYE OINTMENT	Topical	800
663	TOP1-055	ACYCLOVIR 10 MG CRM	Topical	250
664	TOP1-059	TERBINAFINE 1% 10 GM CRM	Topical	700
665	TOP1-065	POLYMYXIN B + BACITRACIN 6 GM EYE ONT	Topical	1,400
666	TOP1-068	LIGNOCAINE 10% SPRAY	Topical	15
667	TOP1-071	TOBRAMYCIN + DEXAMETHASONE 0.3% + 0.1% /3.5GM EYE ONT	Topical	700
668	TOP1-072	BENZYDAMINE 0.15% + CHLORHEXIDINE 0.2% MOUTH WASH	Topical	10