HEALTH WELFARE COMMITTEE
DR. RUTH K.M. PFAU CIVIL HOSPITAL KARACHI
Phone: 99215740-45, Ext. 1033, 99215761, Fax: 99215733

Ref. No. 7765

Date: 19/08/2026

NOTICE INVITING TENDER

SUBJECT: ANNUAL TENDER FOR MUSTAHIQ PATIENTS FROM ZAKAT FUND FOR THE YEAR 2026- 2027

The Dr. Ruth K.M. Pfau Civil Hospital Karachi invites e-bids through E-Pak Acquisition and Disposable System (EPADS) from *Suppliers / firms / Manufacturers / Importers / Authorized Distributors* on Active Taxpayers List of the FBR / SRB (whichever is applicable) for the supply of following items for the financial year 2026-27 under *Rule-46(1) Single Stage-One Envelopes Procedure*. Bidding documents containing detailed Terms & Conditions, can be viewed / downloaded from https://portalsindh.eprocure.gov.pk/#/:

Tender No.	Name of Tender / Tender Title	Bid Security	Bidding Document Cost	Tender purchasing date	Date of submission & opening
1	PURCHASES OF DRUGS / MEDICINES	2.5% Total Value of Quoted Price	Rs. 3,000/-	From 13th August 2026 to 29th August 2026 till 10:00 AM.	29th August-2026 between 11:00AM to 12:00 Noon. & Opening 29th August-2026 at 12:30 P.M. RESPECTIVELY
2	LAB TESTS / BIOPSY REPORTS / PLASMA APHRESSIS	2.5% Total Value of Quoted Price	Rs. 3,000/-		
3	LOCAL PURCHASES OF DRUGS / MEDICINES (24 HOURS / 7 DAYS ON EMERGENCY BASIS	2.5% Total Value of Quoted Price	Rs. 3,000/-		
4	ORTHOPAEDIC IMPLANTS	2.5% Total Value of Quoted Price	Rs. 3,000/-		

Electronic Bids should be submitted through EPADS ONLY. Interested Bidders are required to register themselves on EPAD System at the link: https://sindh.eprocure.gov.pk/#/supplier/registration for submission of electronic-bids.

The Bids, prepared in accordance with the instructions in the bidding documents & must be submitted on EPADS as per above given schedule. The original instrument of tender fee and bid security of the bid price must reach the procuring agency before the deadline for submission of e-bids, which will be opened on the same day at the address Office of the Medical Superintendent, 2nd Floor, Board Room, Dr. Ruth K.M. Pfau Civil Hospital Karachi.

N.B:-

- Any query for e-bidding may contact at Dr. Ruth K.M. Pfau Civil Hospital Karachi at contact No. 021-99215733.
- In case Govt. announces any Public Holiday or any unfavorable circumstances, the tender / bids will be opened on next working day, with same Venue and Time.
- The Purchaser reserves the right to reject any / all bids under the relevant provisions of SPP Rules 2010.
  In case of any difficulty prospective bidders may contact EPADS Helpline 051-111-137-237 during working days/hours.

Medical Superintendent,
Dr. Ruth K.M. Pfau Civil Hospital - Karachi.

BUSINESS
RECORDER

Karachi, Thursday 13 August 2026, 29 Safar 1448

HEALTH WELFARE COMMITTEE
Dr. RUTH K.M. PFAU CIVIL HOSPITAL KARACHI

Phone: 99215740-45, Ext. 1033, 99215761, Fax: 99215733

Ref. No.7565 Date:10-08-2026

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Medical Superintendent,
Dr. Ruth K.M. Pfau Civil Hospital - Karachi.

INF/KRY/3466/26

BIDDING DOCUMENTS (BDs)

PURCHASE OF DRUGS / MEDICINES
THROUGH E-PAK ACQUISITION & DISPOSAL SYSTEM (EPADS)
DURING THE FINANCIAL YEAR 2026-2027
HEALTH WELFARE COMMITTEE
DR. RUTH K.M. PFAU CIVIL HOSPITAL - KARACHI

COST OF TENDER DOCUMENTS:	**Rs. 3000/= Rupees Five Thousand Only(Non-Refundable)**
TENDER PROCEDURE:	**Single Stage – One Envelope / SPP Rule 46(1)**
TENDER SELLING DATE :	**From the date of publishing up to 10:00 am 29th August, 2026**
TENDER SUBMISSION DATE AND TIME:	**On 29th Augsut, 2026 upto 10:00am to 11:00 a.m..**
TENDER SUBMISSION PLACE :	**Office of the A.M.S (Zakat) 1st Floor Admin Block, Civil Hospital – Karachi.**
TENDER OPENING DATE AND TIME :	**On 29th August, 2026 at 12:00 noon.**
TENDER OPENING PLACE :	**Committee Room, 2nd Floor Admin Block, Civil Hospital, Baba e Urdu Road – Karachi**

NOTE:

1. **Tender fee: Rs. 3,000/-** Tender Purchase Receipt obtained from procurement department 01st floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi must be attached; else the offer will be rejected.
2. No tender will be accepted after closing of the tender date, what so ever reason may be.
3. All the participants must sign each & every page of bid documents, else offer will be rejected.
4. The Dr. Ruth K.M. Pfau Civil Hospital Karachi invites E-bids through E-Pak.

HEALTH WELFARE COMMITTEE DR. RUTH K.M. PFAU CIVIL HOSPITAL,BABA E URDU ROAD – KARACHI
Ph: 99215740 - 5 Fax: 99215733

BIDDING DATA

Procuring Agency	:	Health Welfare Committee, Dr. Ruth K.M. Pfau Civil Hospital – Karachi
Address	:	Baba e Urdu Road – Karachi
Tender Title	:	Purchase of Drugs/Medicines
Bid Validity	:	90 days of Bid Quoted Price
Amount of Bid Security	:	2.5% (in shape of Bank Draft)
Date of Submission	:	As per Tender Enquiry
Date of Opening	:	As per Tender Enquiry
Performance Security	:	5% (in shape of Bank Draft)
Language of Bid	:	English
Bidding Procedure	:	Single Stage – One Envelope Procedure
Eligibility Criteria / Technical Evaluation Criteria	:	As per – Annexure – A
Advance Payment	:	No Advance Payment

INSTRUCTIONS TO BIDDERS

1. DR. Ruth K.M Pfau Civil Hospital Karachi. (DRKMPCHK) invites bids through E-Pak Acquisition & Disposal Systems (EPADS) on Single **Stage One Envelope Procedure** as per **clause 46(1)** Sindh Public Procurement Rules 2010, (Amended till date) from Manufacturers / Importers / Sole Agents / Authorized Distributors / Contractors registered for **"Purchase of Drugs / Medicines"** for the financial year 2026-2027.

2. Bidders are required to check that Tender Documents issued to them are complete in all respects as per table of content.

3. Bidders should examine carefully the table of content. They should visit and inspect the site at their own expense, responsibility and obtain all necessary information prior to submitting the tender. Any detail/specification missing in the document should be obtained from **Zakat Branch**, (DRKMP-CHK) – Karachi before bidding. Once the tender is submitted, it will be assumed that no further clarification was required.

4. **TENDER FEE:-** Tender Purchase Receipt obtained from Procurement Department 01st Floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi must be attached; else the offer will be rejected.

5. Bidder will attach **BID SECURITY** (as per amount mentioned under Bidding Data) in shape of pay order issued from any scheduled Bank of Pakistan in favor of **DR. Ruth K.M Pfau Civil Hospital Karachi. (DRKMP-CHK), submit with bid**.

6. The original bid shall be typed or written in indelible ink by the bidder or person duly authorized. The person or persons signing the bid shall initial all pages of the bid. The name and designation of each person signing must be mentioned below the signature.

7. The Bidder shall indicate on the appropriate Price Schedule (in PKR) the units (where applicable) and total bid price of the goods/services it proposes to supply/execute under the contract.

8. No bidder shall be allowed to alter or modify his bid after the bids have been opened. However, the Procuring Agency may seek and accept clarification to the bids that do not change substances of the bids.

9. The Procuring Agency may reject all or any bid or proposal at any time prior to the acceptance of a bid or proposal. Subject to relevant provision of SPP Rules, 2010 (Amended till Date). The Procuring Agency upon request communicate to bidder who submitted a bid or proposal, the grounds for its rejection of all bids or proposal, but is not required to justify those grounds.

10. The quoted rates should include all costs of whatsoever description and expenses necessary for the whole work together with all risks, taxes, liabilities and obligations, specific or implied, in the Tender Documents. Arithmetical errors, if any shall be corrected and Tender price amended accordingly as per SPP Rules 2010 (amended till date)

11. No unauthorized alteration may be made in the Tender documents. If any such alteration is made, tender may be liable for rejection.

12. Clarification, revision, addition or deletion, in the tender documents may be made by the authority before the submission and opening of Tender in the form of Addendum/Corrigendum. This will be made only by formal Addendum/ Corrigendum issued by the concerned authority and will become part of the contract documents. Each Addendum shall be signed by the Vendor and returned with other Tender documents.

13. The vendor has to quote only one rate for each goods/work as per tender specifications. In case of hand written tenders or any over writing, cutting, the bid will be rejected.

14. The entire Tender Documents, listed duly priced, signed & stamped on each page and completed must reach at designated place in due time and dates as defined in the Bidding Data of the Tender.

15. Contractors who win the tender will be required to enter into a Contract Agreement as defined in the Form of Agreement.

16. No bidder shall contact the Procuring agency on any matter relating to its bid, from the time of the bid opening to the time the contract is awarded. If the Bidder wishes to bring additional information to the notice of the Procuring agency, it should do so in writing.

17. The bid security will be forfeited to the Government, if the bidder withdraws his bid after opening and before the expiry of the bid validity period or fails to sign the contract in stipulated time if the bid is accepted.

18. Conditional tender and tender without bid security shall not be considered.

19. GST / Income Tax Certificate must be accompanied with tender.

20. Bids shall remain valid for a period of 90 days after the date of bid opening and same may be extended in terms of Rule 38 (2) (3) (4) of SPPRA Rules.

21. Bids submitted late due to any reason what so ever, shall not be considered and returned unopened to the bidder or his authorized representative.

22. Bid / offer will be evaluated as per criteria for evaluation of bid's terms & conditions.

23. The quoted rates once offered by the firms will not be changed during the contract period.

24. The quoted rates should be in Pak. Rupees and must be valid till contract period that is 1 year starting from signing of contract agreement; Orders will be placed as per requirement after receiving demand from the concern department of DR. Ruth K.M Pfau Civil Hospital Karachi. (DRKMP-CHK)

25. All Bidders should provide **SAMPLES FREE OF COST** of the each quoted products.

26. All bidder(s) must submit samples (in commercial pack) of all quoted items as per specification mentioned in the technical bid; each sample pack should be marked with Section & Item # (as mentioned in bill of quantities and price schedule). List of sample along with item brochures / leaflet duly acknowledged should also be submitted in the office of Procurement Dept. 1st floor DR. Ruth K.M Pfau Civil Hospital Karachi. (DRKMPCHK) at least 2 days before the submission of the tender. Non submission of the samples will lead to rejection of item(s).

27. The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

28. **All the (applicable) Government taxes (Income Tax, General Sales Tax / Sindh Sales Tax, 0.35% Stamp Duty of the value of the contract amount will be affixed on the bills or on the contract agreement of the full contract value by the Contractors / Suppliers.**

29. **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index, else Procurement Committee reserves the right to accept or reject bid.**

30. The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Dr. Ruth K.M Pfau Civil Hospital Karachi (DRKMP-CHK).

TERMS AND CONDITIONS

FOR THE "PURCHASES OF DRUGS / MEDICINES"@ HEALTH WELFARE COMMITTEE DR. RUTH K.M. PFAU CIVIL HOSPITAL- KARACHI

1. Dr. Ruth K.M. Pfau Civil Hospital Karachi Tender is invited through E-Pak Acquisition & Disposal System (EPADS) for the supply of **"Purchases of Drugs / Medicines"** during the financial year 2026-2027 on **Single Stage One Envelope Procedure basis as per Clause 46(1) of SPP Rules- 2010 (Amended till date),** as per the detailed mentioned in **Annexure – C** of this Tender Form for Health Welfare Committee, Dr. Ruth K.M. Pfau Civil Hospital, Karachi.

2. The last date for submission of the Tender is fixed on **29-08-2026 upto 10:00am to 11:00 am.** The Tender should be dropped by hand / mail in the Tender Box kept for this purpose in the office of the Additional Medical Superintendent (Zakat), Dr. Ruth K.M. Pfau Civil Hospital – Karachi. This will be opened before the **PROCUREMENT COMMITTEE** in the Committee Room in presence of the bidders or their authorized representatives who wish to be present on the same date at **12:00 noon.**

3. The Tender form should be completed by typing in both words and in figures against each item serially according to our Tender Serial Numbers. **The Tender filled up with hand and showing over writing will not be entertained.**

4. **Tender Fee: Rs. 3,000/- (in Shape of Pay Order) (Non Refundable)** Tender Purchase Receipt obtained from procurement department 01st floor at Dr. Ruth K.M Pfau Civil Hospital, Karachi must be attached; else the offer will be rejected.

5. Offers should be inclusive of all Government Taxes applicable to Health Welfare Committee –DR. RUTH K.M. PFAU Civil Hospital Karachi.

6. NTN / GST certificate should be attached with the tender documents.

7. Valid Drugs license should be attached with the tender documents.

8. Tender shall be accompanied by Bid Security @ 2.5 % of the value of store(s) quoted by them in form of Pay Order / Demand Draft in favor of Medical Superintendent, Dr. Ruth K.M. Pfau Civil Hospital Karachi

9. **Any item approved in rate contract system would not be procured locally.**

10. The Procuring agency shall disqualify a supplier or contractor, whether already pre-qualified or not, if it finds at any time, that the information submitted by him concerning his qualification and professional, technical, financial, legal or managerial competence as supplier or contractor, was false and materially inaccurate or incomplete.

11. The undersigned reserves the right regarding rejection of bids subject to the relevant provision of SPP Rules -2010.(Amended till date)

12. All the (applicable) Government taxes Income Tax / Sales Tax (if applicable) / 0.35% Stamp Duty of the value of the contract amount will be deducted from the bills of the Contractors / Suppliers.

CERTIFICATE

We guarantee to supply the store exactly in accordance with the requirement **(24 HOURS / 7 DAYS ON EMERGENCY BASIS)** as specified by the Medical Superintendent, Dr. Ruth K.M. Pfau Civil Hospital, Karachi.

Signature of the Chemists / Druggist:- _____

Name of Medical Store & Address:- _____

Telephone No. Shop: _____ Fax #. _____ Cell # _____

Email:- _____

TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE

I / we, M/s._____ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2013/14 (Amended till date) for procurement of Laboratory Items during the validity of the tender.

Signature of Vendor: _____

Name of Authorized Person: _____

Designation: _____

Seal and Address: _____

Tel No. _____ Fax No. _____ E-mail address: _____

Witness

Name: _____ Signature _____

Name: _____ Signature _____

SPECIMEN FOR AUTHORIZATION LETTER BY MANUFACTURER/IMPORTER FOR THEIR DISTRIBUTOR:

I/We, M/s._____ hereby authorize M/s. _____

Address: _____ as our authorized Distributor for Dr. Ruth K.M. Pfau, Civil Hospital Karachi for the financial year of 2024-2025.

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ Fax # _____ Cell # _____

DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI
HEALTH DEPARMENT, GOVT. OF SINDH

IMPORTER / SOLE AGENTS

Note.

a) Please fill in the correct information carefully. Submission of wrong / vague information may lead to black listing of the firm.
b) Each page of the Performa must be duly signed & stamped, else the offer will be rejected.
c) Provide a soft copy (CD) along with duly filled Performa in triplicate.
d) Company / firm agreement with principle duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	**Name of the company**			
2.	**Year of establishment**			
3.	**Address of the firm** • Registered office, • Telephone no. • Fax No. E mail address etc.			
4.	**Location of the Company** • Industrial • Commercial • Residential			
5.	**Form of the company Annex copy of MOA/ registration** • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify)			
6.				
7.	**Blacklisting / Complaint / Litigation against the firm** (By any govt. or other org. if any)			
8.	**Drugs sale license number, if applicable** (Annex copy License)			
9.	**Type of activity being carried out by the company:-** • Manufacturing • Assembly / Repacking • Import • Other (specify)			
10.	**Name & Address of the Principal(s) companies**			
11.	**Capital value of the firm/sole agent;** • Authorized Capital • Paid up capital			
12	**Annual sales turnover of the firm in the previous 3 years** (In millions)	Year	Market Sale	Govt. Sector
	• **1.**			

	• **2.**			
	• **3.**			
13.	**Income Tax No (NTN)** • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return			
14.	**Sales Tax Registration No.** Attach copy of certificate, and details of Sales Tax paid during past 3 years			
15.	**GMP compliance certificate & GMP audit report of the Principal(s)** (Attach report/ certificate) (if applicable)			
16.	**Free Sale Certificate of the items in the country of origin**			
17.	**Registration with MOH, Islamabad where applicable** Drugs/Surgical Disposable, attach separate sheet			
18.	List of Technical personnel with qualification (Attach List)			
19.	Total Employees (Including Technical staff)			
	Administration			
	Technical			
	Management			
	Sales / Marketing			
20.	**Market Availability** • Products routinely manufactured/imported Only occasionally / on request			

Signature_____

(With name and Designation)

Stamp of Company

Annexure "A"

CRITERIA FOR EVALUATION OF THE BID

PURCHASE OF DRUGS / MEDICINES

S. #	CRITERIA	YES / NO
1	Tender Purchase Receipt must be attached else the offer will be rejected (Original) **(Mandatory)**	
2	2.5% Bid Security in shape of Pay order/Demand draft (Original) **(Mandatory).**	
3	Copy of Registration National Tax Number (NTN), Certificate **(Mandatory)**	
4	General Sales Tax Registration (Enclosed copy) **(Mandatory)**	
5	Professional Sales Tex Return (enclosed copy) 2026-2027 **(Mandatory)**	
6	The documents must be according to the terms & condition as in bidding documents. **(Mandatory)**	
7	Bid Documents should contain proper Index and Page Numbers should be written on each and every page. **(Mandatory)**	
8	Company Profile including with details of Staff contact Nos. **(Mandatory)**	
9	Registration Certificate with Ministry of Health if applicable. .**(Mandatory)**	
10	FDA, CE marked / certificate.**(Mandatory)**	
11	Copy of Undertaking regarding supply of required items within stipulated time as per Approved items. **(Mandatory)**	
12	Financial turn over in each year not less than 5.00 Millions, verified from FBR for the last 03 years with Bank Certificate must be attached. **(Mandatory)**	
13	Relevant experience, supply orders and with deliver Challan at least last 03 years from Governmental / Semi Governmental Institutions. (Copies must be attached). **(Mandatory)**	
14	Previous Satisfactory Performance Certificate at least 03 Governmental / Semi Governmental Institutions must be attached. **(Mandatory)**	
15	An undertaking regarding that the Firm is never black listed / involved in any litigation against Government Institutions **(Mandatory)**	
16	Each page should be signed & stamped by company authorized Person.	

NOTE:

The offer will not be entertained if the required documents have not been found attached.

CONTRACT FORM

THIS AGREEMENT made the _____ day of _____ 2026_____ between [name of Procuring Agency] of [country of Procuring agency] (here in after called "the Procuring agency") of the one part and [name of Supplier] of [city and country of Supplier] (here in after called "the Supplier") of the other part:

WHEREAS the Procuring agency invited bids for certain goods and ancillary services, viz. [brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [contract price in words and figures] (here in after called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:

   (a) The Bid Form and the Price Schedule submitted by the Bidder;
   (b) The Schedule of Requirements;
   (c) The Technical Specifications;
   (d) The General Conditions of Contract;
   (e) The Special Conditions of Contract; and
   (f) The Procuring agency's Notification of Award.

3. In consideration of the payments to be made by the Procuring Agency to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Procuring agency to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Procuring agency hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed, delivered _____ by _____ the (for the Procuring Agency)

Signed, sealed, delivered _____ by _____ the (for the Supplier)

INTEGRITY PACT

DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC PAYABLE BY THE SUPPLIERS/CONTRACTORS/CONSULTANTS

Contract Number: NO. **Dated:**
Contract Value: **Rs.**
Contract Title: **Purchase of Drugs / Medicines" @ Health Welfare Committee Dr. Ruth K.M. Pfau Civil Hospital- Karachi**

M/s. _____ hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Sindh (GoS) or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GoS) through any corrupt business practice.

Without limiting the generality of the foregoing, **M/s.** _____represents and warrants that it has fully declared the brokerage, commission, fees etc. paid or payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from Civil Hospital Karachi (PA), except that which has been expressly declared pursuant hereto.

M/s. _____ certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with PA and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

M/s. _____ accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest , privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other right and remedies available to PA under any law, contract or other instrument, be voidable at the option of PA.

Notwithstanding any rights and remedies exercised by PA in this regard, **M/s.** _____ agrees to indemnify PA for any loss or damage incurred by it on account of its corrupt business practices and further pay compensation to PA in an amount equivalent to ten time the sum of any commission, gratification, bribe, finder's fee or kickback given by **M/s.** _____ as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit, in whatsoever form, from PA.

_____
M/s.

_____
Medical Superintendent

ANNEXURE-C

HEALTH WELFARE COMMITTEE
DR. RUTH K.M. PFAUCIVIL HOSPITAL KARACHI

TENDER FOR THE PURCHASE OF DRUGS / MEDICINES DURING THE FINANCIAL YEAR 2026-2027

DRUGS / MEDICINES

ONCOLOGY MEDICINES

S. #	Name of Items	Tentative Quantity	Brand Name & Name of Manufacturer	DRAP Registration No.	Rate (s)	Total Amount (RS)
1	Inj. 5-Flurouracil 250mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
2	Inj. 5-Flurouracil 500mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
3	Inj. Adalimumab 50mg / ml Prefilled Syringe	100 Nos.		Reg No._____	Rs. _____	Rs. _____
4	Inj. Adalimumab 40mg / 0.8 ml Prefilled Syringe	100 Nos.		Reg No._____	Rs. _____	Rs. _____
5	Inj. Atezolizumab 1200mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
6	Inj. Bendamustine 100mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
7	Inj. Bevacizumab 400mg / 16ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
8	Inj. Bevacizumab 100mg / 4ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
9	Inj. Bleomycin 15mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
10	Inj. Bortezomib 3.5mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
11	Inj. Calcium Folinate 100mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
12	Inj. Carboplatin 150mg / 15ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
13	Inj. Carboplatin 450mg / 45ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
14	Inj. Cetuximab 100mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
15	Inj. Cisplatin 50mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
16	Inj. Cyclophasphomide 1mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
17	Inj. Cytarabine 10gm (100mg/ml)	50 Nos.		Reg No._____	Rs. _____	Rs. _____
18	Inj. Dactinomycine 0.5mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
19	Inj. Denosumab 60mg / 1ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
20	Inj. Denosumab 120mg / 1.7ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
21	Inj. Decarbazine 200mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
22	Inj. Denosumab 120mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
23	Inj. Decitabine 50mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____

S. #	Name of Items	Tentative Quantity	Brand Name & Name of Manufacturer	DRAP Registration No.	Rate (s)	Total Amount (RS)
24	Inj. Docetaxel 120mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
25	Inj. Docetaxel 80mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
26	Inj. Doxorubicin 10mg / 5ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
27	Inj. Doxorubicin 150mg / 75ml	50 Nos.		Reg No._____	Rs. _____	Rs. _____
28	Inj. Doxorubicne Liposomal	50 Nos.		Reg No._____	Rs. _____	Rs. _____
29	Inj. Durvalumab 500mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
30	Inj. Etoposide 100mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
31	Inj. Filgrastim 300mcg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
32	Inj. Fludarabine Phosphate 50mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
33	Inj. Gemcitabine 1gm	25 Nos.		Reg No._____	Rs. _____	Rs. _____
34	Inj. Gefitinib 250mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
35	Inj. Granisteron 3mg / 3ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
36	Inj. Goserelin Acetate 3.6mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
37	Inj. Ifosfamide 2gm	50 Nos.		Reg No._____	Rs. _____	Rs. _____
38	Inj. Ifosfamide 1gm	25 Nos.		Reg No._____	Rs. _____	Rs. _____
39	Inj. Irinotecan 100mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
40	Inj. Irontiticon 400mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
41	Inj. Leucovorin	100 Nos.		Reg No._____	Rs. _____	Rs. _____
42	Inj. Methotrexate 1 gr	25 Nos.		Reg No._____	Rs. _____	Rs. _____
43	Inj. Methotrexate 50 mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
44	Inj. Oxaliplatin 150mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
45	Inj. Oxaliplatin 100mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
46	Inj. Paclitaxel 100mg	500 Nos.		Reg No._____	Rs. _____	Rs. _____
47	Inj. Paclitaxel 300mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
48	Inj. Peg-Filgrastim 6mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
49	Inj. Pemetrexed 500mg/ml	100 Nos.		Reg No._____	Rs. _____	Rs. _____
50	Inj. Pertuzumab 420mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
51	Inj. Pembrolizumab	50 Nos.		Reg No._____	Rs. _____	Rs. _____
52	Inj. Ramuctrumab 100mg	100 Nos.		Reg No._____	Rs. _____	Rs. _____
53	Inj. Rituximab 100mg / 10ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
54	Inj. Rituximab 150mg / 50ml	25 Nos.		Reg No._____	Rs. _____	Rs. _____
55	Inj. Sorafenib 200mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
56	Inj. Topotecan HCL 4mg	20 Nos.		Reg No._____	Rs. _____	Rs. _____
57	Inj. Triptoralin Acetate 3.75mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
58	Inj. Trastuzumab 440mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
59	Inj. Trastuzumab 600mg	50 Nos.		Reg No._____	Rs. _____	Rs. _____
60	Inj. Vinblastin 10mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____
61	Inj. Vincristine 2mg	25 Nos.		Reg No._____	Rs. _____	Rs. _____

S. #	Name of Items	Tentative Quantity	Brand Name & Name of Manufacturer	DRAP Registration No.	Rate (s)	Total Amount (RS)
62	Inj. Vinorelbine 50mg	25 Nos.		Reg No.____	Rs. ____	Rs. ____
63	Inj. Vincristine 1mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
64	Inj. Zolidronic Acid 4mg	25 Nos.		Reg No.____	Rs. ____	Rs. ____
	CAPSULE / TABLET					
66	Cap. Hydroxyurea 500mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
67	Cap. Lenvatinib 4mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
68	Cap. Lenvatinib 10mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
69	Cap. Sunitinib 12.5mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
70	Cap. Sunitinib 25 mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
71	Cap. Sunitinib 50 mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
72	Cap. Tegafur 100mg + Uracil 224mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
73	Tab. Abiraterone Acetate 250mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
74	Tab. Abemaciclib 100mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
75	Tab. Anastrozole 1mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
76	Tab. Capecitabine 500mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
77	Tab. Crizotinib 250mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
78	Tab. Dasatinib 50mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
79	Tab. Exemestane 25mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
80	Tab. Lapantinib 250mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
81	Tab. Letrozole 2.5mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
82	Tab. Lenalidomide 25mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
83	Tab. Lenalidomide 10mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
84	Tab. Leucovorin	50 Nos.		Reg No.____	Rs. ____	Rs. ____
85	Tab. Nab Paclitaxel 100mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
86	Tab. Pazopanib HCL 200mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
87	Tab. Pazopanib HCL 400mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
88	Tab. Ruxolitinib 15mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
89	Tab. Ruxolitinib 5mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
90	Tab. Sorafanib 200mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
91	Tab. Tamoxifen 10mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
92	Tab. Temozolamide 100mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____
93	Tab. Tofacitinib 5mg	50 Nos.		Reg No.____	Rs. ____	Rs. ____

Signature of Contractor / Supplier_____

Name of Firm with full Address _____

E mail Address._____

Office Telephone # _____ **Fax #** _____ **Cell #** _____