DATA REQUIRED FOR HOSTING – MM SYSTEMS

DETAIL	INFORMATION
Contact Person/address	Name: R.D. Gaupiy Sunder Address: DGM/Stores & Admin. BHEL Main Hospital, Trichy – 620 014
Approved BY	Name & Design, of approval authority Mr. M. Jayakumaran, G.M. / HRMD
E - mail	dgopi@bheltry.co.in, medpur@bheltry.co.in, medstores@bheltry.co.in, medsurstores1@bheltry.co.in
Telephone	0431- 2574272, 2573905, 2571958 & 2553348
Notification (Reference) No.	MED: STR: DRUGS:RATE CONTRACT FOR PROCUREMENT OF MEDICINES 2016 – 2017, Dt. 12.10.2016
Tender Title	Rate contract for Procurement of Medicines for the year 2016 – 17 for BHEL Hospitals Trichy & Ranipet
Tender Type	Open Tender
Brief Description	Rate contract for Procurement of Medicines for the year 2016 – 17 for BHEL Hospitals Trichy & Ranipet
Published in Newspaper	As per approved Note enclosed
Single / Two Part	Two Part
Published on	To be Published
Tender Value in Rs.	1189.49 Lakhs (approx.)
EMD Value in Rs.	NA
Document Cost in Rs.	NA
Date of issue of Notification – DD/MM/YY	17/10/16
Date for Closure of Sale of Forms – DD/MM/YY	
Completed Forms to be submitted by DD/MM/YY	12/11/16 - 12.00 Hrs.
Date of Opening of Bids – DD/MM/YY	12/11/16 - 14.00 Hrs.

ANNEXURE-I

VENDOR DETAILS

SL. NO.	PARAMETER	VENDOR TO SPECIFY
01	Name of the Vendor	
02	Type of firm with document proof (proprietary/Pvt. Ltd./partnership/ Public sector etc.)	
03	Year of Establishment	
04	CIN, Excise Regn. No, Sales tax, Pan no. any other ref. copies of the above documents to be enclosed	
05	Regd. / Head office address	
06	Regd. / Head office contact person details Name, Ph. No., Mob. No., e-mail, Fax etc.	
07	Marketing Office Address (packing & forwarding)	
08	Marketing Office contact person details (packing & forwarding) Name, Ph. No., Mob. No., e-mail, Fax etc.	
09	Financial status for last 3 years Audited balance sheet (copies to be enclosed)	
10	Factory Address	
11	Manufacturer / Marketing / Loan Licence / Import Licence with Govt. approved certificate& agreement copy, details to be enclosed with list of items in each category	
12	Quality control procedures adopted for Raw Material & Manufacturing process (please enclosed details)	
13	Lab test report (Govt. approved Lab) to be enclosed in the each supply	

14	Supply of Items with bar coding facility for billing details (available / not available)	
15	WHO / GMP certificate valid copy (if available)	
16	ISO 9001/any other qualifying criteria certificate (if available)	
17	US FDA/EU if any	
18	Already supplying to BHEL Unit, if any BHEL Unit specify	
19	List of Central Govt. Institutions / Central Public Sector Hospitals already being supplied	
20	Enclose Annexure with contact person Name, Phone No., Mobile No., & e-mail etc. for the above Hospitals	
21	Items under price control by NPPA / DPCO / Government of India to be indicated in Technical bid	
22	Approval copy for Manufacturing / Marketing of the items quoted from Government	
23	Dealer for BHEL Hospital Trichy-620 014 Contact Person: Name, Ph. No., Mob. No., e-mail, Fax etc.	
24	Dealer for BHEL Hospital / Ranipet-632 406 Contact Person: Name, Ph. No., Mob. No., e-mail, Fax etc.	

ANNEXURE - II

QUALIFYING CRITERIA

1. Vendor must be already supplying Medicines to any one Central Public Sector undertaking (CPSU) / Central Government Institution.
2. Vendor shall submit the list of such CPSU / Central Govt. Institutions to whom Medicines are already supplied.
3. Vendor shall enclose Purchase order copies for past 3 years with respect to supply for CPSU / Central Government Institutions.
4. The total value of the above PO's for the last 3 years shall be not less than 2 Crores. Vendors who fulfil the above conditions only will be qualified for the contract.
5. Vendor shall enclose the past three years Balance sheet copies (2013 – 14, 2014 – 15, 2015 – 16) duly certified by auditors along with income tax return forms for the above three years must be submitted.
6. Vendors should not offer Generic Medicines / Branded Generic Medicines.
7. The vendor if filnalised for the contract must agree for executing a BANK GUARANTEE / SECURITY DEPOSIT for a value of 10% of the total contract value finalised for that particular vendor.

ANNEXURE III

BHARAT HEAVY ELECTRICALS LIMITED
TIRUCHIRAPALLI-620 014
MEDICAL DEPARTMENT

TELE: 0431-2574272, 2573905, 2571958 & 2553348, FAX: 0431-2553222E-mail: dgopi@bheltry.co.in, medpur@bheltry.co.in, medstores@bheltry.co.in
medsurstores1@bheltry.co.in

REF: BHE/MED/STR/2016-2017/ DRUGS/ RC DT: 12.10.2016

THIS IS ONLY A REQUEST FOR QUOTATION AND NOT AN ORDER. FAX / E-MAIL OFFERS WILL NOT BE CONSIDERED.

Dear Sir,

Sub: Request for Quotation for finalising Rate Contract for supply of medicines (RC) to BHEL Trichy & Ranipet for the Year 2016-2017.

******

We have great pleasure in inviting offers for entering into a Rate Contract, valid for one year from the date of finalising the contract, with a view to arrange for procurement of medicines required for BHEL Trichy & Ranipet. The list of medicines and also our tentative yearly requirement quantity in respect of each item is indicated in the schedule of items enclosed.

A. QUOTATION MUST COMPLY WITH THE TERMS & CONDITIONS LISTED BELOW:

1. The offer should only be for Branded Products against our Enquiry and shall be based on **"DOOR DELIVERY"** basis to our **MEDICAL STORES / BHEL Main Hospital, Trichy 620 014 & Ranipet 632 406 .**The Brand Name of the medicine shall be clearly mentioned in the offer.

2. Offers quoted shall be **"FIRM"** during the tenure of Rate Contract and **"NO ESCALATION"** in price shall be allowed. The price quoted shall be valid **"FIRM"** Inclusive of base price, ED, freight & insurance, F.O.R BHEL Medical Stores, Trichy/Ranipet. CST / VAT extra as applicable. In case any changes in taxes and duties as per Govt. Notification (including GST), the same shall be applicable from time to time.

3.

a. Offers for part quantity on item level basis are not acceptable to BHEL. Such partial offers will not be considered in our Enquiry for that Item. The vendors have to furnish their offers only for the items indicated in the schedule as per the instructions incorporated in the tender document.

b. Price to be quoted w.r.t. BHEL's UOM only all columns should be filled in the price bid format only.

Contd…2

c. OFFER VALIDITY:

Vendor shall specify the validity period of the offer submitted. In case the day up to which the tenders are to remain valid falls on / subsequently declared a holiday or closed day for the Purchaser, the tender validity shall automatically be extended up to the next working day.

4. Quotations sent by Telex, Mail & Fax will be ignored and rejected.

5. Voluntary quotation if any and late tenders will not be considered for further Processing.

6. In the event of reduction of prices, after the tender opening date/ during contract Period (as per new Drug Policy to be introduced by Govt. of India wherein prices of certain drugs may be slashed down), the benefit should be passed on to the Buyer.

7. Please identify a person in your company with full correspondence Address,

Telephone No, Mobile No, Fax No, and e-mail ID for any clarification and Correspondence as per enclosed **Annexure.**

8. Please indicate your respective Local supply point's full correspondence address with Contact person name, Telephone No, Mobile No, Fax No, and e-mail ID, who are responsible for supply, billing, execution and receipt of payment for BHEL Hospital Trichy 620 014 and Ranipet 632 406 respectively as per enclosed **Annexure .** In case, there is no Local supply Points in our listed locations Trichy / Ranipet, other nearest addresses from which material shall be delivered to be given.

9. Rate contract will be entered into by BHEL with finalized vendors as per BHEL Terms and conditions for the identified items. After finalizing the Rate contract, Purchase orders will be released based on the Rate contract as per requirement.

10. The supplier/dealer shall acknowledge the receipt of purchase order through E-mail within a week.

11. The supplier/dealer should inform the status of the Purchase Order within 15 days.

12. Normal expiry date of all the drugs should be minimum one year at the time of Supply. Vendor will have to replace in the event of all the near expiry drugs. Your quotation should specify clearly the shelf-life of each drug.

13. **L.D Clause:** In case of failure in supply by the Bidder as per schedule, a penalty @ ½% per week for undelivered portion shall be deducted subject to a maximum of 10% of Total purchase order value from the bills during payment.

Contd….3

14. **Risk Purchase Clause:** If items are not supplied beyond the purchase order delivery date, in case of emergency, BHEL will procure the same items through alternative sources, the difference in price will be recovered from vendor's pending bills.

15. 100% payment shall be made within 60 days after receipt of items at BHEL's stores Trichy/ Ranipet and acceptance of medicines based on original / copy of self-attested Lab batch test reports.

16. Original / copy of self-attested Lab Batch test reports are to be furnished along with consignment of medicines. Acceptance of medicines / payment of above Consignment are to be made only after receipt of above test reports.

17. **The delivery period shall be 45 days from Purchase Order date**.

18. The supply of medicines shall be as per terms below:

    (a) Material shall be booked on door delivery basis with freight paid
    (b) Insurance is to be arranged by supplier from the place of dispatch to the Destination.

19. Centralized Purchase (CP) for all BHEL units will be finalized by BHEL/Hyderabad during the year 2016-17. Any item in this Contract (RC), if finalized subsequently in CP contract 2016-17 (BHEL/Hyderabad) that item automatically stands cancelled from this contract.

B. GENERAL TERMS & CONDITIONS:

1. In case of any dispute arises out of this contract, the decision of Medical Superintendent of BHEL / Trichy shall be final and binding on all the parties.

2. BHEL reserves the right to randomly select any drug sample from the batch and get it analyzed from a recognized laboratory at BHEL cost. In case of any discrepancy, concerned vendor's name will be deleted from the approved vendor list.

3. Frequent changes in local supplying agency is not acceptable. Not more than Changes shall be allowed during the tenure of the Rate Contract.

4. Supply quantity variation of plus / minus (+/-) 20% of PO quantity shall be Allowed. This is under the discretion of competent authorities of BHEL.

5. Literature / catalogues shall be attached with the offer.

6. Proper packing to be ensured and material shall be stamped as "**BHEL SUPPLY, NOT FOR SALE"**

7. No "**C**" or "**D**" form declaration can be furnished by BHEL.

Contd…4

8. **Evaluation:**

a) The price bid of the technically acceptable offers alone shall be opened and the Offers will be evaluated on the basics of total cost to BHEL.

b) BHEL reserves the right to increase or decrease the tendered quantity.

c) BHEL reserves the right to negotiate the rates/other commercial terms and conditions or refloat any of the items in the tender, if L1 rate is not the lowest acceptable rate to BHEL inter-alia other reasons.

d) BHEL reserves the right to distribute the tendered quantity to one or more vendors based on requirement. BHEL may counter offer the L1 finalized rate to other vendors based on the tender Ranking L1, L2, L3 etc. (except H1 Vendor-Highest bidder) based on requirement and split the tendered quantity among more than one vendor and place order accordingly in any proportion, based on commitment/ requirement and supplier's capacity in terms of delivery and quality.

e) The offer will be evaluated total cost to BHEL.

9. BHEL reserves the right to terminate the Rate Contract at any point of time without assigning any reasons there-of.

10. The Agents / Distributors submitting Quotations on behalf of their Principal to whom this Enquiry is sent, shall enclose a letter of authorization from their principal, specifying the enquiry reference.

11. In case there is any merger / take over / change of address during the course of Proposed Rate Contract, it is the duty of the supplier to inform BHEL accordingly with proper documentary evidence, by both the parties, so that suitable amendments can be done.

12. Once Rate Contract is finalized, for any failure to supply the items against Purchase Orders the Placed under Rate Contract, appropriate action will be taken including deletion of the vendor from BHEL vendor list.

13. 1 Original and 2 copies of Invoices/bills are to be sent along with the consignment while dispatching the materials. Supply without invoices will not be accounted and payment processing will not be done.

14. All supply Invoices shall be accounted and sent for payment within 15 days from the date of receipt of supply. Any clarifications/corrections in the invoices, should be settled within 15 days from the date of goods receipt.

Contd…5

15. **Integrity pact**:

a) Signed Integrity Pact (IP) should be furnished along with the offer. IP would be signed by authorized official of the bidder/vendor/Contractor.

Offer without signed integrity pact (IP) shall be rejected. Copy of IP format is enclosed. This tender will be monitored by independent external monitor (IEM) for information only.

b) IP is a tool to ensure that activities and transactions between the company and its Bidders/Contractors are handled in a fair, transparent and corruption free manner. A panel of independent External Monitors (IEMs) have been appointed to oversee implementation of IP IN BHEL.

The IP as enclosed with the tender is to be submitted (duly signed by authorized signatory who signs in the offer) along with techno-commercial bid. Only those bidders who have entered into such an IP with BHEL would be competent to participate in the bidding. In other words, entering into this pact would be a preliminary qualification.

Details of IEM for this tender is furnished below:

NAME : Shri. V.V.R Sastry, Ex-CMD/BEL

Address: 957, 9th Main, 3 Stage, 3 Block,

Basaveswaranagar. Bangalore – 560 079

Phone : +91 80 23225150

Email : sastryvvr@gmail.com

c) Please refer section -8 of the IP for Role and Responsibilities of IEMs. In case of any complaint arising out of the tendering process. The matter may be referred to the IEM mentioned in the tender.

No routine correspondence shall be addressed to the IEM (phone /post/email) regarding the clarifications, time extensions or any other administrative queries etc. On the tender issued. All such clarifications /issues shall be addressed directly to the tender (procurement) department.

16. **Bank Guarantee:**

The bidder in the event of finalization of contract, should furnish a Bank Guarantee from BHEL's consortium Banks or counter guarantee by Vendor's Bank to BHEL's consortium banks, at no extra cost to BHEL, in a Performa prescribed by BHEL, provided along with the Contract awarding letter, for an amount equivalent to **10% (Ten percent)** of the total value of the contract finalised for the Vendor. The Bank Guarantee shall be valid for the total period of contract from the date of entering into contract with BHEL. Any deviation to this may lead to rejection of the offer.

Contd…6

17. **Fraud Prevention Policy:** "The Bidder along with its associate / collaborators/sub-contractors/sub-vendors/ consultants/ service providers shall strictly adhere to BHEL Fraud Prevention Policy displayed on BHEL website http://www.bhel.com and shall immediately bring to the notice of BHEL Management about any fraud or suspected fraud as soon as it comes to their notice.

18. ANY CHANGES TO SUPPLIER'S QUOTATION IF INTIMATED AFTER TENDER OPENING WILL NOT BE CONSIDERED.

C. SUBMISSION OF OFFERS:

1. Offer shall be submitted as **Technical Bid and Price Bid** separately.

2. Technical Bid and Price Bid should be sealed by the tenderer in separate covers duly super scribed and both sealed covers are put in a bigger cover which should also sealed.

3. The information like our **NIT.NO** and **Tender due date** are to be super scribed clearly on the covers.

4. **OPEN TENDER OF RATE CONTRACT FOR PROCUREMENT OF MEDICINES FOR THEYEAR 2016-2017 FOR BHEL HOSPITAL TRICHY/RANIPET** shall be also written as Title on the cover.

5. In case of all the annexures not enclosed as above, the **offer will be considered as incomplete and liable for rejection.**

6. An Agreement has to be executed by the selected vendors, for the supply of items in this Rate contract, if finalized for that vendor.

7. Your offer should be addressed to

   DGM/MEDICAL/STORES & ADMIN.
   BHEL MAIN HOSPITAL
   KAILASAPURAM
   TRICHY - 620 014 (TAMIL NADU)

8. Please ensure that your quotation reaches the above address on or before **at 12.00 Hrs.** on the notified tender opening date and Offers will be opened on the same date **at 14.00 Hrs.** Representatives from suppliers will be allowed for tender opening with authorized letter/Company ID.

Contd…7

9. After finalization of contract, BHEL Terms & Conditions given in clause A& B shall be neatly typed on **Rs.100/-** value **Bond Paper** and duly signed and stamped on all the pages in person in the office of DGM/Stores/BHEL Main hospital for the acceptance of the same. Two copies of this agreement bond shall be prepared (one copy to BHEL & one copy to vendor) the contract will be entered into with the vendor only after signing the Agreement. After that only Purchase Orders will be released.

Yours faithfully,
For BHEL Heavy Electricals Ltd.

R.D.GAUPIY SUNDER
DGM/Medical (Stores & Admin.)

I. VENDOR SHALL FILL AND SIGN & STAMP THE FOLLOWING ANNEXURES WITH TECHNICAL BID.

01. VENDOR DETAILS WITH (SUPPORTING DOCUMENTS)

02. QUALIFYING CRITERIA

03. TERMS AND CONDITIONS

04. INTEGRITY PACT

05. PERFORMANCE BANK GUARANTEE FORMAT

06. TECHNICAL BID FORMAT DULY FILLED

II. PRICE BID FORMAT DULY FILLED, SIGNED & STAMPED BY AUTHORISED SIGNITARY OF THE COMPANY.

ANNEXURE - IV

INTEGRITY PACT

Between

Bharat Heavy Electricals Ltd. (BHEL), a company registered under the Companies Act 1956 and having its registered office at "BHEL House", Siri Fort, New Delhi – 110049 (India) hereinafter referred to as "The Principal", which expression unless repugnant to the context or meaning hereof shall include its successors or assigns of the ONE PART

and

_____, (description of the party along with address), hereinafter referred to as "The Bidder/ Contractor" which expression unless repugnant to the context or meaning hereof shall include its successors or assigns of the OTHER PART

Preamble

The Principal intends to award, under laid-down organizational procedures, contract/s for _____

_____

_____. The Principal values full compliance with all relevant laws of the land, rules and regulations, and the principles of economic use of resources, and of fairness and transparency in its relations with its Bidder(s)/ Contractor(s).

In order to achieve these goals, the Principal will appoint Independent External Monitor(s), who will monitor the tender process and the execution of the contract for compliance with the principles mentioned above.

Section 1 – Commitments of the Principal

1.1 The Principal commits itself to take all measures necessary to prevent corruption and to observe the following principles:-

1.1.1 No employee of the Principal, personally or through family members, will in connection with the tender for, or the execution of a contract, demand, take a promise for or accept, for self or third person, any material or immaterial benefit which the person is not legally entitled to.

1.1.2 The Principal will, during the tender process treat all Bidder(s) with equity and reason. The Principal will in particular, before and during the tender process, provide to all Bidder(s) the same information and will not provide to any Bidder(s) confidential / additional information through which the Bidder(s) could obtain an advantage in relation to the tender process or the contract execution.

1.1.3 The Principal will exclude from the process all known prejudiced persons.

1.2 If the Principal obtains information on the conduct of any of its employees which is a penal offence under the Indian Penal Code 1860 and Prevention of Corruption Act 1988 or any other statutory penal enactment, or if there be a substantive suspicion in this regard, the Principal will inform its Vigilance Office and in addition can initiate disciplinary actions.

Section 2 – Commitments of the Bidder(s)/ Contractor(s)

2.1 The Bidder(s)/ Contractor(s) commit himself to take all measures necessary to prevent corruption. He commits himself to observe the following principles during his participation in the tender process and during the contract execution.

2.1.1 The Bidder(s)/ Contractor(s) will not, directly or through any other person or firm, offer, promise or give to the Principal or to any of the Principal's employees involved

in the tender process or the execution of the contract or to any third person any material, immaterial or any other benefit which he / she is not legally entitled to, in order to obtain in exchange any advantage of any kind whatsoever during the tender process or during the execution of the contract.

2.1.2 The Bidder(s)/ Contractor(s) will not enter with other Bidder(s) into any illegal or undisclosed agreement or understanding, whether formal or informal. This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non-submission of bids or any other actions to restrict competitiveness or to introduce cartelization in the bidding process.

2.1.3 The Bidder(s)/ Contractor(s) will not commit any penal offence under the relevant IPC/ PC Act; further the Bidder(s)/ Contractor(s) will not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Principal as part of the business relationship, regarding plans, technical proposals and business details, including information contained or transmitted electronically.

2.1.4 The Bidder(s)/ Contractor(s) will, when presenting his bid, disclose any and all payments he has made, and is committed to or intends to make to agents, brokers or any other intermediaries in connection with the award of the contract.

2.2 The Bidder(s)/ Contractor(s) will not instigate third persons to commit offences outlined above or be an accessory to such offences.

Section 3 – Disqualification from tender process and exclusion from future contracts

If the Bidder(s)/ Contractor(s), before award or during execution has committed a transgression through a violation of Section 2 above, or acts in any other manner such as to put his reliability or credibility in question, the Principal is entitled to disqualify the Bidder(s)/ Contractor(s) from the tender process or take action as per the separate "Guidelines on Banning of Business dealings with Suppliers/ Contractors". framed by the Principal.

Section 4 – Compensation for Damages

4.1 If the Principal has disqualified the Bidder from the tender process prior to the award according to Section 3, the Principal is entitled to demand and recover the damages equivalent Earnest Money Deposit/Bid Security.

4.2 If the Principal has terminated the contract according to Section 3, or if the Principal is entitled to terminate the contract according to section 3, the Principal shall be entitled to demand and recover from the Contractor liquidated damages equivalent to 5% of the contract value or the amount equivalent to Security Deposit/Performance Bank Guarantee, whichever is higher.

Section 5 – Previous Transgression

5.1 The Bidder declares that no previous transgressions occurred in the last 3 years with any other company in any country conforming to the anti-corruption approach or with any other Public Sector Enterprise in India that could justify his exclusion from the tender process.

5.2 If the Bidder makes incorrect statement on this subject, he can be disqualified from the tender process or the contract, if already awarded, can be terminated for such reason.

Section 6 – Equal treatment of all Bidders/ Contractors/ Sub-contractors

6.1 The Bidder(s)/ Contractor(s) undertake(s) to obtain from all subcontractors a commitment consistent with this Integrity Pact and report Compliance to the Principal. This commitment shall be taken only from those sub-contractors whose contract value is more than 20 % of Bidder's/ Contractor's contract value with the Principal. The Bidder(s)/ Contractor(s) shall continue to remain responsible for any default by his Sub-contractor(s).

6.2 The Principal will enter into agreements with identical conditions as this one with all Bidders and Contractors.

6.3 The Principal will disqualify from the tender process all bidders who do not sign this pact or violate its provisions.

Section 7 – Criminal Charges against violating Bidders/ Contractors /Sub-contractors

If the Principal obtains knowledge of conduct of a Bidder, Contractor or Subcontractor, or of an employee or a representative or an associate of a Bidder, Contractor or Subcontractor which constitutes corruption, or if the Principal has substantive suspicion in this regard, the Principal will inform the Vigilance Office.

Section 8 –Independent External Monitor(s)

8.1 The Principal appoints competent and credible Independent External Monitor for this Pact. The task of the Monitor is to review independently and objectively, whether and to what extent the parties comply with the obligations under this agreement.

8.2 The Monitor is not subject to instructions by the representatives of the parties and performs his functions neutrally and independently. He reports to the CMD, BHEL.

8.3 The Bidder(s)/ Contractor(s) accepts that the Monitor has the right to access without restriction to all contract documentation of the Principal including that provided by the Bidder(s)/ Contractor(s). The Bidder(s)/ Contractor(s) will grant the monitor, upon his request and demonstration of a valid interest, unrestricted and unconditional access to his contract documentation. The same is applicable to Sub-contractor(s). The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/ Contractor(s) / Sub-contractor(s) with confidentiality.

8.4 The Principal will provide to the Monitor sufficient information about all meetings among the parties related to the contract provided such meetings could have an impact on the contractual relations between the Principal and the Contractor. The parties offer to the Monitor the option to participate in such meetings.

8.5 As soon as the Monitor notices, or believes to notice, a violation of this agreement, he will so inform the Management of the Principal and request the Management to discontinue or take corrective action, or heal the situation, or to take other relevant action. The Monitor can in this regard submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action or tolerate action.

8.6 The Monitor will submit a written report to the CMD, BHEL within 8 to 10 weeks from the date of reference or intimation to him by the Principal and, should the occasion arise, submit proposals for correcting problematic situations.

8.7 The CMD, BHEL shall decide the compensation to be paid to the Monitor and its terms and conditions.

8.8 If the Monitor has reported to the CMD, BHEL, a substantiated suspicion of an offence under relevant IPC / PC Act, and the CMD, BHEL has not, within reasonable time, taken visible action to proceed against such offence or reported it to the Vigilance Office, the

Monitor may also transmit this information directly to the Central Vigilance Commissioner, Government of India.

8.9 The number of Independent External Monitor(s) shall be decided by the CMD, BHEL.

8.10 The word 'Monitor' would include both singular and plural.

Section 9 – Pact Duration

9.1 This Pact begins and shall be binding on and from the submission of bid(s) by bidder(s). It expires for the Contractor 12 months after the last payment under the respective contract and for all other Bidders 6 months after the contract has been awarded.

9.2 If any claim is made / lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified as above, unless it is discharged/ determined by the CMD, BHEL.

Section 10 – Other Provisions

10.1 This agreement is subject to Indian Laws and jurisdiction shall be registered office of the Principal, i.e. New Delhi.

10.2 Changes and supplements as well as termination notices need to be made in writing. Side agreements have not been made.

10.3 If the Contractor is a partnership or a consortium, this agreement must be signed by all partners or consortium members.

10.4 Should one or several provisions of this agreement turn out to be invalid, the remainder of this agreement remains valid. In this case, the parties will strive to come to an agreement to their original intentions.

10.5 Only those bidders/ contractors who have entered into this agreement with the Principal would be competent to participate in the bidding. In other words, entering into this agreement would be a preliminary qualification.

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For & On behalf of the Principal	For & On behalf of the Bidder/ Contractor
(Office Seal)	(Office Seal)

Place----------

Date----------

Witness: _____	Witness: _____
(Name & Address) _____	(Name & Address)_____
_____	_____

ANNEXURE - V

(TO BE STAMPED IN ACCORDANCE WITH STAMP ACT AND THE EXPIRY DATE OF BG MUST BE AFTER 60 DAYS FROM THE DATE OF COMPLETION OF WARRANTY PERIOD)

PERFORMANCE BANK GUARANTEE

In accordance of M/s. Bharat Heavy Electricals Limited (A Government of India undertaking, a company incorporated under the Companies Act 1956 having its Registered Office at "BHEL House", SIRI Fort, New Delhi 110 049) through its High Pressure Boiler Plant Division located at Tiruverumbur, Tiruchirapalli- 620 014 (hereinafter called 'the Company') having entered into a contract with …….hereinafter called ' the said contractor ' which term includes 'suppliers' for the purpose of this Bond and under the terms and conditions of the contract No.……. Dt ……. Between BHEL, Trichy and as per the contract, the contractor / supplier is to furnish a performance Bank guarantee for Rs. ……. for the due performance of the equipment to be supplied under the above referred contract and for the fulfillment of all the terms and conditions of the contract, We …….(indicate the name of the bank) (herein after referred to as the bank) at the request of …….. (Contractor(s)) do here by undertake to pay the company an amount not exceeding Rs…….against any loss or damage caused to or suffered or would be caused to or suffered by the company by reason of any breach by the said contractor (s) of any of the terms and conditions contained in the said agreement.

2. We …….(indicate the name of the bank with full address), do hereby undertake to pay the amounts due and payable under this guarantee without any demur, merely on a demand from the Company stating that the amount claimed is due by way of loss or damage caused to or would be caused to or suffered by the Company by reason of breach by the said Contractor(s) of any of the terms and conditions contained in the said Agreement or by the reason of the contractor(s) 'failure to perform' the said agreement. Any such demand made on the Bank shall be conclusive as regards the amount due and payable by the Bank under this guarantee. However, our liability under this guarantee shall be restricted to an amount not exceeding Rs._____.

3. We undertake to pay unconditionally to the Company any money so demanded notwithstanding any dispute(s) raised by the Contractor in any suit, or proceedings pending before any Court or Tribunal or Arbitration or before any other authority relating thereto our liability under this present being absolute and unequivocal. The payment under this guarantee would not wait till the disputes have been decided by any Court or Tribunal or in the arbitration proceedings or by any other authority. The payment so made by us under this Bond shall be a valid discharge of liability for payment thereunder and the Contractor(s) shall have no claim against us for making such payment.

4. We…….(indicate the name of Bank), further agree that the guarantee herein contained shall remain in full force and effect during the period that would be taken for the performance of the said Agreement and that it shall continue to be enforceable till all the dues of the Company under or by virtue of the said Agreement have been fully paid and its claims satisfied or discharged or till_____Office / Department/ Division of the Company certifies that the terms and conditions of the said Agreement have been fully and properly carried out by the said Contractor(s) and accordingly discharges this guarantee.

5. (I) Unless a demand or claim under this guarantee is made on us in writing on or before the _____we shall be discharged from all the liability under this guarantee thereafter. But where such claim or demand has been preferred by the Company with the Bank before the expiry of the said date, the claim shall be enforceable notwithstanding the fact that the said enforcement is effected after the said date.

(ii) For the purpose of this clause, any letter making demand on the Bank by M/s. BHEL dispatched by Registered Post with Ack.Due or by Telegram or by any Electronic media addressed to the above mentioned address of the Bank shall be deemed to be the claim / demand in writing referred to above irrespective of the fact as to whether and when the said letter reaches the Bank, as also any letter containing the said demand or claim is lodged with the bank personally.

6. We ……..(indicate the name of Bank), further agree with the company that the Company shall have the fullest liberty without our consent and without affecting in any manner our obligations hereunder to vary any of the terms and conditions of the said agreement or to extend time of performance by the said Contractor (s) from time to time or to postpone for any time or from time to time any of the powers exercisable by the Company against the said Contractor(s) and to forbear or enforce any of the terms and conditions relating to the said Agreement and we shall not be relieved from our liability by any reason of any such variation or extension being granted to the said Contractor(s) or for any forbearence, act or omission on the part of the company or any indulgence by the company to the said Contractor(s) or by any such matter or thing whatsoever which under the law relating would, but for this provision, have effect of not so relieving us.

7. This guarantee will not be discharged due to the change in the constitution of the Bank or the Contractor(s).

8. It shall not be necessary for the company to proceed against the contractor before proceeding against the guarantor-bank and the guarantee herein contained shall be enforceable against them notwithstanding any security, which the company may have obtained or obtain from the Contractor shall, at the time when proceedings are taken against the guarantor hereunder be outstanding or unrealised.

9. Any claim or dispute arising under the terms of this document shall only be enforced or settled in the Courts at Tiruchirapalli.

10. The guarantor hereby declare that it has power to execute this guarantee and the executant has full powers to do so on its behalf under the proper authorities granted to him/them by the guarantor.

11. We ……(indicate the name of Bank) lastly undertake not to revoke this guarantee during its currency except with the previous consent of the company in writing.

In witness whereof we…….., (indicate the name of Bank) have hereunto setout Bank Seal the_____day _____month 200
BANK E-MAIL ID:
BANK PHONE NO.
BANK FAX NO:

TECHNICAL BID FORMAT -ANNEXURE VI

1	2	3	4	5	6	7	8	9	10	11	12	13	14
SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	SUPPLIER BRAND NAME	OWN MFG/LOAN LICENCE/MARKETED/IMPORTED ANY OTHER VENDOR TO SPECIFY	SUPPLY PACK SIZE	CONFIRM TO /IP/BP/USP/ANY OTHER VENDOR TO SPECIFY	NPPA/DPCO/PRICE CONTROL APPLICABLE (YES OR NO)	PATENTED DRUG (YES/NO)	SHELF LIFE	QUOTED NOT QUOTED
1	010001NI	METRONIDAZOLE 5 MG / ML 100 ML	INJECTION	PER 100 ML	10000								
2	359009ND	DROPS.DIFLUPRONATE 0.05% EYE DROPS-5ML	DROPS	PER 5 ML	10000								
3	020002NT	HYDROXY CHLOROQUINE 200 MG	TABLET	PER TAB	70000								
4	344502AO	CLOBETASOL+SALICYLIC ACID 6.5% 20 GM	OINTMENT	PER 20 GM	12500								
5	031001NL	ALBENDAZOLE 200 MG / 5 ML 10 ML	LIQUID	PER10 ML	5500								
6	349004AO	24 % SALICYLIC ACID 25 GM	OINTMENT	PER 25 GM	5000								
7	031001NT	ALBENDAZOLE 400 MG	TABLET	PER TAB	11000								
8	244001NT	NICOUMALONE 1 MG	TABLET	PER TAB	160000								
9	032001NT	DIETHYLCARBAMAZINE CITRATE 100 MG	TABLET	PER TAB	120000								
10	371106AI	ZOLEDRONIC ACID 04 MG VIAL	INJECTION	PER VIAL	200								
11	032002NT	COUMARAINE 200MG	TABLET	PER TAB	100000								
12	427001NI	PLACENTAL EXTRACT -/0.1GM/ML-2ML	INJECTION	PER AMP	4000								
13	244001AT	NICOUMALONE 2 MG	TABLET	PER TAB	20000								
14	050002AT	FLUCONAZOLE 50 MG	TABLET	PER TAB	5000.00								
15	082827NI	CLINDAMYCIN 150 MG/ ML 2ML PACK	INJECTION	PER AMP	1500								
16	050004NO	TERBINAFINE CREAM 1% 15GM	OINTMENT	PER 15 GM	2100								
17	451002NL	GLYCERINE 450 GM	LIQUID	PER 450 GM	1350								
18	050004NT	TERBINAFINE 250 MG	TABLET	PER TAB	11000								
19	282001NI	HYDROCORTISONE SODIUM SUCCINATE INJ 100 MG/2ML	INJECTION	PER AMP	2000								
20	082104BI	BENZATHINE PENICILLIN 12 L	INJECTION	PER VIAL	3000								
21	349003AO	KOJIC ACID+ARBUTIN+LACTIC ACID 25GM CREAM	OINTMENT	PER 25 GM	750								
22	082201CI	AMPICILLIN 500 MG	INJECTION	PER VIAL	20000								
23	130004AT	CHONDROITIN SULPHATE 100 MG+GLUCOSAMINE SULPHATE 750+BOSEWELIC ACID 200 MG	TABLET	PER TAB	20000								
24	082202BT	AMPICILLIN 250+CLOXACILLIN 250	TABLET	PER TAB	125000								
25	451010AL	SURGICAL SPIRIT 400 ML	LIQUID	PER 400 ML	1800								
26	082204AT	AMOXYCILLIN 125 MG KID	TABLET	PER TAB	105000								
27	344105NO	LACTIC ACID 10%+UREA 10% CREAM -50 GM	OINTMENT	PER 50 GM	2600								

TECHNICAL BID FORMAT -ANNEXURE VI

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	SUPPLIER BRAND NAME	OWN MFG/LOAN LICENCE/MARKETED/IMPORTED ANY OTHER VENDOR TO SPECIFY	SUPPLY PACK SIZE	CONFIRM TO /IP/BP/USP/ANY OTHER VENDOR TO SPECIFY	NPPA/DPCO/PRICE CONTROL APPLICABLE (YES OR NO)	PATENTED DRUG (YES/NO)	SHELF LIFE	QUOTED NOT QUOTED
28	082205NL	AMOXYCILLIN 200 +CLAVONIC ACID28.5 MG / 5 ML (SYRUP) 30ML	LIQUID	PER 30 ML	16000								
29	349005NO	TACROLIMUS OINT 0.03% 10 GM	OINTMENT	PER 10 GM	1300								
30	082302NT	DOXYCYCLINE 100 MG	TABLET	PER TAB	82000								
31	286006NI	HUMAN CHORIONIC GONADOTROPHIN 5000UNITS	INJECTION	PER AMP	325								
32	082401NT	CHLORAMPHENICOL 250 MG	TABLET	PER TAB	25000								
33	349005AO	TACROLIMUS 0.5% CREAM 10 GM	OINTMENT	PER 10 GM	1000								
34	082503NT	AZITHROMYCIN 250 MG	TABLET	PER TAB	20000								
35	246002NT	GEMFIBROZIL 300 MG	TABLET	PER TAB	20000								
36	082601NI	GENTAMICIN 80 MG/2 ML	INJECTION	PER AMP	20000								
37	390010NI	DISTILLED WATER - 10 ML	INJECTION	PER AMP	25000								
38	082701NI	CIPROFLOXACIN 200 MG/100 ML	INJECTION	PER 100 ML	2000								
39	281407AT	LINAGLIPTIN 5MG	TABLET	PER TAB	25000								
40	082206NL	AMOXYCILLIN +CLAVULANIC ACID DROPS 10ML	LIQUID	PER 10 ML	1000								
41	082704CT	OFLOXACIN 200+ ORNIDAZOLE 500MG	TABLET	PER TAB	30000								
42	050003NL	KETAKONAZOLE 2% SOLU 100 ML	LIQUID	PER 100 ML	1000								
43	342002BL	CLOTRIMAZOLE 1%+SELENIUM DISOLEFIDE 2.5 LOTION 60 ML	LIQUID	PER ML	1000								
44	082704NO	OFLOXACIN EYE OINTMENT-0.3% -5 GM	OINTMENT	PER 5 GM	1500								
45	353104NP	NEOSPORIN POWDER 10GM	POWDER	PER 10 GM	2200								
46	255005NI	CITYCHOLINE 500MG/4ML	INJECTION	PER AMP	500								
47	082706ND	GATIFLOXACIN EYE DROPS 0.3% W/V 5ML	DROPS	PER 5 ML	2000								
48	286010NS	LEVANORGSTEROL INTRA UTERINE	SOLID	PER DEVICE	10								
49	082801AT	CEPHALEXIN KIDS 125 MG	TABLET	PER TAB	30000								
50	180003NT	PINAVERIUM BROMIDE 50 MG	TABLET	PER TAB	5000								
51	082801BT	CEPHALEXIN 250 MG	TABLET	PER TAB	125000								
52	344102NL	BETAMETHASONE SCALP APPLICATION 30 ML	LIQUID	PER 30 ML	1200								
53	082801NL	CEPHALEXIN 125MG/5 ML -100 ML	LIQUID	PER 100 ML	1000								
54	082812CT	CEFACLOR 750 MG	TABLET	PER TAB	2000								
55	082813AL	CEFPODOXIM 50MG/5 ML--30ML BOTTLE	LIQUID	PER 30 ML	7000								

TECHNICAL BID FORMAT -ANNEXURE VI

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56	282007NI	METHYL PREDNISOLINE -SOLUBLE(SOLUMEDROL) 0.5 GM	INJECTION	PER AMP	100								
57	082814NT	CEFPROZIL 250 MG	TABLET	PER TAB	10000								
58	315203NT	VITAMIN B2 10 MG(RIBOFLAVINE 10MG)	TABLET	PER TAB	30000								
59	082822BI	CEFTAZIDIME 1 GM	INJECTION	PER VIAL	1000								
60	082837AT	FAROPENAM 200MG	TABLET	PER TAB	1000								
61	082824NI	CEFTRIAXONE 1000 MG	INJECTION	PER VIAL	3000								
62	082829NT	LINEZOLID 600 MG	TABLET	PER TAB	3000								
63	082825NI	CEFPIROME 1 GM	INJECTION	PER VIAL	2000								
64	255006AT	BACLOFEN 30MG	TABLET	PER TAB	2500								
65	082831NI	PIPERCILLIN 4GM+ TAZOBACTUM 0.5 GM	INJECTION	PER VIAL	3000								
66	351006AD	DORZOLAMIDE 2% EYE DROPS-5 ML	DROPS	PER 5 ML	500								
67	082832AI	MEROPENOM 500 MG	INJECTION	PER VIAL	500								
68	282007NT	METHYLPREDNISOLONE 4 MG	TABLET	PER TAB	10000								
69	082832NI	MEROPENAM 1 GM	INJECTION	PER VIAL	2000								
70	348005NO	ADAPALENE GEL 0.1% 15 GM	OINTMENT	PER 15 GM	1200								
71	082834NI	IMIPENEM 500MG + CILASTIN 500MG	INJECTION	PER VIAL	1000								
72	451003AL	ICHAMMOL GLYCERIN 450ML	LIQUID	PER 450 ML	200								
73	082835AL	CEFIXIME 50MG/5M-30 ML	LIQUID	PER 30 ML	1000								
74	305001NT	PHENAZOPYRIDINE 200MG	TABLET	PER TAB	9000								
75	082835NL	CEFIXINE DROPS 25MG/ML-10ML	LIQUID	PER 10 ML	1000								
76	344109NO	GLYCOLIC ACID 6% CREAM - 30 GM TUBE	OINTMENT	PER 30 GM	450								
77	082835NT	CEFIXIME 200MG	TABLET	PER TAB	45000								
78	234006NT	LISNOPRIL 2.5MG	TABLET	PER TAB	20000								
79	082838NT	PRULIFLOXACIN 600 MG	TABLET	PER TAB	2000								
80	349001NL	MOMETASONE FUROATE SCALP APPLICATION 30 ML	LIQUID	PER 30 ML	1000								
81	091003AL	BUPRINORPHINE TRANSDERMAL PATCH 10 MCG/H	LIQUID	PER VIAL PATCH	150								
82	384002BI	MIDAZOLAM 10 ML VIAL	INJECTION	PER VIAL	1000								
83	348005AO	ADAPNENE 0.1%+CLINDAMYCIN 1% 15GM	OINTMENT	PER 15 GM	450								

TECHNICAL BID FORMAT -ANNEXURE VI

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84	349012NO	PAPAIN PLUS UREA GEL 15 GM	OINTMENT	PER 15 GM	350								
85	091005NT	TRAMODOL 37 MG + PARACETAMOL 325 MG	TABLET	PER TAB	100000								
86	221201NL	ENEMA DISPOSABLE 100ML	LIQUID	PER 100 ML	1200								
87	349013NO	DESONIDE 0.05% 10 GM	OINTMENT	PER 10 GM	1000								
88	092002AL	PARACETAMOL SUSPENSION 125MG/5ML--60ML	LIQUID	PER 60 ML	5000								
89	082201BT	AMPICILLIN 250MG	TABLET	PER TAB	25000								
90	092002AT	ACETAMINOPHEN 125 MG	TABLET	PER TAB	100000								
91	070003NT	PYRAZINAMIDE 500 MG	TABLET	PER TAB	8000								
92	092002BI	INJ.PARACETAMOL 1000 MG	INJECTION	PER VIAL	3000								
93	314201NT	CALCIUM CARBONATE	TABLET	PER TAB	100000								
94	092002BL	ACETAMINOPHEN 250 MG/5ML-60 ML	LIQUID	PER 60 ML	8000								
95	271202NL	HYDROXYETHYL THEOPHYLLINE 200 ML	LIQUID	PER 200 ML	1000								
96	092002ND	ACETAMINOPHEN DROPS 15ML	DROPS	PER 15 ML	2500								
97	330004NL	CETRIZINE SYRUB-30 ML	LIQUID	PER 30 ML	1600								
98	092002NI	ACETAMINOPHEN 150 MG/ML-2ML	INJECTION	PER AMP	35000								
99	264302BI	HALOPERIDOL 50MG/ML-DEPOT-1ML	INJECTION	PER AMP	200								
100	092002NL	ACETAMINOPHEN SUSPENSION 125 MG/5 ML 450 ML	LIQUID	PER 450 ML	2300								
101	342002CL	CLOTRIMAZOLE 1%+BECLOMETHASONE 0.025% 15 ML	LIQUID	PER 15 ML	1200								
102	100002NL	IBUPROFEN 100 MG + PARACETAMOL 162.5/5ML-60 ML	LIQUID	PER 60 ML	1000								
103	032003AL	IVERMECTIN LOTION	LIQUID	PER ML	1000								
104	100005NO	KETOPROFEN GEL 2.5%-30 GM	OINTMENT	PER 30 GM	1000								
105	349007NT	FAMCICLOVIR 250 MG	TABLET	PER TAB	1200								
106	100006NO	DICLOFENAC DIETHYLAMINE +CAPSACIN--30 GM	OINTMENT	PER 30 GM	1000								
107	010003AT	TINIDAZOLE 500 MG	TABLET	PER TAB	5000								
108	082827NT	CLINDAMYCIN 300 MG	TABLET	PER TAB	3000								
109	100007NI	DICLOFENAC SODIUM 25 MG/ML 3 ML	INJECTION	PER AMP	30000								
110	221201NP	POLYETYLENE GLYCOL+ELECTROLYTE POWDER	POWDER	PER PACK	200								
111	100008NT	MEFENAMIC ACID 250 MG	TABLET	PER TAB	50000								

TECHNICAL BID FORMAT -ANNEXURE VI

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112	347003NL	METHOSARLEN SOLUTION 25 ML	LIQUID	PER 25 ML	600								
113	110002NT	CHYMOTRIPSIN 1LACS UNITS OF ENZYME ,TRYPSIN	TABLET	PER TAB	65000								
114	232202CT	METOPROLOL 12.5MG TAB	TABLET	PER TAB	10000								
115	110003NT	ETORICOXIB 60 MG	TABLET	PER TAB	35000								
116	120001NO	METHEL SALICYLATE OINTMENTC 20 GM	OINTMENT	PER 20 GM	165000								
117	282006NI	METHYL PREDNISOLONE DEPOT - MEDROL 40MG/ML-2ML	INJECTION	PER AMP	400								
118	120003NT	ACECLOFENAC 100 MG	TABLET	PER TAB	675000								
119	453002NO	WHITE PETROLEUM JELLY 15 KG	OINTMENT	PER 15KG	10								
120	120004AT	ACECLOFENAC 100MG+ PARACETAMOL 325 MG	TABLET	PER TAB	80000								
121	381004NL	LIGNOCAINE 4% TOPICAL 30 ML	LIQUID	PER 30 ML	1000								
122	120006NT	SODIUM HYALURONATE 20 MG	TABLET	PER TAB	30000								
123	130003BT	CHONDROITIN SULPHATE 400MG + GLUCOSAMINE SULPHATE 500 MG	TABLET	PER TAB	50000								
124	343002NL	PERMETHRIN LOTION 5% 60 ML	LIQUID	PER 60 ML	750								
125	130006AT	PIROXICAM 20 MG	TABLET	PER TAB	20000								
126	383003NI	INJ.PRALIDOXIME-500MG(PAM)20ML	INJECTION	PER AMP	200								
127	130006NT	TIZANIDINE 2MG	TABLET	PER TAB	12000								
128	385005AI	ETOMIDATE EP 2 MG/10 ML VIAL	INJECTION	PER VIAL	100								
129	130007NT	GLUCOSAMINE 500 MG	TABLET	PER TAB	400000								
130	423001NL	HEALEX SPRAY - 100 GM	LIQUID	PER PACK	225								
131	130009NT	THIOCOLCHICOSIDE 4 MG	TABLET	PER TAB	60000								
132	130010AT	LORNOXICAM 8MG+PARACETAMOL 325 MG	TABLET	PER TAB	10000								
133	343001BL	GAMMA BENZENE HCL 100 ML	LIQUID	PER 100 ML	900								
134	130010NT	LORNOXICAM 8MG	TABLET	PER TAB	200000								
135	010001AL	NORMETROGYL SUSPENSION 60ML	LIQUID	PER 60 ML	500								
136	130011NT	GLUCOSAMINE 750 MG+DIACERIN 50 MG+MSM 250MG	TABLET	PER TAB	40000								
137	241006NT	THANK OD KIT	TABLET	PER TAB	150								
138	130012NT	SILODOSIN 4MG	TABLET	PER TAB	15000								
139	253007NT	ONDANCITRAN 4MG	TABLET	PER TAB	5000								

TECHNICAL BID FORMAT -ANNEXURE VI

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140	131001NT	FEBUXEOSTAT 40 MG	TABLET	PER TAB	30000								
141	070002NT	ETHAMBUTOL 400 MG	TABLET	PER TAB	12000								
142	131002NT	ALLOPURINOL 100 MG	TABLET	PER TAB	65000								
143	363008ND	SODIUM CHLORIDE 0.65% PEAD. NASAL DROPS.10 ML	DROPS	PER 10 ML	850								
144	131004NT	DICLOFENAC 50MG+ METAXALONE 400MG	TABLET	PER TAB	100000								
145	453001NO	ZINC OXIDE 450 GM OINT	OINTMENT	PER 450 GM	125								
146	140002AT	SIMETHICONE 140 MG	TABLET	PER TAB	60000								
147	349010AO	CALCIPOTRIOL OINT.3MCG/20 GM	OINTMENT	PER 20 GM	150								
148	140002NL	SUCRAFIL SUSPENSION 200ML	LIQUID	PER 200 ML	2500								
149	082812NL	CEFACLOR SYRUP 125 MG/5ML-30 ML	LIQUID	PER 30 ML	250								
150	140003NT	AMBROXOIL 30MG+ACETYLCYSTINE 200MG	TABLET	PER TAB	10000								
151	140004NL	AMBROXOL 15MG+GUAIPHENSEIN 50MG+TERBUTALINE 1.25MG/5ML-100 ML.	LIQUID	PER 100 ML	3000								
152	151001NI	RANITIDINE 25 MG/ML 2 ML	INJECTION	PER AMP	25200								
153	152004NI	PANTOPRAZOLE 40MG VIAL	INJECTION	PER VIAL	10000								
154	152006AT	RABIPERAZOLE 20 MG	TABLET	PER TAB	85000								
155	152007NT	ESOMERAZOLE 40 MG	TABLET	PER TAB	95000								
156	160003NT	DICYCLOMINE 20MG WITH PARACETAMOL 325MG	TABLET	PER TAB	95000								
157	160006NT	BUSCAPAN PLUS	TABLET	PER TAB	7000								
158	170003NT	CHLORDIAZEPOXIDE 5 MG+CLIDINIUM BROMIDE2.5MG	TABLET	PER TAB	40000								
159	170006NT	ITOPRIDE 50 MG	TABLET	PER TAB	120000								
160	170008NT	LEVOSULPRIDE 25 MG	TABLET	PER TAB	45000								
161	190002NT	LOPERAMIDE 2 MG	TABLET	PER TAB	50000								
162	190004NT	RECEUDOTRIL SACHET 1GM	TABLET	PER TAB	5000								
163	190005NT	RIFAXIMINE 200 MG	TABLET	PER TAB	5000								
164	200001NL	ENZYME 200 ML	LIQUID	PER 200 ML	20000								
165	200001NT	ENZYME	TABLET	PER TAB	25000								
166	210001NT	SILYMARIN - 140 MG	TABLET	PER TAB	5000								
167	210003NT	URSODEOXYCHOLIC ACID 150MG	TABLET	PER TAB	50000								

TECHNICAL BID FORMAT -ANNEXURE VI

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168	210005NT	DIMETHICON 80 MG + PANCREATIN 170 MG	TABLET	PER TAB	10000								
169	221101NT	BISACODYL 5 MG	TABLET	PER TAB	305000								
170	221102NP	LAXATIVE SACHETS 10 GM	POWDER	PER TAB	2000								
171	221103NP	ISAPGOL HUSK 100 GM	POWDER	PER 100 GM	1500								
172	221104NL	LACTULOSE SYRUP 200 ML	LIQUID	PER 200 ML	1000								
173	221201NT	SACCROMYCES SACHET 765MG	TABLET	PER TAB	20000								
174	222001NO	HAEMORRHOIDAL OINT 20 GM	OINTMENT	PER 20 GM	5500								
175	231201AT	METHYLDOPA 500 MG	TABLET	PER TAB	45000								
176	232106NT	ALFUZOSIN 10 MG	TABLET	PER TAB	25000								
177	232201BT	PROPRANOLOL 10 MG	TABLET	PER TAB	50000								
178	232201NT	PROPRANOLOL 40 MG	TABLET	PER TAB	210000								
179	232202AT	METOPROLOL 25 MG TAB	TABLET	PER TAB	200000								
180	232205BT	BISOPRALOL2.5MG	TABLET	PER TAB	160000								
181	232205NT	BISOPROLOL 5 MG	TABLET	PER TAB	770000								
182	232206NT	NEBIVOLOL 5 MG	TABLET	PER TAB	160000								
183	232207NT	CILNIDEPIN 5MG	TABLET	PER TAB	70000								
184	233002BT	NIFEDIPINE 10 MG-RETARD	TABLET	PER TAB	860000								
185	233003AT	AMLODEPINE 2.5MG	TABLET	PER TAB	50000								
186	233003BT	S.AMLODEPINE 2.5 MG	TABLET	PER TAB	90000								
187	234008NT	OLMISARTEN 20 MG	TABLET	PER TAB	80000								
188	234009NT	LOSARTEN 50MG +HYDROCHLOROTHIAZIDE 12.5MG	TABLET	PER TAB	150000								
189	236002NT	ISOSORBIDE DINITRATE 10 MG	TABLET	PER TAB	250000								
190	236003NT	GLYCERYL TRINITRATE S.R.2.5MG	TABLET	PER TAB	37000								
191	236006NT	AMIODERONE 200 MG	TABLET	PER TAB	30000								
192	236007NT	RANOLAZINE 500 MG	TABLET	PER TAB	32000								
193	236008AT	IVABRADIN 5 MG	TABLET	PER TAB	25000								
194	238003NT	CALCIUM DOBESILATE 500 MG	TABLET	PER TAB	20000								
195	238004AT	CILASTOL 100 MG	TABLET	PER TAB	50000								

TECHNICAL BID FORMAT -ANNEXURE VI

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196	241004NI	TRANEXAMIC 500MG/5ML- 5ML	INJECTION	PER TAB	2500								
197	241004NT	TRANEXAMIC 500 MG	TABLET	PER TAB	13000								
198	242004NI	FONDAPARINUX SODIUM 2.5MG/0.5ML-0.5ML	TABLET	PER AMP	250								
199	243001NI	STREPTOKINASE 15 LACS	INJECTION	PER TAB	100								
200	243003AI	TENECTEPLASE 30 MG	INJECTION	PER AMP	50								
201	243003NI	TENECTEPLASE 40 MG	INJECTION	PER VIAL	50								
202	246004AT	ATORVOSTATIN - 5 MG	TABLET	PER TAB	50000								
203	246005BT	ROSUVASTATIN 40 MG	TABLET	PER TAB	12000								
204	246005NT	ROSUVASTATIN 5 MG	TABLET	PER TAB	20000								
205	246007AT	ROSUVASTATIN 10 MG+FENOFIBRATE 160MG	TABLET	PER TAB	30000								
206	246604BT	ATORAVASTATIN 40 MG	TABLET	PER TAB	50000								
207	251202NT	CLONAZEPAM 0.5 MG	TABLET	PER TAB	200000								
208	251301BT	PHENYTOIN SODIUM 100 MG	TABLET	PER TAB	150000								
209	251401AT	CARBAMAZEPINE 100 MG	TABLET	PER TAB	87000								
210	251402NT	OXCARBAZEPINE 300 MG	TABLET	PER TAB	100000								
211	251501NT	SODIUM VALPROATE 200 MG/CHRONO	TABLET	PER TAB	30000								
212	251502BT	TOPIRAMATE 50MG	TABLET	PER TAB	30000								
213	251601AT	CLOBAZAM 5 MG	TABLET	PER TAB	30000								
214	251601NT	CLOBAZAM 10 MG	TABLET	PER TAB	30000								
215	251602AT	GABAPENTIN 100MG	TABLET	PER TAB	122000								
216	251602NT	GABAPENTIN 300 MG	TABLET	PER TAB	280000								
217	252002AT	FLUNARIZIN 5 MG	TABLET	PER TAB	26500								
218	252002NT	FLUNARIZINE 10 MG	TABLET	PER TAB	52000								
219	253001BL	PROMETHAZINE 5 MG/5 ML-100 ML	LIQUID	PER 100 ML	7500								
220	253002NT	PROCHLORPERAZINE 5 MG	TABLET	PER TAB	70000								
221	253005NT	DOMPERIDONE 10 MG	TABLET	PER TAB	370000								
222	254001NT	TRIHEXYPHENIDYL HCL 2 MG	TABLET	PER TAB	140000								
223	254002NT	LEVODOPA 100 MG + CARBIDOPA 25 MG	TABLET	PER TAB	60000								

TECHNICAL BID FORMAT -ANNEXURE VI

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	SUPPLIER BRAND NAME	OWN MFG/LOAN LICENCE/MARKETED/IMPORTED ANY OTHER VENDOR TO SPECIFY	SUPPLY PACK SIZE	CONFIRM TO /IP/BP/USP/ANY OTHER VENDOR TO SPECIFY	NPPA/DPCO/PRICE CONTROL APPLICABLE (YES OR NO)	PATENTED DRUG (YES/NO)	SHELF LIFE	QUOTED NOT QUOTED
224	254004NT	AMANTIDINE 100 MG	TABLET	PER TAB	8000								
225	255003NT	GLUTAMIC ACID 250MG	TABLET	PER TAB	18000								
226	255005NT	CITYCHOLINE 500 MG	TABLET	PER TAB	25000								
227	255006NT	BACLOFEN 10 MG	TABLET	PER TAB	16000								
228	261102NT	NITRAZEPAM 5 MG	TABLET	PER TAB	160000								
229	261104CT	ALPRAZOLAM 0.50 MG SR	TABLET	PER TAB	100000								
230	261104NT	ALPRAOLAM 0.5MG	TABLET	PER TAB	150000								
231	262103AT	AMITRIPTYLINE HCL 10 MG	TABLET	PER TAB	305000								
232	262103BT	AMITRIPTYLINE HCL 25 MG	TABLET	PER TAB	40000								
233	262104AT	DOTHIEPIN 25 MG (DOSULEPIN)	TABLET	PER TAB	75000								
234	262104BT	DOTHIEPIN 75 MG (DOSULEPIN)	TABLET	PER TAB	17000								
235	262105BT	DOXEPIN 75 MG	TABLET	PER TAB	6000								
236	262301NT	FLUOXETINE HCL 20MG	TABLET	PER TAB	22000								
237	262302NT	SERTRALINE 50 MG	TABLET	PER TAB	85000								
238	262304NT	DUOLEXITINE 20 MG	TABLET	PER TAB	37000								
239	262305NT	ACAMPROSATE CALCIUM 333 MG (ACUMPEROL)	TABLET	PER TAB	25000								
240	264402NT	RESPIRIDONE 2 MG	TABLET	PER TAB	57000								
241	264404NT	OLANZEOPINE 5MG	TABLET	PER TAB	41000								
242	264407NT	FLUVOXAMINE 50 MG	TABLET	PER TAB	12000								
243	264409AT	PARAXITINE CR 12.5 MG	TABLET	PER TAB	17000								
244	264411BT	QUETIAPINE 25 MG	TABLET	PER TAB	90000								
245	264411NT	QUETIAPINE 100 MG	TABLET	PER TAB	65000								
246	264414NT	ESCITALOPRAM 10 MG	TABLET	PER TAB	100000								
247	264415NT	ARIPIRZOLE 15 MG	TABLET	PER TAB	16000								
248	264417NT	DIVOLPREX SODIUM 500 MG - DR/ER	TABLET	PER TAB	25000								
249	264418NT	MIRTAZAPINE 15 MG	TABLET	PER TAB	12000								
250	264419AT	LAMOTRIGINE 100 MG	TABLET	PER TAB	8500								
251	264420BT	AMISUERPRIDE ER 200MG	TABLET	PER TAB	22000								

TECHNICAL BID FORMAT -ANNEXURE VI

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252	264421BI	INJ.PALIPERIDONE 100MG	TABLET	PER TAB	50								
253	264421NI	INJ.PALIPERIDONE 150 MG	TABLET	PER TAB	50								
254	264423NT	MEMANTINE 5MG	TABLET	PER TAB	30000								
255	264424NT	ZOLIPEDEM 10 MG	TABLET	PER TAB	25000								
256	271103AL	SALBUTAMOL 2 MG/5 ML 100ML	LIQUID	PER 100 ML	7200								
257	271103BL	SALBUTAMOL RESPIRATORY SOLUTION 15 ML	LIQUID	PER 15 ML	2500								
258	271202NI	HYDROXYETHYL THEOPHYLLINE 2 ML	INJECTION	PER PFS	7500								
259	271203AT	ACEBROPHYLLINE SR 200 MG	TABLET	PER TAB	100000								
260	272001BL	DIPHENHYDRAMINE+AMMON CHLORIDE+SOD CITRATE+MENTHOL 100 ML	LIQUID	PER 100 ML	660000								
261	272002NL	DECONGESTANT SYRUP 60ML	LIQUID	PER 60 ML	1500								
262	272003NL	DECONGESTANT DROPS 15ML	LIQUID	PER 15 ML	4000								
263	273001NT	BROMHEXINE HCL 8 MG	TABLET	PER TAB	230000								
264	273002NL	BROMHEXINE 4 MG/ 5 ML 100 ML	LIQUID	PER 100 ML	12000								
265	273003AT	MONTELUKAST 4 MG	TABLET	PER TAB	20000								
266	274001NL	SALBUTAMOL+BECLOMETHIZONE-INHALER 200 MD	LIQUID	PER PACK	8700								
267	274005NL	TIOTROPIUM BROMIDE 9 MCG INHALER 200 MD	LIQUID	PER PACK	900								
268	274006NL	FERMOTERRL 6 MCG +BUDESOMIDE200 MCG INHALER 120 MD	LIQUID	PER PACK	1000								
269	274007AL	BUDESOMIDE INHALER 100 MCG	LIQUID	PER PACK	1200								
270	281107NI	INSULIN LIPRO BIPHASIC 25/75-100 IU/ML-3ML CARTRIDGES WITH NEEDLES.	INJECTION	PER CATRIGE	37000								
271	281109NI	INSULIN MONOCOMPONENT ASPART30/70-100IU/ML-3ML CARTRIGES	INJECTION	PER CATRIGE	5000								
272	281202AT	GLICLAZIDE 30 MG MR	TABLET	PER TAB	700000								
273	281206NT	VOGLIBOSE 0.2 MG	TABLET	PER TAB	1075000								
274	281304NT	METFORMIN SR 1 GM	TABLET	PER TAB	850000								
275	281305AT	METFORMIN SR 500 MG + GLIMIPRIDE 1MG	TABLET	PER TAB	300000								
276	281401AT	ACARBOSE 25 MG	TABLET	PER TAB	50000								
277	282003NI	BETAMETHASONE 4 MG/ML-1 ML	TABLET	PER VIAL	7000								
278	282008AT	MYCOPHENOLATE MOFETIL 500 MG	TABLET	PER TAB	22000								
279	282008NI	HUMAN IMMUNOGLOBIN 5 % PACK 5GM-100ML	TABLET	PER TAB	200								

TECHNICAL BID FORMAT -ANNEXURE VI

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280	282009NT	DEFLACORT 6 MG	TABLET	PER TAB	25000								
281	284001BT	THYROXINE 0.75MG	TABLET	PER TAB	100000								
282	286014NT	N - ACETYLCYSTINE+INOSITOL	TABLET	PER TAB	3000								
283	291001NT	CLOTRIMAZOLE VAGINAL 100 MG	TABLET	PER TAB	10000								
284	291002NT	CLINDAMYCIN 100 MG + CLOTRIMAZOLE 200 MG	TABLET	PER TAB	2500								
285	292001AI	OXYTOCIN 5 IU/ML-1ML	TABLET	PER 100 ML	2000								
286	292004NT	ALENDRONIC ACID 70 MG	TABLET	PER TAB	5500								
287	292005NT	DHA (DICOSOHEXANOIC ACID 300MG	TABLET	PER TAB	12000								
288	292006AT	MICRONISED PROGESTRONE 200 MG	TABLET	PER TAB	25000								
289	301101NT	FRUSEMIDE 40 MG	TABLET	PER TAB	220000								
290	301102NT	TORASIMIDE 20 MG	TABLET	PER TAB	40000								
291	301103AT	CHLORTHALIDONE 6.25MG	TABLET	PER TAB	50000								
292	301201NT	SPIRONOLACTONE 25 MG	TABLET	PER TAB	72000								
293	301204NT	HYDROCHLOROTHIAZIDE - 12.5 MG	TABLET	PER TAB	175000								
294	301205NT	METOLAZONE 2.5 MG	TABLET	PER TAB	6000								
295	301301NI	MANNITOL 20% (100ML)	TABLET	PER TAB	600								
296	303001AT	TOLTERODINE 4 MG	TABLET	PER TAB	6000								
297	303000AL	DISODIUM HYDROGEN CITRATE 125 MG / 5 ML - 100 ML	LIQUID	PER 100 ML	8000								
298	303002NL	POTTASIUM CITRATE LIQUID 200ML	LIQUID	PER 200 ML	7000								
299	303003NL	POTTASIUM + MAGNESIUM CITRATE 500 MG 450ML	LIQUID	PER 450 ML	500								
300	303003NT	SOLIFENACIN 5MG	TABLET	PER TAB	30000								
301	303004AI	ETANERCEPT 50 MG PFS	TABLET	PER 100 ML	100								
302	305002NT	FLAVOXATE 200 MG	TABLET	PER TAB	170000								
303	305004AT	NFT (NITROFURADATOIN) 100MG	TABLET	PER TAB	26000								
304	305005AT	SILDENAFIL 25MG	TABLET	PER TAB	32000								
305	305007NT	CO ENZYME Q 100	TABLET	PER TAB	50000								
306	313002NT	IRON WITH CARBONYAL	TABLET	PER TAB	80000								
307	314101BI	IRON SUCROSE 20MG/ML-2.5ML	TABLET	PER PFS	4500								

TECHNICAL BID FORMAT -ANNEXURE VI

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308	314101NL	IRON TONIC - 150 ML	LIQUID	PER 150 ML	4000								
309	314201NL	CALCIUM SYRUP - 150 ML	LIQUID	PER 150 ML	5000								
310	314204NT	SHELL CALCIUM 250 MG	TABLET	PER TAB	260000								
311	314206NT	L-CARNITINE 500 MG	TABLET	PER TAB	18000								
312	314207NT	OYSTER CALCIUM + VIT D3 500 MG + 250 IU	TABLET	PER TAB	2600000								
313	314209NP	L-ARGININE WITH VITAMINE SACHETS 6GM	POWDER	PER SACKETS	8000								
314	314301NL	ZINC SULPHATE SYRUP 60ML	LIQUID	PER 60 ML	900								
315	315103NT	ISOTRETINOIN 20 MG	TABLET	PER TAB	4000								
316	315201NT	VITAMIN B COMPLEX	TABLET	PER TAB	1700000								
317	315202NI	VITAMIN B1,B6,B12 INJ,-2ML	TABLET	PER TAB	14500								
318	315203NI	METHYL COBALMIN (INJ)-1000MCG/ML-1ML	POWDER	PER TAB	19000								
319	315204NT	VITAMIN B6 (PYRIDOXIN 100 MG)	TABLET	PER TAB	35000								
320	315205NT	FOLIC ACID 5 MG	TABLET	PER TAB	185000								
321	315206AT	CALCIUM PANTOTHENATE + BIOTIN+MINERALS	TABLET	PER TAB	55000								
322	315207NT	THIAMINE 75 MG	TABLET	PER TAB	6000								
323	315208NT	FOLICACID WITH HOMOCYSTINE	TABLET	PER TAB	25000								
324	315209NT	METHYLCOBALAMIN 500 MCG+ VITAMIN+ALFALIPIC ACID 100 MG	TABLET	PER TAB	1050000								
325	315210NT	METHYLCOBALAMINE 500 MCG	TABLET	PER TAB	50000								
326	315401NT	ALFA-CALCIDOL 0.25 MG	TABLET	PER TAB	205000								
327	315502NT	VITAMIN E+B COMPLEX+ANTIOXIDANT	TABLET	PER TAB	620000								
328	315503NP	CHOLECALCIFERAL SACHET 60KIU	POWDER	PER SACKETS	8000								
329	315503NT	EVENING OIL PRIMOSA 1000 MG	TABLET	PER TAB	13000								
330	315801NT	VITAMIN D3 60000IU TAB	TABLET	PER TAB	25000								
331	316001BT	LACTOBACILLUS 60 MILLION SPORES	TABLET	PER TAB	210000								
332	316002NT	PROBIOTIC-SYMBIOTIC	TABLET	PER TAB	11000								
333	316003NL	BACILLUS CLAUSIC 10ML SINGLE DOSE DISP VIALS	LIQUID	PER 10ML	1000								
334	317001NI	AMINOACID INFUSION - 200 ML	INJECTION	PER PACK	400								
335	321001NI	INACTIVATED POLIO VACCINE (SINGLE DOSE)	INJECTION	PER TAB	1500								

TECHNICAL BID FORMAT -ANNEXURE VI

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336	321001NL	ORAL POLIO VACCINE MULTIDOSE	LIQUID	PER ML	400								
337	321004NI	HAEMOPHILLUS TYPE B CONJUGATE VACCINE 0.5 ML S.D(H	INJECTION	PER TAB	200								
338	321005NI	MEASLES VACCINE SINGLE DOSE	INJECTION	PER TAB	1000								
339	321006NI	MMR VACCINE SINGLE DOSE	INJECTION	PER ML	1500								
340	321012NI	TYPHOID VACCINE SINGLE DOSE ABOVE 2 YEARS 0.5ML	INJECTION	PER AMP	1200								
341	321013AI	INJ.DPT+HBV+HIB SINGLE DOSE (PREFILLED SYRINGE)	INJECTION	PER AMP	1200								
342	321013BI	INJ.DTAP+HIB+IPV - SD(PENTAXIN)	INJECTION	PER AMP	200								
343	321014BL	ORAL ROTAVIRUS VACCINE 0.5 ML-SINGLE DOSE.	LIQUID	PER ML	1300								
344	321014NL	ORAL ROTAVIRUS VACCINE 01 ML SINGLE DOSE.	LIQUID	PER ML	1100								
345	321015NI	DPT+HIB SINGLE DOSE	INJECTION	PER AMP	1500								
346	321019NI	PURIFIED INACTIVATED JAPANESE ENCEPHALITIS VACCINE 0.5 ML VIAL.	INJECTION	PER AMP	1200								
347	321020AI	HEPATITIS A VACCINE MULTIDOSE	INJECTION	PER AMP	1200								
348	322001NI	TETANUS TOXOID PTAP 5 ML VIAL	INJECTION	PER AMP	1500								
349	323002NI	ANTI SNAKE VENUM SERUM 10ML	LIQUID	PER AMP	200								
350	325001ND	CYCLOSPORINE 0.05% EYE DROPS	DROPS	PER ML	2000								
351	325001NI	ERYTHROPOIETIN 2000 IU/1 ML	INJECTION	PER AMP	4000								
352	330004NT	CETRIZINE TAB 10 MG	TABLET	PER TAB	800000								
353	330009NT	FEXOFENIDHINE 120 MG	TABLET	PER TAB	85000								
354	341004NO	MUPIROCIN 2%-5 GM	OINTMENT	PER 5 GM	10000								
355	341005AO	POVIDONE IODINE,TINIDAZOLE WITH SUCRAFATE 10 GM	OINTMENT	PER 10 GM	500								
356	341006AO	SODIUM FUCIDATE OINTMENT 5 GM	OINTMENT	PER 5 GM	12000								
357	342001AO	MICONOZOLE 2%-30 GM	OINTMENT	PER 30 GM	5000								
358	342002AL	CLOTRIMAZOLE WITH STEROID LOTION 30 ML	LIQUID	PER 30 ML	5000								
359	342002AO	CLOTRIMAZOLE CREAM 1% -20 GM	OINTMENT	PER 20 GM	52000								
360	342002NL	CLOTRIMAZOLE LOTION 1% - 15 ML	LIQUID	PER 15 ML	7500								
361	342004AT	ITRACONAZOLE 100MG	TABLET	PER TAB	1200								
362	344101NO	BETAMETHASONE PLAIN 20 GM	OINTMENT	PER 20 GM	11000								
363	344103AO	CLOPETASOL PROPIONATE GEL 0.05% 30 GM	OINTMENT	PER 30 GM	6000								

TECHNICAL BID FORMAT -ANNEXURE VI

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364	344110NO	HALOBETASOL PROPIONATE 0.05% CREAM - 10 GM	OINTMENT	PER 10 GM	2000								
365	344201NO	BETAMETHASONE WITH NEOMYCIN 20GM	OINTMENT	PER 20 GM	10500								
366	344203NO	BETAMETHASONE WITH COTRIMAZOLE 10 GM	OINTMENT	PER 10 GM	2500								
367	344401NO	STEROID + ANTIBAC + ANTIFUNGAL - 5 GM	OINTMENT	PER 5 GM	13000								
368	344503NO	CHOLINE SALICYLATE 15GM TUBE	OINTMENT	PER 15 GM	2500								
369	345001NO	BENZYL PEROXIDE 5% - 20 GM	OINTMENT	PER 20 GM	2300								
370	345002NO	BENZYL PEROXIDE 2.5 % - 20 GM	OINTMENT	PER 20 GM	2000								
371	346001AL	SALYTAR SOLUTION - 100 ML	LIQUID	PER 100 ML	1600								
372	347006NO	FLUTICASONE CREAM 10 GM	OINTMENT	PER 10 GM	5000								
373	347008AO	HYDROQUINONE+TRETINOIN+MOMETASONE---20GM	OINTMENT	PER 20 GM	2500								
374	348001AL	CALAMINE LOTION 100 ML	LIQUID	PER 100 ML	19000								
375	348003NL	SALICYLIC + LACTIC ACID SOLUTION 10ML	LIQUID	PER 10 ML	1200								
376	349001BO	MOMETASONE FUROATE CREAM 0.01%--15 GM	OINTMENT	PER 15 GM	3500								
377	349002AO	WHITE FIELD OINT 20 GM	OINTMENT	PER 20 GM	5000								
378	349009NO	CLINDAMYCIN GEL 1% 20GM	OINTMENT	PER 20 GM	2500								
379	351003BD	TIMOLOL MALEATE 5MG+BRIMONIDINE TARTRATE 2MG 5 ML	DROPS	PER 5 ML	1000								
380	351003ND	TIMOLOL EYE DROPS 0.5% - 5 ML	DROPS	PER 5ML	6000								
381	351005ND	LATANOPROST DROPS 50MCG/2.5ML	DROPS	PER 2.5ML	2000								
382	351006ND	DORZOLAMIDE +TIMOLOL 0.5% 5 ML EYE DROPS	DROPS	PER 5 ML	1500								
383	351008ND	BRIMONIDINE TARTRATE 0.2%% OPHTHALMIC SOLUTION-5ML	DROPS	PER 5 ML	1000								
384	351009ND	PROPARACAIN HCL0.5%- EYE DROPS-5 ML	DROPS	PER 5 ML	2000								
385	352002BD	TROPICAMIDE 0.8% + PHENYLEPHINERINE 5% -5ML	DROPS	PER 5 ML	3100								
386	353103ND	CIPROFLOXACIN EYE/EAR DROPS - 5 ML	DROPS	PER 5 ML	3000								
387	353105NO	CHLOROMYCETIN APPLICAPS (50 NO BOTTLE)	OINTMENT	PER BOTTLE	100000								
388	353106ND	MOXIGRAM KT 5ML	DROPS	PER 5 ML	2000								
389	353107AO	GANCICLOVIR 0.15% OPTHALAMIC GEL	OINTMENT	PER 5 GM	6000								
390	353108AO	TACROLIMUS EYE OINT 0.03% 5 GM	OINTMENT	PER 5 GM	2000								
391	354001ND	AUROCHROME(NA CHROMO GLYCATE 2% DROPS)	DROPS	PER 10 ML	1500								

TECHNICAL BID FORMAT -ANNEXURE VI

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392	356001BD	NAPHAZOLINE + CHLORPHENIRAMINE MALEATE+HPMC EYE DROPS -10 ML	DROPS	PER 10 ML	3000								
393	356003AD	CHLORAMPHENICOL 0.5% +DEXAMETHASONE 0.1%-10 ML ED	DROPS	PER ML	2000								
394	356003BO	CHLORAMPHENICOL 0.3%+HYDROCORTIZONE 1% EYE OINT 5GM	OINTMENT	PER 5 GM	2000								
395	356007ND	BROMFENAC DROPS 5 ML	DROPS	PER 5 ML	3000								
396	356008ND	OLAPATIDINE DROPS 5 ML	DROPS	PER 5ML	4000								
397	358001AI	HYDROXY PROPYL METHYL CELLULOSE - PFS -2ML	DROPS	PER 5 GM	5000								
398	358001AO	HYDROXY PROPYL METHYL CELLULOSE EYE OINTMENT 2% -5 GM	OINTMENT	PER 5 GM	3000								
399	358001NI	HYDROXY PROPYL METHY CELLUOSE INJ VIAL 5ML	DROPS	PER 10 ML	2000								
400	358002ND	ARTIFICIAL TEARS-10ML	DROPS	PER 10 ML	3200								
401	358004ND	TOBRAMYCIN EYE DROPS 5 ML	DROPS	PER 5 ML	3000								
402	358005AD	KETOROLAC TROMETHAMINE 0.5%+ OFLOXACINE 0.3% EYE DROPS 5 ML	DROPS	PER 5 ML	2000								
403	358006ND	CARBOXY METHYL CELLULOSE DROPS-10ML	DROPS	PER 10 ML	10000								
404	358007ND	NEPAFENAC DROPS 5ML	DROPS	PER 5 ML	3000								
405	359002ND	POLYETYLENE GLYCOL0.5% PROPYLENE GLYCOL0.3% 10ML	DROPS	PER 10 ML	6000								
406	359011NO	SODIUM CHLORIDE EYE OINTMENT 6%-5 GM	OINTMENT	PER 5 GM	1000								
407	359015ND	TRYPAN BLUE 0.06% EYE DROPS 1 ML	DROPS	PER ML	2000								
408	359017ND	TRAVATOPROST DROPS-2.5ML	DROPS	PER 2.5ML	2000								
409	359019ND	MOXYFLOXACIN EYE DROPS-5ML	DROPS	PER 5ML	3000								
410	359020ND	BIMATOPROST OPTHALMIC SOLUTION 0.03%-3ML	DROPS	PER 3 ML	1500								
411	361002BD	NASAL DECONGESTANT DROPS ADULT - 10 ML	DROPS	PER 10 ML	2700								
412	362102ND	NORFLOXACIN EYE / EAR DROPS - 10 ML	DROPS	PER 10 ML	11000								
413	362103ND	OFLAXACIN EYE DROPS 5 ML	DROPS	PER 5 ML	5700								
414	362104AD	MOXIFLOXACIN 0.5% +LOTEPREDNOL ETABONATE 0.5%-5 ML	DROPS	PER 5 ML	1000								
415	362104BD	MOXIFLOXACIN UNIMS 0.5ML	DROPS	PER ML	1000								
416	362104ND	MOXIFLOXACIN 0.5%+DEXAMETHASONE 0.1% EYE DROPS 5 ML	DROPS	PER 5 ML	2000								
417	362601ND	ANTIWAX EAR DROPS - 10 ML	DROPS	PER 10 ML	2200								
418	363001AT	BETAHISTINE HYDROCHLORIDE 16 MG	TABLET	PER TAB	260000								
419	363001NT	BETAHISTINE-HYDROCLORIDE 8 MG	TABLET	PER TAB	240000								

TECHNICAL BID FORMAT -ANNEXURE VI

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	SUPPLIER BRAND NAME	OWN MFG/LOAN LICENCE/MARKETED/IMPORTED ANY OTHER VENDOR TO SPECIFY	SUPPLY PACK SIZE	CONFIRM TO /IP/BP/USP/ANY OTHER VENDOR TO SPECIFY	NPPA/DPCO/PRICE CONTROL APPLICABLE (YES OR NO)	PATENTED DRUG (YES/NO)	SHELF LIFE	QUOTED NOT QUOTED
420	363003NT	CINNARIZINE 25 MG	TABLET	PER TAB	140000								
421	363004NL	FLUTCASONE NASAL SPRAY 0.05% 120 MD	LIQUID	PER PACK	1000								
422	363005NL	AZELASTIN NASAL SPRAY 70 MD	LIQUID	PER PACK	600								
423	363007NL	MOMETASONE NASAL SPRAY 100 MD	LIQUID	PER PACK	500								
424	371101AT	METHOTREXATE 5MG	TABLET	PER TAB	10000								
425	371102NT	AZOTHOPRINE 50 MG	TABLET	PER TAB	7000								
426	371103NT	LETRZOLE 2.5MG	TABLET	PER TAB	10000								
427	371104NT	IMANTINIB 400 MG	TABLET	PER TAB	2000								
428	371105NT	LEVATIRACETAM 500 MG	TABLET	PER TAB	55000								
429	371108NT	EVEROLIMUS 10 MG	TABLET	PER TAB	1000								
430	37111OBI	GEMCITAFIN 1000 MG	INJECTION	PER PACK	50								
431	381011NI	BUPIVACAINE .5% HEAVY - 4 ML	TABLET	PER TAB	1500								
432	385003AI	VACRONIUM BROMIDE 4 MG/2ML	TABLET	PER TAB	500								
433	388001NL	SEVOFLURANE 250ML	LIQUID	PER 250 ML	5								
434	390005CI	NORMAL SALINE 0.9% 100ML	TABLET	PER TAB	11500								
435	400004NL	MINI CAPS	PIECE	PER PIECE	22000								
436	400005AL	PD SOLUTION 1.5% 2 LTR	LIQUID	PER PACK	4000								
437	400005BL	P D SOLUTION 1.5% / 5 LITRES	LIQUID	PER PACK	1000								
438	400005CL	P D SOLUTION 2.5% / 5 LITRES	LIQUID	PER PACK	1000								
439	400005NL	PD SOLUTION 2.5% - 2 LITRE	LIQUID	PER PACK	13000								
440	400006BL	CAPD SOLUTION 7.5% 2 LIT	LIQUID	PER PACK	1250								
441	400006NL	CAPD DISPOSABLE EFFLUENT SAMPLE BAG-15 LIT	LIQUID	PER PACK	5000								
442	400007NL	CASSETTEE	LIQUID	PER PACK	1000								
443	421001BL	POVIDONE IODINE 10 % 500ML	LIQUID	PER 500 ML	250								
444	421001NL	POVIDONE IODINE 5% - 500 ML	LIQUID	PER 500 ML	700								
445	424002BO	SILVERSULPHADIAZINE CREAM 20 G	OINTMENT	PER 20 GM	1200								
446	425001NO	BEPARINE - 10 GM	OINTMENT	PER 10 GM	2500								
447	451009AL	LIQUID PARAFFIN 100 ML	LIQUID	PER 100 ML	20000								

TECHNICAL BID FORMAT -ANNEXURE VI

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	SUPPLIER BRAND NAME	OWN MFG/LOAN LICENCE/MARKETED/IMPORTED ANY OTHER VENDOR TO SPECIFY	SUPPLY PACK SIZE	CONFIRM TO /IP/BP/USP/ANY OTHER VENDOR TO SPECIFY	NPPA/DPCO/PRICE CONTROL APPLICABLE (YES OR NO)	PATENTED DRUG (YES/NO)	SHELF LIFE	QUOTED NOT QUOTED
448	452008AT	SODIUM BICARBONATE 500 MG	TABLET	PER TAB	50000								
449	032003NT	IVERMECTIN 6 MG	TABLET	PER TAB	3000								
450	082301NT	TETRACYCLINE 250 MG	TABLET	PER TAB	25000								
451	082709NT	LEVOFLOXACIN 500 MG	TABLET	PER TAB	2500								
452	362501ND	CLOTRIMAZOLE EAR DROPS - 10 ML	DROPS	PER 10 ML	1000								
453	410001NL	SAVLON HOSPITAL CONCENTRATE - 1 LIT	LIQUID	PER ML	250								
454	253002NI	PROCHLORPERAZINE 12.5 MG/ ML-1ML	OINTMENT	PER 20 GM	3600								
455	301101NI	FRUSEMIDE 10 MG/ML-2ML	LIQUID	PER 10 GM	7500								
456	082704BT	OFLOXACIN 400 MG	TABLET	PER TAB	5000								
457	262103CT	AMITRIPTYLINE HCL 75 MG	TABLET	PER TAB	15000								
458	082706AD	GATIFLOXACIN 3MG+ DIFLOPREDNATE 0.5% EYE DROPS 5 ML	DROPS	PER 5 ML	500								
459	330007NT	DESLORATIDINE 5MG	TABLET	PER TAB	10000								

PRICE BID FORMAT ANNEXURE VII

1	2	3	4	5	6	7	8	9	10	11
SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
1	010001NI	METRONIDAZOLE 5 MG / ML 100 ML	INJECTION	PER 100 ML	10000					
2	359009ND	DROPS.DIFLUPRONATE 0.05% EYE DROPS-5ML	DROPS	PER 5 ML	10000					
3	020002NT	HYDROXY CHLOROQUINE 200 MG	TABLET	PER TAB	70000					
4	344502AO	CLOBETASOL+SALICYLIC ACID 6.5% 20 GM	OINTMENT	PER 20 GM	12500					
5	031001NL	ALBENDAZOLE 200 MG / 5 ML 10 ML	LIQUID	PER10 ML	5500					
6	349004AO	24 % SALICYLIC ACID 25 GM	OINTMENT	PER 25 GM	5000					
7	031001NT	ALBENDAZOLE 400 MG	TABLET	PER TAB	11000					
8	244001NT	NICOUMALONE 1 MG	TABLET	PER TAB	160000					
9	032001NT	DIETHYLCARBAMAZINE CITRATE 100 MG	TABLET	PER TAB	120000					
10	371106AI	ZOLEDRONIC ACID 04 MG VIAL	INJECTION	PER VIAL	200					
11	032002NT	COUMARAINE 200MG	TABLET	PER TAB	100000					
12	427001NI	PLACENTAL EXTRACT -/0.1GM/ML-2ML	INJECTION	PER AMP	4000					
13	244001AT	NICOUMALONE 2 MG	TABLET	PER TAB	20000					
14	050002AT	FLUCONAZOLE 50 MG	TABLET	PER TAB	5000.00					
15	082827NI	CLINDAMYCIN 150 MG/ ML 2ML PACK	INJECTION	PER AMP	1500					
16	050004NO	TERBINAFINE CREAM 1% 15GM	OINTMENT	PER 15 GM	2100					
17	451002NL	GLYCERINE 450 GM	LIQUID	PER 450 GM	1350					
18	050004NT	TERBINAFINE 250 MG	TABLET	PER TAB	11000					
19	282001NI	HYDROCORTISONE SODIUM SUCCINATE INJ 100 MG/2ML	INJECTION	PER AMP	2000					
20	082104BI	BENZATHINE PENICILLIN 12 L	INJECTION	PER VIAL	3000					
21	349003AO	KOJIC ACID+ARBUTIN+LACTIC ACID 25GM CREAM	OINTMENT	PER 25 GM	750					
22	082201CI	AMPICILLIN 500 MG	INJECTION	PER VIAL	20000					
23	130004AT	CHONDROITIN SULPHATE 100 MG+GLUCOSAMINE SULPHATE 750+BOSEWELIC ACID 200 MG	TABLET	PER TAB	20000					
24	082202BT	AMPICILLIN 250+CLOXACILLIN 250	TABLET	PER TAB	125000					
25	451010AL	SURGICAL SPIRIT 400 ML	LIQUID	PER 400 ML	1800					
26	082204AT	AMOXYCILLIN 125 MG KID	TABLET	PER TAB	105000					
27	344105NO	LACTIC ACID 10%+UREA 10% CREAM -50 GM	OINTMENT	PER 50 GM	2600					
28	082205NL	AMOXYCILLIN 200 +CLAVONIC ACID28.5 MG / 5 ML (SYRUP) 30ML	LIQUID	PER 30 ML	16000					
29	349005NO	TACROLIMUS OINT 0.03% 10 GM	OINTMENT	PER 10 GM	1300					
30	082302NT	DOXYCYCLINE 100 MG	TABLET	PER TAB	82000					
31	286006NI	HUMAN CHORIONIC GONADOTROPHIN 5000UNITS	INJECTION	PER AMP	325					
32	082401NT	CHLORAMPHENICOL 250 MG	TABLET	PER TAB	25000					
33	349005AO	TACROLIMUS 0.5% CREAM 10 GM	OINTMENT	PER 10 GM	1000					
34	082503NT	AZITHROMYCIN 250 MG	TABLET	PER TAB	20000					
35	246002NT	GEMFIBROZIL 300 MG	TABLET	PER TAB	20000					
36	082601NI	GENTAMICIN 80 MG/2 ML	INJECTION	PER AMP	20000					
37	390010NI	DISTILLED WATER - 10 ML	INJECTION	PER AMP	25000					
38	082701NI	CIPROFLOXACIN 200 MG/100 ML	INJECTION	PER 100 ML	2000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
39	281407AT	LINAGLIPTIN 5MG	TABLET	PER TAB	25000					
40	082206NL	AMOXYCILLIN +CLAVULANIC ACID DROPS 10ML	LIQUID	PER 10 ML	1000					
41	082704CT	OFLOXACIN 200+ ORNIDAZOLE 500MG	TABLET	PER TAB	30000					
42	050003NL	KETAKONAZOLE 2% SOLU 100 ML	LIQUID	PER 100 ML	1000					
43	342002BL	CLOTRIMAZOLE 1%+SELENIUM DISOLEFIDE 2.5 LOTION 60 ML	LIQUID	PER ML	1000					
44	082704NO	OFLOXACIN EYE OINTMENT-0.3% -5 GM	OINTMENT	PER 5 GM	1500					
45	353104NP	NEOSPORIN POWDER 10GM	POWDER	PER 10 GM	2200					
46	255005NI	CITYCHOLINE 500MG/4ML	INJECTION	PER AMP	500					
47	082706ND	GATIFLOXACIN EYE DROPS 0.3% W/V 5ML	DROPS	PER 5 ML	2000					
48	286010NS	LEVANORGSTEROL INTRA UTERINE	SOLID	PER DEVICE	10					
49	082801AT	CEPHALEXIN KIDS 125 MG	TABLET	PER TAB	30000					
50	180003NT	PINAVERIUM BROMIDE 50 MG	TABLET	PER TAB	5000					
51	082801BT	CEPHALEXIN 250 MG	TABLET	PER TAB	125000					
52	344102NL	BETAMETHASONE SCALP APPLICATION 30 ML	LIQUID	PER 30 ML	1200					
53	082801NL	CEPHALEXIN 125MG/5 ML -100 ML	LIQUID	PER 100 ML	1000					
54	082812CT	CEFACLOR 750 MG	TABLET	PER TAB	2000					
55	082813AL	CEFPODOXIM 50MG/5 ML--30ML BOTTLE	LIQUID	PER 30 ML	7000					
56	282007NI	METHYL PREDNISOLINE -SOLUBLE(SOLUMEDROL) 0.5 GM	INJECTION	PER AMP	100					
57	082814NT	CEFPROZIL 250 MG	TABLET	PER TAB	10000					
58	315203NT	VITAMIN B2 10 MG(RIBOFLAVINE 10MG)	TABLET	PER TAB	30000					
59	082822BI	CEFTAZIDIME 1 GM	INJECTION	PER VIAL	1000					
60	082837AT	FAROPENAM 200MG	TABLET	PER TAB	1000					
61	082824NI	CEFTRIAXONE 1000 MG	INJECTION	PER VIAL	3000					
62	082829NT	LINEZOLID 600 MG	TABLET	PER TAB	3000					
63	082825NI	CEFPIROME 1 GM	INJECTION	PER VIAL	2000					
64	255006AT	BACLOFEN 30MG	TABLET	PER TAB	2500					
65	082831NI	PIPERCILLIN 4GM+ TAZOBACTUM 0.5 GM	INJECTION	PER VIAL	3000					
66	351006AD	DORZOLAMIDE 2% EYE DROPS-5 ML	DROPS	PER 5 ML	500					
67	082832AI	MEROPENOM 500 MG	INJECTION	PER VIAL	500					
68	282007NT	METHYLPREDNISOLONE 4 MG	TABLET	PER TAB	10000					
69	082832NI	MEROPENAM 1 GM	INJECTION	PER VIAL	2000					
70	348005NO	ADAPALENE GEL 0.1% 15 GM	OINTMENT	PER 15 GM	1200					
71	082834NI	IMIPENEM 500MG + CILASTIN 500MG	INJECTION	PER VIAL	1000					
72	451003AL	ICHAMMOL GLYCERIN 450ML	LIQUID	PER 450 ML	200					
73	082835AL	CEFIXIME 50MG/5M-30 ML	LIQUID	PER 30 ML	1000					
74	305001NT	PHENAZOPYRIDINE 200MG	TABLET	PER TAB	9000					
75	082835NL	CEFIXINE DROPS 25MG/ML-10ML	LIQUID	PER 10 ML	1000					
76	344109NO	GLYCOLIC ACID 6% CREAM - 30 GM TUBE	OINTMENT	PER 30 GM	450					
77	082835NT	CEFIXIME 200MG	TABLET	PER TAB	45000					
78	234006NT	LISNOPRIL 2.5MG	TABLET	PER TAB	20000					
79	082838NT	PRULIFLOXACIN 600 MG	TABLET	PER TAB	2000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
80	349001NL	MOMETASONE FUROATE SCALP APPLICATION 30 ML	LIQUID	PER 30 ML	1000					
81	091003AL	BUPRINORPHINE TRANSDERMAL PATCH 10 MCG/H	LIQUID	PER VIAL PATCH	150					
82	384002BI	MIDAZOLAM 10 ML VIAL	INJECTION	PER VIAL	1000					
83	348005AO	ADAPNENE 0.1%+CLINDAMYCIN 1% 15GM	OINTMENT	PER 15 GM	450					
84	349012NO	PAPAIN PLUS UREA GEL 15 GM	OINTMENT	PER 15 GM	350					
85	091005NT	TRAMODOL 37 MG + PARACETAMOL 325 MG	TABLET	PER TAB	100000					
86	221201NL	ENEMA DISPOSABLE 100ML	LIQUID	PER 100 ML	1200					
87	349013NO	DESONIDE 0.05% 10 GM	OINTMENT	PER 10 GM	1000					
88	092002AL	PARACETAMOL SUSPENSION 125MG/5ML--60ML	LIQUID	PER 60 ML	5000					
89	082201BT	AMPICILLIN 250MG	TABLET	PER TAB	25000					
90	092002AT	ACETAMINOPHEN 125 MG	TABLET	PER TAB	100000					
91	070003NT	PYRAZINAMIDE 500 MG	TABLET	PER TAB	8000					
92	092002BI	INJ.PARACETAMOL 1000 MG	INJECTION	PER VIAL	3000					
93	314201NT	CALCIUM CARBONATE	TABLET	PER TAB	100000					
94	092002BL	ACETAMINOPHEN 250 MG/5ML-60 ML	LIQUID	PER 60 ML	8000					
95	271202NL	HYDROXYETHYL THEOPHYLLINE 200 ML	LIQUID	PER 200 ML	1000					
96	092002ND	ACETAMINOPHEN DROPS 15ML	DROPS	PER 15 ML	2500					
97	330004NL	CETRIZINE SYRUB-30 ML	LIQUID	PER 30 ML	1600					
98	092002NI	ACETAMINOPHEN 150 MG/ML-2ML	INJECTION	PER AMP	35000					
99	264302BI	HALOPERIDOL 50MG/ML-DEPOT-1ML	INJECTION	PER AMP	200					
100	092002NL	ACETAMINOPHEN SUSPENSION 125 MG/5 ML 450 ML	LIQUID	PER 450 ML	2300					
101	342002CL	CLOTRIMAZOLE 1%+BECLOMETHASONE 0.025% 15 ML	LIQUID	PER 15 ML	1200					
102	100002NL	IBUPROFEN 100 MG + PARACETAMOL 162.5/5ML-60 ML	LIQUID	PER 60 ML	1000					
103	032003AL	IVERMECTIN LOTION	LIQUID	PER ML	1000					
104	100005NO	KETOPROFEN GEL 2.5%-30 GM	OINTMENT	PER 30 GM	1000					
105	349007NT	FAMCICLOVIR 250 MG	TABLET	PER TAB	1200					
106	100006NO	DICLOFENAC DIETHYLAMINE +CAPSACIN--30 GM	OINTMENT	PER 30 GM	1000					
107	010003AT	TINIDAZOLE 500 MG	TABLET	PER TAB	5000					
108	082827NT	CLINDAMYCIN 300 MG	TABLET	PER TAB	3000					
109	100007NI	DICLOFENAC SODIUM 25 MG/ML 3 ML	INJECTION	PER AMP	30000					
110	221201NP	POLYETYLENE GLYCOL+ELECTROLYTE POWDER	POWDER	PER PACK	200					
111	100008NT	MEFENAMIC ACID 250 MG	TABLET	PER TAB	50000					
112	347003NL	METHOSARLEN SOLUTION 25 ML	LIQUID	PER 25 ML	600					
113	110002NT	CHYMOTRIPSIN 1LACS UNITS OF ENZYME ,TRYPSIN	TABLET	PER TAB	65000					
114	232202CT	METOPROLOL 12.5MG TAB	TABLET	PER TAB	10000					
115	110003NT	ETORICOXIB 60 MG	TABLET	PER TAB	35000					
116	120001NO	METHEL SALICYLATE OINTMENTC 20 GM	OINTMENT	PER 20 GM	165000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
117	282006NI	METHYL PREDNISOLONE DEPOT - MEDROL 40MG/ML-2ML	INJECTION	PER AMP	400					
118	120003NT	ACECLOFENAC 100 MG	TABLET	PER TAB	675000					
119	453002NO	WHITE PETROLEUM JELLY 15 KG	OINTMENT	PER 15KG	10					
120	120004AT	ACECLOFENAC 100MG+ PARACETAMOL 325 MG	TABLET	PER TAB	80000					
121	381004NL	LIGNOCAINE 4% TOPICAL 30 ML	LIQUID	PER 30 ML	1000					
122	120006NT	SODIUM HYALURONATE 20 MG	TABLET	PER TAB	30000					
123	130003BT	CHONDROITIN SULPHATE 400MG + GLUCOSAMINE SULPHATE 500 MG	TABLET	PER TAB	50000					
124	343002NL	PERMETHRIN LOTION 5% 60 ML	LIQUID	PER 60 ML	750					
125	130006AT	PIROXICAM 20 MG	TABLET	PER TAB	20000					
126	383003NI	INJ.PRALIDOXIME-500MG(PAM)20ML	INJECTION	PER AMP	200					
127	130006NT	TIZANIDINE 2MG	TABLET	PER TAB	12000					
128	385005AI	ETOMIDATE EP 2 MG/10 ML VIAL	INJECTION	PER VIAL	100					
129	130007NT	GLUCOSAMINE 500 MG	TABLET	PER TAB	400000					
130	423001NL	HEALEX SPRAY - 100 GM	LIQUID	PER PACK	225					
131	130009NT	THIOCOLCHICOSIDE 4 MG	TABLET	PER TAB	60000					
132	130010AT	LORNOXICAM 8MG+PARACETAMOL 325 MG	TABLET	PER TAB	10000					
133	343001BL	GAMMA BENZENE HCL 100 ML	LIQUID	PER 100 ML	900					
134	130010NT	LORNOXICAM 8MG	TABLET	PER TAB	200000					
135	010001AL	NORMETROGYL SUSPENSION 60ML	LIQUID	PER 60 ML	500					
136	130011NT	GLUCOSAMINE 750 MG+DIACERIN 50 MG+MSM 250MG	TABLET	PER TAB	40000					
137	241006NT	THANK OD KIT	TABLET	PER TAB	150					
138	130012NT	SILODOSIN 4MG	TABLET	PER TAB	15000					
139	253007NT	ONDANCITRAN 4MG	TABLET	PER TAB	5000					
140	131001NT	FEBUXEOSTAT 40 MG	TABLET	PER TAB	30000					
141	070002NT	ETHAMBUTOL 400 MG	TABLET	PER TAB	12000					
142	131002NT	ALLOPURINOL 100 MG	TABLET	PER TAB	65000					
143	363008ND	SODIUM CHLORIDE 0.65% PEAD. NASAL DROPS.10 ML	DROPS	PER 10 ML	850					
144	131004NT	DICLOFENAC 50MG+ METAXALONE 400MG	TABLET	PER TAB	100000					
145	453001NO	ZINC OXIDE 450 GM OINT	OINTMENT	PER 450 GM	125					
146	140002AT	SIMETHICONE 140 MG	TABLET	PER TAB	60000					
147	349010AO	CALCIPOTRIOL OINT.3MCG/20 GM	OINTMENT	PER 20 GM	150					
148	140002NL	SUCRAFIL SUSPENSION 200ML	LIQUID	PER 200 ML	2500					
149	082812NL	CEFACLOR SYRUP 125 MG/5ML-30 ML	LIQUID	PER 30 ML	250					
150	140003NT	AMBROXOIL 30MG+ACETYLCYSTINE 200MG	TABLET	PER TAB	10000					
151	140004NL	AMBROXOL 15MG+GUAIPHENSEIN 50MG+TERBUTALINE 1.25MG/5ML-100 ML.	LIQUID	PER 100 ML	3000					
152	151001NI	RANITIDINE 25 MG/ML 2 ML	INJECTION	PER AMP	25200					
153	152004NI	PANTOPRAZOLE 40MG VIAL	INJECTION	PER VIAL	10000					
154	152006AT	RABIPERAZOLE 20 MG	TABLET	PER TAB	85000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
155	152007NT	ESOMERAZOLE 40 MG	TABLET	PER TAB	95000					
156	160003NT	DICYCLOMINE 20MG WITH PARACETAMOL 325MG	TABLET	PER TAB	95000					
157	160006NT	BUSCAPAN PLUS	TABLET	PER TAB	7000					
158	170003NT	CHLORDIAZEPOXIDE 5 MG+CLIDINIUM BROMIDE2.5MG	TABLET	PER TAB	40000					
159	170006NT	ITOPRIDE 50 MG	TABLET	PER TAB	120000					
160	170008NT	LEVOSULPRIDE 25 MG	TABLET	PER TAB	45000					
161	190002NT	LOPERAMIDE 2 MG	TABLET	PER TAB	50000					
162	190004NT	RECEUDOTRIL SACHET 1GM	TABLET	PER TAB	5000					
163	190005NT	RIFAXIMINE 200 MG	TABLET	PER TAB	5000					
164	200001NL	ENZYME 200 ML	LIQUID	PER 200 ML	20000					
165	200001NT	ENZYME	TABLET	PER TAB	25000					
166	210001NT	SILYMARIN - 140 MG	TABLET	PER TAB	5000					
167	210003NT	URSODEOXYCHOLIC ACID 150MG	TABLET	PER TAB	50000					
168	210005NT	DIMETHICON 80 MG + PANCREATIN 170 MG	TABLET	PER TAB	10000					
169	221101NT	BISACODYL 5 MG	TABLET	PER TAB	305000					
170	221102NP	LAXATIVE SACHETS 10 GM	POWDER	PER TAB	2000					
171	221103NP	ISAPGOL HUSK 100 GM	POWDER	PER 100 GM	1500					
172	221104NL	LACTULOSE SYRUP 200 ML	LIQUID	PER 200 ML	1000					
173	221201NT	SACCROMYCES SACHET 765MG	TABLET	PER TAB	20000					
174	222001NO	HAEMORRHOIDAL OINT 20 GM	OINTMENT	PER 20 GM	5500					
175	231201AT	METHYLDOPA 500 MG	TABLET	PER TAB	45000					
176	232106NT	ALFUZOSIN 10 MG	TABLET	PER TAB	25000					
177	232201BT	PROPRANOLOL 10 MG	TABLET	PER TAB	50000					
178	232201NT	PROPRANOLOL 40 MG	TABLET	PER TAB	210000					
179	232202AT	METOPROLOL 25 MG TAB	TABLET	PER TAB	200000					
180	232205BT	BISOPRALOL2.5MG	TABLET	PER TAB	160000					
181	232205NT	BISOPROLOL 5 MG	TABLET	PER TAB	770000					
182	232206NT	NEBIVOLOL 5 MG	TABLET	PER TAB	160000					
183	232207NT	CILNIDEPIN 5MG	TABLET	PER TAB	70000					
184	233002BT	NIFEDIPINE 10 MG-RETARD	TABLET	PER TAB	860000					
185	233003AT	AMLODEPINE 2.5MG	TABLET	PER TAB	50000					
186	233003BT	S.AMLODEPINE 2.5 MG	TABLET	PER TAB	90000					
187	234008NT	OLMISARTEN 20 MG	TABLET	PER TAB	80000					
188	234009NT	LOSARTEN 50MG +HYDROCHLOROTHIAZIDE 12.5MG	TABLET	PER TAB	150000					
189	236002NT	ISOSORBIDE DINITRATE 10 MG	TABLET	PER TAB	250000					
190	236003NT	GLYCERYL TRINITRATE S.R.2.5MG	TABLET	PER TAB	37000					
191	236006NT	AMIODERONE 200 MG	TABLET	PER TAB	30000					
192	236007NT	RANOLAZINE 500 MG	TABLET	PER TAB	32000					
193	236008AT	IVABRADIN 5 MG	TABLET	PER TAB	25000					
194	238003NT	CALCIUM DOBESILATE 500 MG	TABLET	PER TAB	20000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
195	238004AT	CILASTOL 100 MG	TABLET	PER TAB	50000					
196	241004NI	TRANEXAMIC 500MG/5ML- 5ML	INJECTION	PER TAB	2500					
197	241004NT	TRANEXAMIC 500 MG	TABLET	PER TAB	13000					
198	242004NI	FONDAPARINUX SODIUM 2.5MG/0.5ML-0.5ML	TABLET	PER AMP	250					
199	243001NI	STREPTOKINASE 15 LACS	INJECTION	PER TAB	100					
200	243003AI	TENECTEPLASE 30 MG	INJECTION	PER AMP	50					
201	243003NI	TENECTEPLASE 40 MG	INJECTION	PER VIAL	50					
202	246004AT	ATORVOSTATIN - 5 MG	TABLET	PER TAB	50000					
203	246005BT	ROSUVASTATIN 40 MG	TABLET	PER TAB	12000					
204	246005NT	ROSUVASTATIN 5 MG	TABLET	PER TAB	20000					
205	246007AT	ROSUVASTATIN 10 MG+FENOFIBRATE 160MG	TABLET	PER TAB	30000					
206	246604BT	ATORAVASTATIN 40 MG	TABLET	PER TAB	50000					
207	251202NT	CLONAZEPAM 0.5 MG	TABLET	PER TAB	200000					
208	251301BT	PHENYTOIN SODIUM 100 MG	TABLET	PER TAB	150000					
209	251401AT	CARBAMAZEPINE 100 MG	TABLET	PER TAB	87000					
210	251402NT	OXCARBAZEPINE 300 MG	TABLET	PER TAB	100000					
211	251501NT	SODIUM VALPROATE 200 MG/CHRONO	TABLET	PER TAB	30000					
212	251502BT	TOPIRAMATE 50MG	TABLET	PER TAB	30000					
213	251601AT	CLOBAZAM 5 MG	TABLET	PER TAB	30000					
214	251601NT	CLOBAZAM 10 MG	TABLET	PER TAB	30000					
215	251602AT	GABAPENTIN 100MG	TABLET	PER TAB	122000					
216	251602NT	GABAPENTIN 300 MG	TABLET	PER TAB	280000					
217	252002AT	FLUNARIZIN 5 MG	TABLET	PER TAB	26500					
218	252002NT	FLUNARIZINE 10 MG	TABLET	PER TAB	52000					
219	253001BL	PROMETHAZINE 5 MG/5 ML-100 ML	LIQUID	PER 100 ML	7500					
220	253002NT	PROCHLORPERAZINE 5 MG	TABLET	PER TAB	70000					
221	253005NT	DOMPERIDONE 10 MG	TABLET	PER TAB	370000					
222	254001NT	TRIHEXYPHENIDYL HCL 2 MG	TABLET	PER TAB	140000					
223	254002NT	LEVODOPA 100 MG + CARBIDOPA 25 MG	TABLET	PER TAB	60000					
224	254004NT	AMANTIDINE 100 MG	TABLET	PER TAB	8000					
225	255003NT	GLUTAMIC ACID 250MG	TABLET	PER TAB	18000					
226	255005NT	CITYCHOLINE 500 MG	TABLET	PER TAB	25000					
227	255006NT	BACLOFEN 10 MG	TABLET	PER TAB	16000					
228	261102NT	NITRAZEPAM 5 MG	TABLET	PER TAB	160000					
229	261104CT	ALPRAZOLAM 0.50 MG SR	TABLET	PER TAB	100000					
230	261104NT	ALPRAOLAM 0.5MG	TABLET	PER TAB	150000					
231	262103AT	AMITRIPTYLINE HCL 10 MG	TABLET	PER TAB	305000					
232	262103BT	AMITRIPTYLINE HCL 25 MG	TABLET	PER TAB	40000					
233	262104AT	DOTHIEPIN 25 MG (DOSULEPIN)	TABLET	PER TAB	75000					
234	262104BT	DOTHIEPIN 75 MG (DOSULEPIN)	TABLET	PER TAB	17000					
235	262105BT	DOXEPIN 75 MG	TABLET	PER TAB	6000					
236	262301NT	FLUOXETINE HCL 20MG	TABLET	PER TAB	22000					
237	262302NT	SERTRALINE 50 MG	TABLET	PER TAB	85000					

PRICE BID FORMAT ANNEXURE VII

SL NO	BHEL ITEM CODE	ITEM DESCRIPTION	FORM	UNIT OF MEASURE	APPROX. QUANTITY PER YEAR	BRAND NAME	RATE PER UNIT OF MEASURE	TAX %	RATE WITH TAX PER (UOM)	MRP PER (UOM)
238	262304NT	DUOLEXITINE 20 MG	TABLET	PER TAB	37000					
239	262305NT	ACAMPROSATE CALCIUM 333 MG (ACUMPEROL)	TABLET	PER TAB	25000					
240	264402NT	RESPIRIDONE 2 MG	TABLET	PER TAB	57000					
241	264404NT	OLANZEOPINE 5MG	TABLET	PER TAB	41000					
242	264407NT	FLUVOXAMINE 50 MG	TABLET	PER TAB	12000					
243	264409AT	PARAXITINE CR 12.5 MG	TABLET	PER TAB	17000					
244	264411BT	QUETIAPINE 25 MG	TABLET	PER TAB	90000					
245	264411NT	QUETIAPINE 100 MG	TABLET	PER TAB	65000					
246	264414NT	ESCITALOPRAM 10 MG	TABLET	PER TAB	100000					
247	264415NT	ARIPIRZOLE 15 MG	TABLET	PER TAB	16000					
248	264417NT	DIVOLPREX SODIUM 500 MG - DR/ER	TABLET	PER TAB	25000					
249	264418NT	MIRTAZAPINE 15 MG	TABLET	PER TAB	12000					
250	264419AT	LAMOTRIGINE 100 MG	TABLET	PER TAB	8500					
251	264420BT	AMISUERPRIDE ER 200MG	TABLET	PER TAB	22000					
252	264421BI	INJ.PALIPERIDONE 100MG	TABLET	PER TAB	50					
253	264421NI	INJ.PALIPERIDONE 150 MG	TABLET	PER TAB	50					
254	264423NT	MEMANTINE 5MG	TABLET	PER TAB	30000					
255	264424NT	ZOLIPEDEM 10 MG	TABLET	PER TAB	25000					
256	271103AL	SALBUTAMOL 2 MG/5 ML 100ML	LIQUID	PER 100 ML	7200					
257	271103BL	SALBUTAMOL RESPIRATORY SOLUTION 15 ML	LIQUID	PER 15 ML	2500					
258	271202NI	HYDROXYETHYL THEOPHYLLINE 2 ML	INJECTION	PER PFS	7500					
259	271203AT	ACEBROPHYLLINE SR 200 MG	TABLET	PER TAB	100000					
260	272001BL	DIPHENHYDRAMINE+AMMON CHLORIDE+SOD CITRATE+MENTHOL 100 ML	LIQUID	PER 100 ML	660000					
261	272002NL	DECONGESTANT SYRUP 60ML	LIQUID	PER 60 ML	1500					
262	272003NL	DECONGESTANT DROPS 15ML	LIQUID	PER 15 ML	4000					
263	273001NT	BROMHEXINE HCL 8 MG	TABLET	PER TAB	230000					
264	273002NL	BROMHEXINE 4 MG/ 5 ML 100 ML	LIQUID	PER 100 ML	12000					
265	273003AT	MONTELUKAST 4 MG	TABLET	PER TAB	20000					
266	274001NL	SALBUTAMOL+BECLOMETHIZONE-INHALER 200 MD	LIQUID	PER PACK	8700					
267	274005NL	TIOTROPIUM BROMIDE 9 MCG INHALER 200 MD	LIQUID	PER PACK	900					
268	274006NL	FERMOTERRL 6 MCG +BUDESOMIDE200 MCG INHALER 120 MD	LIQUID	PER PACK	1000					
269	274007AL	BUDESOMIDE INHALER 100 MCG	LIQUID	PER PACK	1200					
270	281107NI	INSULIN LIPRO BIPHASIC 25/75-100 IU/ML-3ML CARTRIDGES WITH NEEDLES.	INJECTION	PER CATRIGE	37000					
271	281109NI	INSULIN MONOCOMPONENT ASPART30/70-100IU/ML-3ML CARTRIGES	INJECTION	PER CATRIGE	5000					
272	281202AT	GLICLAZIDE 30 MG MR	TABLET	PER TAB	700000					
273	281206NT	VOGLIBOSE 0.2 MG	TABLET	PER TAB	1075000					
274	281304NT	METFORMIN SR 1 GM	TABLET	PER TAB	850000					
275	281305AT	METFORMIN SR 500 MG + GLIMIPRIDE 1MG	TABLET	PER TAB	300000					

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276	281401AT	ACARBOSE 25 MG	TABLET	PER TAB	50000					
277	282003NI	BETAMETHASONE 4 MG/ML-1 ML	TABLET	PER VIAL	7000					
278	282008AT	MYCOPHENOLATE MOFETIL 500 MG	TABLET	PER TAB	22000					
279	282008NI	HUMAN IMMUNOGLOBIN 5 % PACK 5GM-100ML	TABLET	PER TAB	200					
280	282009NT	DEFLACORT 6 MG	TABLET	PER TAB	25000					
281	284001BT	THYROXINE 0.75MG	TABLET	PER TAB	100000					
282	286014NT	N - ACETYLCYSTINE+INOSITOL	TABLET	PER TAB	3000					
283	291001NT	CLOTRIMAZOLE VAGINAL 100 MG	TABLET	PER TAB	10000					
284	291002NT	CLINDAMYCIN 100 MG + CLOTRIMAZOLE 200 MG	TABLET	PER TAB	2500					
285	292001AI	OXYTOCIN 5 IU/ML-1ML	TABLET	PER 100 ML	2000					
286	292004NT	ALENDRONIC ACID 70 MG	TABLET	PER TAB	5500					
287	292005NT	DHA (DICOSOHEXANOIC ACID 300MG	TABLET	PER TAB	12000					
288	292006AT	MICRONISED PROGESTRONE 200 MG	TABLET	PER TAB	25000					
289	301101NT	FRUSEMIDE 40 MG	TABLET	PER TAB	220000					
290	301102NT	TORASIMIDE 20 MG	TABLET	PER TAB	40000					
291	301103AT	CHLORTHALIDONE 6.25MG	TABLET	PER TAB	50000					
292	301201NT	SPIRONOLACTONE 25 MG	TABLET	PER TAB	72000					
293	301204NT	HYDROCHLOROTHIAZIDE - 12.5 MG	TABLET	PER TAB	175000					
294	301205NT	METOLAZONE 2.5 MG	TABLET	PER TAB	6000					
295	301301NI	MANNITOL 20% (100ML)	TABLET	PER TAB	600					
296	303001AT	TOLTERODINE 4 MG	TABLET	PER TAB	6000					
297	303000AL	DISODIUM HYDROGEN CITRATE 125 MG / 5 ML - 100 ML	LIQUID	PER 100 ML	8000					
298	303002NL	POTTASIUM CITRATE LIQUID 200ML	LIQUID	PER 200 ML	7000					
299	303003NL	POTTASIUM + MAGNESIUM CITRATE 500 MG 450ML	LIQUID	PER 450 ML	500					
300	303003NT	SOLIFENACIN 5MG	TABLET	PER TAB	30000					
301	303004AI	ETANERCEPT 50 MG PFS	TABLET	PER 100 ML	100					
302	305002NT	FLAVOXATE 200 MG	TABLET	PER TAB	170000					
303	305004AT	NFT (NITROFURADATOIN) 100MG	TABLET	PER TAB	26000					
304	305005AT	SILDENAFIL 25MG	TABLET	PER TAB	32000					
305	305007NT	CO ENZYME Q 100	TABLET	PER TAB	50000					
306	313002NT	IRON WITH CARBONYAL	TABLET	PER TAB	80000					
307	314101BI	IRON SUCROSE 20MG/ML-2.5ML	TABLET	PER PFS	4500					
308	314101NL	IRON TONIC - 150 ML	LIQUID	PER 150 ML	4000					
309	314201NL	CALCIUM SYRUP - 150 ML	LIQUID	PER 150 ML	5000					
310	314204NT	SHELL CALCIUM 250 MG	TABLET	PER TAB	260000					
311	314206NT	L-CARNITINE 500 MG	TABLET	PER TAB	18000					
312	314207NT	OYSTER CALCIUM + VIT D3 500 MG + 250 IU	TABLET	PER TAB	2600000					
313	314209NP	L-ARGININE WITH VITAMINE SACHETS 6GM	POWDER	PER SACKETS	8000					
314	314301NL	ZINC SULPHATE SYRUP 60ML	LIQUID	PER 60 ML	900					
315	315103NT	ISOTRETINOIN 20 MG	TABLET	PER TAB	4000					
316	315201NT	VITAMIN B COMPLEX	TABLET	PER TAB	1700000					

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317	315202NI	VITAMIN B1,B6,B12 INJ,-2ML	TABLET	PER TAB	14500					
318	315203NI	METHYL COBALMIN (INJ)-1000MCG/ML-1ML	POWDER	PER TAB	19000					
319	315204NT	VITAMIN B6 (PYRIDOXIN 100 MG)	TABLET	PER TAB	35000					
320	315205NT	FOLIC ACID 5 MG	TABLET	PER TAB	185000					
321	315206AT	CALCIUM PANTOTHENATE + BIOTIN+MINERALS	TABLET	PER TAB	55000					
322	315207NT	THIAMINE 75 MG	TABLET	PER TAB	6000					
323	315208NT	FOLICACID WITH HOMOCYSTINE	TABLET	PER TAB	25000					
324	315209NT	METHYLCOBALAMIN 500 MCG+ VITAMIN+ALFALIPIC ACID 100 MG	TABLET	PER TAB	1050000					
325	315210NT	METHYLCOBALAMINE 500 MCG	TABLET	PER TAB	50000					
326	315401NT	ALFA-CALCIDOL 0.25 MG	TABLET	PER TAB	205000					
327	315502NT	VITAMIN E+B COMPLEX+ANTIOXIDANT	TABLET	PER TAB	620000					
328	315503NP	CHOLECALCIFERAL SACHET 60KIU	POWDER	PER SACKETS	8000					
329	315503NT	EVENING OIL PRIMOSA 1000 MG	TABLET	PER TAB	13000					
330	315801NT	VITAMIN D3 60000IU TAB	TABLET	PER TAB	25000					
331	316001BT	LACTOBACILLUS 60 MILLION SPORES	TABLET	PER TAB	210000					
332	316002NT	PROBIOTIC-SYMBIOTIC	TABLET	PER TAB	11000					
333	316003NL	BACILLUS CLAUSIC 10ML SINGLE DOSE DISP VIALS	LIQUID	PER 10ML	1000					
334	317001NI	AMINOACID INFUSION - 200 ML	INJECTION	PER PACK	400					
335	321001NI	INACTIVATED POLIO VACCINE (SINGLE DOSE)	INJECTION	PER TAB	1500					
336	321001NL	ORAL POLIO VACCINE MULTIDOSE	LIQUID	PER ML	400					
337	321004NI	HAEMOPHILLUS TYPE B CONJUGATE VACCINE 0.5 ML S.D(H	INJECTION	PER TAB	200					
338	321005NI	MEASLES VACCINE SINGLE DOSE	INJECTION	PER TAB	1000					
339	321006NI	MMR VACCINE SINGLE DOSE	INJECTION	PER ML	1500					
340	321012NI	TYPHOID VACCINE SINGLE DOSE ABOVE 2 YEARS 0.5ML	INJECTION	PER AMP	1200					
341	321013AI	INJ.DPT+HBV+HIB SINGLE DOSE (PREFILLED SYRINGE)	INJECTION	PER AMP	1200					
342	321013BI	INJ.DTAP+HIB+IPV - SD(PENTAXIN)	INJECTION	PER AMP	200					
343	321014BL	ORAL ROTAVIRUS VACCINE 0.5 ML-SINGLE DOSE.	LIQUID	PER ML	1300					
344	321014NL	ORAL ROTAVIRUS VACCINE 01 ML SINGLE DOSE.	LIQUID	PER ML	1100					
345	321015NI	DPT+HIB SINGLE DOSE	INJECTION	PER AMP	1500					
346	321019NI	PURIFIED INACTIVATED JAPANESE ENCEPHALITIS VACCINE 0.5 ML VIAL.	INJECTION	PER AMP	1200					
347	321020AI	HEPATITIS A VACCINE MULTIDOSE	INJECTION	PER AMP	1200					
348	322001NI	TETANUS TOXOID PTAP 5 ML VIAL	INJECTION	PER AMP	1500					
349	323002NI	ANTI SNAKE VENUM SERUM 10ML	LIQUID	PER AMP	200					
350	325001ND	CYCLOSPORINE 0.05% EYE DROPS	DROPS	PER ML	2000					
351	325001NI	ERYTHROPOIETIN 2000 IU/1 ML	INJECTION	PER AMP	4000					
352	330004NT	CETRIZINE TAB 10 MG	TABLET	PER TAB	800000					
353	330009NT	FEXOFENIDHINE 120 MG	TABLET	PER TAB	85000					
354	341004NO	MUPIROCIN 2%-5 GM	OINTMENT	PER 5 GM	10000					

PRICE BID FORMAT ANNEXURE VII

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355	341005AO	POVIDONE IODINE,TINIDAZOLE WITH SUCRAFATE 10 GM	OINTMENT	PER 10 GM	500					
356	341006AO	SODIUM FUCIDATE OINTMENT 5 GM	OINTMENT	PER 5 GM	12000					
357	342001AO	MICONOZOLE 2%-30 GM	OINTMENT	PER 30 GM	5000					
358	342002AL	CLOTRIMAZOLE WITH STEROID LOTION 30 ML	LIQUID	PER 30 ML	5000					
359	342002AO	CLOTRIMAZOLE CREAM 1% -20 GM	OINTMENT	PER 20 GM	52000					
360	342002NL	CLOTRIMAZOLE LOTION 1% - 15 ML	LIQUID	PER 15 ML	7500					
361	342004AT	ITRACONAZOLE 100MG	TABLET	PER TAB	1200					
362	344101NO	BETAMETHASONE PLAIN 20 GM	OINTMENT	PER 20 GM	11000					
363	344103AO	CLOPETASOL PROPIONATE GEL 0.05% 30 GM	OINTMENT	PER 30 GM	6000					
364	344110NO	HALOBETASOL PROPIONATE 0.05% CREAM - 10 GM	OINTMENT	PER 10 GM	2000					
365	344201NO	BETAMETHASONE WITH NEOMYCIN 20GM	OINTMENT	PER 20 GM	10500					
366	344203NO	BETAMETHASONE WITH COTRIMAZOLE 10 GM	OINTMENT	PER 10 GM	2500					
367	344401NO	STEROID + ANTIBAC + ANTIFUNGAL - 5 GM	OINTMENT	PER 5 GM	13000					
368	344503NO	CHOLINE SALICYLATE 15GM TUBE	OINTMENT	PER 15 GM	2500					
369	345001NO	BENZYL PEROXIDE 5% - 20 GM	OINTMENT	PER 20 GM	2300					
370	345002NO	BENZYL PEROXIDE 2.5 % - 20 GM	OINTMENT	PER 20 GM	2000					
371	346001AL	SALYTAR SOLUTION - 100 ML	LIQUID	PER 100 ML	1600					
372	347006NO	FLUTICASONE CREAM 10 GM	OINTMENT	PER 10 GM	5000					
373	347008AO	HYDROQUINONE+TRETINOIN+MOMETASONE---20GM	OINTMENT	PER 20 GM	2500					
374	348001AL	CALAMINE LOTION 100 ML	LIQUID	PER 100 ML	19000					
375	348003NL	SALICYLIC + LACTIC ACID SOLUTION 10ML	LIQUID	PER 10 ML	1200					
376	349001BO	MOMETASONE FUROATE CREAM 0.01%--15 GM	OINTMENT	PER 15 GM	3500					
377	349002AO	WHITE FIELD OINT 20 GM	OINTMENT	PER 20 GM	5000					
378	349009NO	CLINDAMYCIN GEL 1% 20GM	OINTMENT	PER 20 GM	2500					
379	351003BD	TIMOLOL MALEATE 5MG+BRIMONIDINE TARTRATE 2MG 5 ML	DROPS	PER 5 ML	1000					
380	351003ND	TIMOLOL EYE DROPS 0.5% - 5 ML	DROPS	PER 5ML	6000					
381	351005ND	LATANOPROST DROPS 50MCG/2.5ML	DROPS	PER 2.5ML	2000					
382	351006ND	DORZOLAMIDE +TIMOLOL 0.5% 5 ML EYE DROPS	DROPS	PER 5 ML	1500					
383	351008ND	BRIMONIDINE TARTRATE 0.2%% OPHTHALMIC SOLUTION-5ML	DROPS	PER 5 ML	1000					
384	351009ND	PROPARACAIN HCL0.5%- EYE DROPS-5 ML	DROPS	PER 5 ML	2000					
385	352002BD	TROPICAMIDE 0.8% + PHENYLEPHINERINE 5% -5ML	DROPS	PER 5 ML	3100					
386	353103ND	CIPROFLOXACIN EYE/EAR DROPS - 5 ML	DROPS	PER 5 ML	3000					
387	353105NO	CHLOROMYCETIN APPLICAPS (50 NO BOTTLE)	OINTMENT	PER BOTTLE	100000					
388	353106ND	MOXIGRAM KT 5ML	DROPS	PER 5 ML	2000					
389	353107AO	GANCICLOVIR 0.15% OPTHALAMIC GEL	OINTMENT	PER 5 GM	6000					
390	353108AO	TACROLIMUS EYE OINT 0.03% 5 GM	OINTMENT	PER 5 GM	2000					

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391	354001ND	AUROCHROME(NA CHROMO GLYCATE 2% DROPS)	DROPS	PER 10 ML	1500					
392	356001BD	NAPHAZOLINE + CHLORPHENIRAMINE MALEATE+HPMC EYE DROPS -10 ML	DROPS	PER 10 ML	3000					
393	356003AD	CHLORAMPHENICOL 0.5% +DEXAMETHASONE 0.1%-10 ML ED	DROPS	PER ML	2000					
394	356003BO	CHLORAMPHENICOL 0.3%+HYDROCORTIZONE 1% EYE OINT 5GM	OINTMENT	PER 5 GM	2000					
395	356007ND	BROMFENAC DROPS 5 ML	DROPS	PER 5 ML	3000					
396	356008ND	OLAPATIDINE DROPS 5 ML	DROPS	PER 5ML	4000					
397	358001AI	HYDROXY PROPYL METHYL CELLULOSE - PFS -2ML	DROPS	PER 5 GM	5000					
398	358001AO	HYDROXY PROPYL METHYL CELLULOSE EYE OINTMENT 2% -5 GM	OINTMENT	PER 5 GM	3000					
399	358001NI	HYDROXY PROPYL METHY CELLUOSE INJ VIAL 5ML	DROPS	PER 10 ML	2000					
400	358002ND	ARTIFICIAL TEARS-10ML	DROPS	PER 10 ML	3200					
401	358004ND	TOBRAMYCIN EYE DROPS 5 ML	DROPS	PER 5 ML	3000					
402	358005AD	KETOROLAC TROMETHAMINE 0.5%+ OFLOXACINE 0.3% EYE DROPS 5 ML	DROPS	PER 5 ML	2000					
403	358006ND	CARBOXY METHYL CELLULOSE DROPS-10ML	DROPS	PER 10 ML	10000					
404	358007ND	NEPAFENAC DROPS 5ML	DROPS	PER 5 ML	3000					
405	359002ND	POLYETYLENE GLYCOL0.5% PROPYLENE GLYCOL0.3% 10ML	DROPS	PER 10 ML	6000					
406	359011NO	SODIUM CHLORIDE EYE OINTMENT 6%-5 GM	OINTMENT	PER 5 GM	1000					
407	359015ND	TRYPAN BLUE 0.06% EYE DROPS 1 ML	DROPS	PER ML	2000					
408	359017ND	TRAVATOPROST DROPS-2.5ML	DROPS	PER 2.5ML	2000					
409	359019ND	MOXYFLOXACIN EYE DROPS-5ML	DROPS	PER 5ML	3000					
410	359020ND	BIMATOPROST OPTHALMIC SOLUTION 0.03%-3ML	DROPS	PER 3 ML	1500					
411	361002BD	NASAL DECONGESTANT DROPS ADULT - 10 ML	DROPS	PER 10 ML	2700					
412	362102ND	NORFLOXACIN EYE / EAR DROPS - 10 ML	DROPS	PER 10 ML	11000					
413	362103ND	OFLAXACIN EYE DROPS 5 ML	DROPS	PER 5 ML	5700					
414	362104AD	MOXIFLOXACIN 0.5% +LOTEPREDNOL ETABONATE 0.5%-5 ML	DROPS	PER 5 ML	1000					
415	362104BD	MOXIFLOXACIN UNIMS 0.5ML	DROPS	PER ML	1000					
416	362104ND	MOXIFLOXACIN 0.5%+DEXAMETHASONE 0.1% EYE DROPS 5 ML	DROPS	PER 5 ML	2000					
417	362601ND	ANTIWAX EAR DROPS - 10 ML	DROPS	PER 10 ML	2200					
418	363001AT	BETAHISTINE HYDROCHLORIDE 16 MG	TABLET	PER TAB	260000					
419	363001NT	BETAHISTINE-HYDROCLORIDE 8 MG	TABLET	PER TAB	240000					
420	363003NT	CINNARIZINE 25 MG	TABLET	PER TAB	140000					
421	363004NL	FLUTCASONE NASAL SPRAY 0.05% 120 MD	LIQUID	PER PACK	1000					
422	363005NL	AZELASTIN NASAL SPRAY 70 MD	LIQUID	PER PACK	600					
423	363007NL	MOMETASONE NASAL SPRAY 100 MD	LIQUID	PER PACK	500					

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424	371101AT	METHOTREXATE 5MG	TABLET	PER TAB	10000					
425	371102NT	AZOTHOPRINE 50 MG	TABLET	PER TAB	7000					
426	371103NT	LETRZOLE 2.5MG	TABLET	PER TAB	10000					
427	371104NT	IMANTINIB 400 MG	TABLET	PER TAB	2000					
428	371105NT	LEVATIRACETAM 500 MG	TABLET	PER TAB	55000					
429	371108NT	EVEROLIMUS 10 MG	TABLET	PER TAB	1000					
430	37111OBI	GEMCITAFIN 1000 MG	INJECTION	PER PACK	50					
431	381011NI	BUPIVACAINE .5% HEAVY - 4 ML	TABLET	PER TAB	1500					
432	385003AI	VACRONIUM BROMIDE 4 MG/2ML	TABLET	PER TAB	500					
433	388001NL	SEVOFLURANE 250ML	LIQUID	PER 250 ML	5					
434	390005CI	NORMAL SALINE 0.9% 100ML	TABLET	PER TAB	11500					
435	400004NL	MINI CAPS	PIECE	PER PIECE	22000					
436	400005AL	PD SOLUTION 1.5% 2 LTR	LIQUID	PER PACK	4000					
437	400005BL	P D SOLUTION 1.5% / 5 LITRES	LIQUID	PER PACK	1000					
438	400005CL	P D SOLUTION 2.5% / 5 LITRES	LIQUID	PER PACK	1000					
439	400005NL	PD SOLUTION 2.5% - 2 LITRE	LIQUID	PER PACK	13000					
440	400006BL	CAPD SOLUTION 7.5% 2 LIT	LIQUID	PER PACK	1250					
441	400006NL	CAPD DISPOSABLE EFFLUENT SAMPLE BAG-15 LIT	LIQUID	PER PACK	5000					
442	400007NL	CASSETTEE	LIQUID	PER PACK	1000					
443	421001BL	POVIDONE IODINE 10 % 500ML	LIQUID	PER 500 ML	250					
444	421001NL	POVIDONE IODINE 5% - 500 ML	LIQUID	PER 500 ML	700					
445	424002BO	SILVERSULPHADIAZINE CREAM 20 G	OINTMENT	PER 20 GM	1200					
446	425001NO	BEPARINE - 10 GM	OINTMENT	PER 10 GM	2500					
447	451009AL	LIQUID PARAFFIN 100 ML	LIQUID	PER 100 ML	20000					
448	452008AT	SODIUM BICARBONATE 500 MG	TABLET	PER TAB	50000					
449	032003NT	IVERMECTIN 6 MG	TABLET	PER TAB	3000					
450	082301NT	TETRACYCLINE 250 MG	TABLET	PER TAB	25000					
451	082709NT	LEVOFLOXACIN 500 MG	TABLET	PER TAB	2500					
452	362501ND	CLOTRIMAZOLE EAR DROPS - 10 ML	DROPS	PER 10 ML	1000					
453	410001NL	SAVLON HOSPITAL CONCENTRATE - 1 LIT	LIQUID	PER ML	250					
454	253002NI	PROCHLORPERAZINE 12.5 MG/ ML-1ML	OINTMENT	PER 20 GM	3600					
455	301101NI	FRUSEMIDE 10 MG/ML-2ML	LIQUID	PER 10 GM	7500					
456	082704BT	OFLOXACIN 400 MG	TABLET	PER TAB	5000					
457	262103CT	AMITRIPTYLINE HCL 75 MG	TABLET	PER TAB	15000					
458	082706AD	GATIFLOXACIN 3MG+ DIFLOPREDNATE 0.5% EYE DROPS 5 ML	DROPS	PER 5 ML	500					
459	330007NT	DESLORATIDINE 5MG	TABLET	PER TAB	10000					