

Dated: 18<sup>th</sup> October 2022

**HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST**  
**B-14A, IInd Floor, Sector 62, Noida,**  
**Gautam Budh Nagar, Uttar Pradesh - 201307**

**Request for Proposal (RFP)**  
**Empanelment the agency for purchase and supply of medicines on PAN India basis**

Hindustan Latex family Planning and Promotion Trust (HLFPPT) is a trust established and promoted by HLL Lifecare Ltd. (a government of India Enterprise) having its corporate office at Noida Sec 62, U.P. Since its set up in the year 1992, HLFPPT has been implementing various reproductive health programs with support from central and state government, international agencies and corporate units.

In this regard HLFPPT invites sealed proposals for “**Empanelment the agency for purchase & supply of medicines on PAN India basis**” as per details, terms and conditions given below:

**Terms and conditions**

1. The agency can be an individual/HUF/ Association of Persons (AOP)/Society/Trust/Partnership firm/company incorporated under the laws of India.
2. No agency shall be entitled to submit more than one bid whether jointly or severally. If one does so, all bids wherein the agency has participated shall stand disqualified.
3. The agency shall bear all costs associated with the preparation and submission of bid.
4. The agency must have PAN (Permanent Account Number) and registered with GST and the document for the same is to be attached.
5. HLFPPT reserves the right to accept /reject/ select one or more than one agency and to annul the bidding process any or all bids at any time prior to award of contract without thereby incurring any liability to the affected agency.
6. The supplier should have all valid licenses, approvals, certificates, registration from all statutory authorities from Drug Control Authority of State/Union/Income Tax/GST/any other relevant and mandatory requirements. Copy of license to be enclosed
7. Schedule of supply will be provided by HLFPPT at the beginning of the Purchase Order. In case of delay/ disruption of the activity

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

implementation/execution, penalty will be levied.

8. HLPPT reserves the right to cancel the contract based on performance without assigning any reason thereof.
9. Evaluation of the bids will be done by competent committee from HLPPT.
10. HLPPT shall without prejudice to its other remedies under the contract, deduct from the Contract Price, as Liquidated Damages a sum equivalent to 2.5% of the price of agreed unperformed good supply or for delay of each day until actual delivery or performance, up to a maximum deduction of 20% of the contract Price. Once the maximum is reached, HLPPT may consider termination of the contract.
11. In the event of award of contract the agency shall be able to supply the Medicines within 05-10 days of award of contract as per the schedule provided by HLPPT.
12. HLPPT management reserves the right to change (increase or reduce) the numbers/units as per its sole discretion and Project requirement.
13. **Documents required to release the payment:**
  - a. Bill / Invoice mentioning Permanent Account Number of Income Tax Department
  - b. Documentary proof of the deliverables as per Purchase order.
14. Agencies that will be technically qualified would only be considered for opening of financial bids.
15. The agency should submit enclosed **Annexure - 1** duly seal & signed.
16. Technical Evaluation of the agencies would be done on the following basis-

1	Experience with HLPPT/Govt. Agency/NGO/Development Sector	20
2	Experience in similar type of Product	20
3	Annual Turnover - Financial Status of the agency.	30
4	Clientele.	20
5	Any other criteria as per discretion of Management.	10

**Agency should submit the Technical bid as per details is mentioned in above table with enclosed Annexure-2: Technical Bid Format.**

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

17. The RFP shall be evaluated strictly based on the substantive information/credentials/documentary evidences submitted by the agencies.
18. HLFPPPT Management Reserves the Right to award the work to more than one Agency as per requirement.
19. The agency needs to submit 'Technical Bid' & 'Financial Bid' in sealed envelopes by super scribing as '**Technical Proposal for Empanelment the agency for purchase and supply of medicines on PAN India Basis**' and '**Financial Proposal for Empanelment the agency for purchase and supply of medicines on PAN India Basis**'.
20. All the bid needs to be submitted by **5.00 pm on Date- 15<sup>th</sup> November' 2022** at the following address:

**Manager - Administration**  
**Hindustan Latex Family Planning Promotion Trust (HLFPPT)**  
**B-14A, IInd Floor,**  
**Sector 62, Noida, Gautam Budh Nagar, Uttar Pradesh - 201307**  
**Ph. 0120 - 4231060/61/62**

21. Agencies would not be allowed to subcontract, partial/full of the work assigned to them. In such case the Management reserves the right to cancel the contract with the agency.
22. The rates quoted by the agency will be inclusive of all Taxes/Packing and Freight Charges etc. Agency should submit the financial bid as per the **Annexure-3: Financial Bid Format**
23. The rate quoted by the agency will be valid for 01 year from the award of the contract.
24. All Medicines to be supplied by the Agency should be branded, standard and best quality medicines from reputed companies, means no sub-standard drugs.
25. Medicines/drugs not in good condition, in any lot, shall not be accepted by HLFPPPT and are to be replaced by the selected Bidder.
26. Minimum Shelf Life of medicines supplied to the HLFPPPT should be strictly of one (01) year.
27. Medicines should be of same brand/ company as specified in the Purchase Order issued by HLFPPPT. No substitute of same chemical composition of any other company shall be accepted by HLFPPPT, without having HLFPPPT prior approval in writing from HLFPPPT authorized representative. In case the manufacturing of the medicines/drugs is stopped by the company or the medicines/drugs are not available in the market, the prior approval of HLFPPPT shall be required for supply of such substitutes.

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

28. In case the Medicines/drugs supplied by the Supplier are found to be dubious or spurious, the Supplier shall indemnify the HLPPT against all losses/claims that may be caused/lodged against HLPPT on account of such defective Medicines/drugs including the rights / damages available under the various laws of the land.
29. HLPPT reserves the right to award the contract to the second highest scoring agency in the event the first highest scoring agency backs out after final discussions.
30. Any technical and financial bid with inadequate information and those which do not meet the eligible criteria or received after the closing date & time will not be entertained and considered under any circumstances.
31. The agency needs to sign and stamp all pages of the technical bid along with the terms and conditions of RFP.
32. The Agencies should also submit an undertaking (**Annexure-4**) duly signed & Stamped.
33. The contract may be terminated on breach of any of the clauses of this RFP.
34. HLPPT reserves the right to cancel the bid anytime without prior information/notice.

We agree and abide by all terms and conditions as mentioned above including the validity of the offer

**Utmost confidentiality of the data provided shall be maintained.**

**Annexure- 1**  
**(To be filled, sign & stamp by Agency)**

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

**A**

<b>S.No</b>	<b>Particulars</b>	<b>Remarks</b>	<b>Work Experience</b>
1	Experience with HLPPT/Govt. Agency/NGO/Development Sector	Yes/No	
2	Experience in similar Type of Product supply	Year	

**B**

<b>S.No</b>	<b>Particulars</b>	<b>Last 3 Year</b>		
		<b>2019- 2020</b>	<b>2020-2021</b>	<b>2021-2022</b>
3	Annual Turnover/ITR			

**C**

<b>S.No</b>	<b>Particulars</b>	<b>Top 5 Client List</b>
4	Clientele List	

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

**Hindustan Latex Family Planning Promotion Trust**  
**B-14A, IInd Floor, Sector 62, Noida,**  
**Gautam Budh Nagar, Uttar Pradesh - 201307**

**Annexure- 2: Technical Bid Format**

**Location -: PAN India basis**

	<b>SPECIFICATION (TECHNICAL)</b>	<b>AGENCY'S REPOSE (Agreed /Disagreed)</b>
1.	Supply to be done according to the quantities, specifications, quality, schedule and locations approved by HLPPT	
2.	The receipt of products to be submitted as proof along with invoice.	
3.	The agency is capable and agrees to complete the supply within specified time as agreed upon otherwise penalty clause will be invoked.	
4.	Past experience of the agency in supply of items or similar items, as listed in this RFP. Please give details or provide list of clients to whom similar goods have been supplied.	
5.	Management reserves the right to award the purchase order to more than one agency (on the basis of quality consideration/experience of the agency) in addition to rates parameters.	
6.	Constitution of the agency whether Proprietor ship/Partnership/Company. Give details of Proprietor/ Partner/Directors.	
7.	For how many years the agency is engaged in similar line of activities.	
8.	Registration certificate with GST need to be submitted along with the technical quotation.	
9.	Penalty clauses will apply as per the company's policy, as per terms of the purchase order: the decision of the HLPPT/Project Management shall be final and binding in this regard.	
10.	The final price will remain valid for one year from the award of the Purchase order/ contract	

**Please Note:-**

- 1. Form must be completed in all respects; incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

**Hindustan Latex Family Planning Promotion Trust**  
**B-14A, IInd Floor, Sector 62, Noida, Gautam Budh Nagar, Uttar Pradesh - 201307**

**Annexure-3: Financial Bid Format**

I am submitting below the lowest quotation for the above after understanding completely the technical specifications and other terms and conditions of the RFP.

<b>SPECIFICATIONS (FINANCIAL)</b>	
1.	Rates will be inclusive of all Taxes/Levies/Packing and Freight Charges etc.
2.	TDS as applicable will deduced as per Income Tax Act, 1961
3.	Payment will be made through cheque / NEFT/ RTGS.
4.	Duly Certified bills will be submitted for every completed cycle on monthly basis.
5.	Payment shall be made within 45 days after submission of original invoice & delivery of goods
6.	Penalty clauses will apply as per the company's policy, as per terms of the purchase order: the decision of the HLPFPT/Project Management shall be final and binding in this regard.

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

I am submitting below my lowest quotation for the above after understanding completely the technical specifications and other terms and conditions relating to time frame, quality as spelled out in the Bid document.

S.No.-	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
1	ACECLOFENAC 100 MG	Tab.		
2	ACECLOFENAC 100MG AND PARACETAMOL 325 MG TABLET 10'S	Tab		
3	ACETYL SALICYLIC ACID 75 MG DISPERSIBLE/ MOUTH DISSOLVING	Tab.		
4	ACR A/SP [ACECLO+PARA+SERR.]	Tab		
5	ACT [AZITHRO 500]	Tab		
6	ADRENALIN 1 MG	Inj.		
7	ALBENDAZOLE 400 MG TAB	TAB		
8	ALBENDAZOLE SYRUP ALBENDAZOLE 200 MG/5ML	Syp.		
9	AMITRIPTLINE	Tab		
10	AMLODIPINE 2.5 MG	Tab.		
11	AMLODIPINE 5 MG	Tab.		
12	AMOCILLINE 250 CAP	Cap.		
13	AMOXICILLIN 125 MG/ 5 ML 30 ML	Syp.		
14	AMOXICILLIN 250 MG	Cap.		
15	AMOXICILLIN 500 MG	Cap.		
16	AMOXICILLIN+CLAVULINIC ACID 375 MG	Tab.		
17	AMOXICILLIN+CLAVULINIC ACID 625 MG	Tab.		
18	AMOXYCILLINE SYP 30 ML	Syp		
19	AMPICILLINE 250 CAP	Cap.		
20	ANTACID SYRUP	Syp.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**



S.No.-	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
21	ANTACID TAB	Tab		
22	ARTEMETHER 120+LUMEFANTRINE 20	Per Tab		
23	ASPIRIN TAB	Tab		
24	ATENOLOL 50 MG	Tab.		
25	ATORVASTATIN 10 MG	Tab.		
26	AVIL 25 MG	Tab		
27	AZITHROMYCIN (100MG/ 5ML) SUSPENSION 15 ML	Susp.		
28	AZITHROMYCIN 100 MG/ 5 ML	Syp.		
29	AZITHROMYCIN-250MG.	Per Tab		
30	AZITHROMYCIN-500MG.	Tab		
31	AZITHROMYCIN-SYRUP 100 MG/5 ML	Syp.		
32	BC TAB	Tab		
33	B-COMPLEX	Per Tab		
34	BECLAMETHASONE DIPROPIONATE..0.025% W/, NEOMYCIN SXULPHATE..0.5% W/W ( 3500 UNIT /G) CHLOROCRESOL 0 15GM	Cream		
35	BENZYL BENZYATE LOTION 100 ML	Lotion		
36	BETADINE OINT. - 250GM.	Oint.		
37	BETAMETHASONE DIPROPIONATE (OINTMENT 0.5%) (10 GM)	Cream		
38	BETAMETHASONE OINT	Oint		
39	BETAZEN	OINT		
40	BIOGENE TAB ETHICAL DIGINE	Tab.		
41	BISACODYL 10 MG	Tab		
42	BOND SUSPENSION	SUSP.		
43	BRUFIN 400 TAB	Tab		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
44	CALAMINE LOTION	Lotion		
45	CALCIUM	Per Cap		
46	CALCIUM CARBONATE	Tab.		
47	CALCIUM GLUCONATE 10%	Inj.		
48	CAP IRON FOLIC ACID	Cap.		
49	CAP OF CAPANTOTHENAGTE 50 + B12 15 MCG + FOLIC ACID 1.5 MG + THIAMINE 10 MG ,RIBOFLAVINE 10 MG + PYRIDOXINE 3MG + NIACINAMIDE 100 MG + ASCORBIC ACID 150 MG + BIOTIN 100 MCG IN EACH CAP	Cap.		
50	CAP OMEPERAZOLE .50	Cap.		
51	CAPSULE ESMOPRAZOLE DSR	Cap.		
52	CAPSULE PANTOPRAZOLE DSR	Cap.		
53	CARBAMAZINE TAB	Tab		
54	CEFIXIME 100MG	Per Tab		
55	CEFIXIME 200 MG + CLAVULANIC ACID 125 MG (AS POT.CLAVULANATE )TABLETS 10'S	Tab		
56	CEFIXIME SYRUP 50 MG/5 ML	Syp		
57	CEFPODOXIME 200 MG	Tab		
58	CEFPODOXIME SYRUP 50 MG/5 ML 30 ML	Syp		
59	CEFPODOXIMEPROXETILDISPER TAB 50 MG	Tab		
60	CEFTRIAZONE 1 G	Inj.		
61	CETIRIZINE 10 MG	Tab.		
62	CETRIZINE 5 MG/5 ML	Syp		
63	CHLOQUINE SYP BOTTLE	Syp		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
64	CHLORPHENIRAMINE	100 ml Per Syrup		
65	CHLORPHENIRAMINE MALEATE 10 MG/ ML AMP.	Inj.		
66	CHLORPHENIRAMINE MALEATE 4 MG ( SAME AS 40)	Tab.		
67	CIPLOX-TZ	Tab.		
68	CIPRAOFLOXACN 0.3% EYE/EAR DROP 5 ML	Drop		
69	CIPROFLOXACINE - 250MG	Per Tab		
70	CIPROFLOXACINE - 500MG	Tab		
71	CLAMINE 8% ,100 ML LOTION , BOT/TUBE	Lotion		
72	CLOBETASOL 0.5% + NEOMYCINE 0.5% + NEOMYCINE 0.5% + MICONAZOLE 2% CREAM 15 GM TUBE	Oint		
73	CLOTRIMAZOLE 1% + BECLOMETASONE 0.025 CREAM ,15 GM TUBE	Oint		
74	CLOTRIMAZOLE 2% V GEL ,30 GM TUBE	Tube		
75	CLOTRIMAZOLE VAGINAL SUPOSITORY	Suppository		
76	CODEINE TAB	Tab		
77	COMBIFLAME 400,325 PCM TAB	TAB		
78	COUGH SYP	Syp		
79	CREAM MICONAZOLE	Cream		
80	CYPZIP SYP ( CETRIZINE 30ML)	SYP		
81	CYPZIP SYP 200ML DOUBLE FORMULA	Syp.		
82	DEC TAB (200MG TEGRITOL)	Tab.		
83	DEFLAZACORT 12 MG	Tab.		
84	DEFLAZACORT 6 MG	Tab.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
85	DEICLOFENAC SODIUM 25 MG/ML , 3 ML INJ	inj		
86	DENATURED SPIRIT 500ML	Solution		
87	DEXAMETHASONE 4 MG	Tab		
88	DEXAMETHASONE 4 MG /ML, 2 ML INJ	inj		
89	DEXTROMETHORPHAN HBR SYRUP IP 13.5MG/5ML	Syp.		
90	DEXTROMETHORPHAN HBR SYRUP IP 13.5MG/5ML 100 ML	Syp		
91	DEXTROSE 10% (500 ML)	IV		
92	DEXTROSE 5% (500 ML)	IV		
93	DEXTROSE IN NORMAL SALINE 5%+0.9% (500ML)	IV		
94	DIAZEPAM 2 MG	Tab.		
95	DIAZEPAM 5 MG	Tab.		
96	DICLOFANIC +DICYCLOMINE	Tab		
97	DICLOFANIC SR	Tab		
98	DICLOFENAC GEL BP (DICLOFENAC DIETHYLAMINE 1.16%W/W) 15 GM	Gel		
99	DICYCLOMINE	Tab		
100	DICYCLOMINE HYDROCHLORIDE 10 MG	Tab.		
101	DICYCLOMINE HYDROCHLORIDE 10 MG/ ML	Inj.		
102	DIGOXIN TAB	Tab		
103	DNS 500 ML	IV		
104	DOMEPERION	TAB		
105	DOMPERIDON 10MG.+ DROP	Drop		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
106	DOMPERIDONE 1 MG/ ML	Syp.		
107	DOMPERIDONE 10 MG	Tab.		
108	DOMPERIDONE 30 MG+ PANTOPRAZOLE 40 MG CAPSULES [SR] 10'S	Cap.		
109	DOXYCYCLINE 100 MG CAP	Cap.		
110	DROP DICYCLOMIN 10 MG+DIMETHYLSILOXANE40 RNG/ML 7.	Syrup		
111	DROTAVARINE 40 MG	Tab		
112	EAR DROP	Drop		
113	EAR DROP COTRIMAZOLE & LINGOCAIN DROP	Drop		
114	ELBYON SYP VITAMIN B CLOMPLEX LYSIN 100ML	Syp.		
115	ELCITOL SYP ALKASOLE SYP100ML	Syp.		
116	ELISABENZ-AT SYP AMBROXIL ,TERB ,GUF	SYP		
117	ELISABENZ-AT SYP BENEDRYL FORMULA 100 ML	Syp.		
118	ELYFER-XT OROFER FORMULA	Tab		
119	ERYTHROMYCIN 250MG	Tab.		
120	ETOPHYLLIN 84.7 MG /ML + THEPHYLLIN 25.3MG/ML 2ML INJ	inj		
121	ETORICOXIB 60 MG	Syrup		
122	EYE DROP CIPROFLOXACIN PLAIN 10ML	Drop		
123	FAMORID 20	TAB		
124	FEBUXOSTAT 40 MG	Tab.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
125	FEXOFENADINE 120 MG FILM COATED TABLET 10'S	Tab		
126	FLUCONAZOLE TAB 150 MG	Tab.		
127	FOLIC ACID	Tab		
128	FRAMYCETIN SULPHATE 15 MG	Oint		
129	FRUSEMIDE 10 MG /ML 2 ML INJ	inj		
130	FRUSEMIDE 10 MG/ ML	Inj.		
131	FUROSEMIDE 40MG.	Per Tab		
132	GAMA BENZENE HEXACHLORIDE	Lotion		
133	GENTAMICIN 20 MG/ML 2ML VIAL	Inj.		
134	GENTAMYCIN E/E DROPS, 5 ML	Drop		
135	GET AID	BAND AID		
136	GLIMEPERIDE TABLETS IP 1MG 10'S	Tab		
137	GLYCERYL TRINITRATE 0.5 MG	Tab.		
138	GLYMIPERIDE 2 MG	Tab.		
139	GRISEFULVIN TAB	Tab.		
140	HYDROCHLOROTHIAZIDE 12.5 MG	Tab.		
141	HYDROCHLOROTHIAZIDE 25 MG	Tab.		
142	HYDROGEN PER OXIDE 400 ML BOT	Bottle		
143	HYDROGEN POND	Bottle		
144	HYDROZINE 10 MG	Tab		
145	IBUPROFEN 200 MG FILM COATED TABLET 10'S	Tab		
146	IBUPROFEN 200MG AND SYRUP IBUPROFEN 100 MG/5ML	Syp.		
147	IBUPROFENE 400 MG	TAB		
148	IFA TABLETS	Tab		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
149	IN ONDENSETRON 2 MG	Inj.		
150	INJ ANTI RABIES	Inj.		
151	INJ ANTI SNAKE VENOM SERUM	Inj.		
152	INJ ATROPINE SULPHATE	Inj.		
153	INJ CALCIUM GLUCONATE	Inj.		
154	INJ CHLOPHERAMINE MALEATE 2 ML	Inj.		
155	INJ DEREPHYLLINE	Inj.		
156	INJ DEXAMETHASONE 2 MG/ML	Inj.		
157	INJ DIAZEPAM	Inj.		
158	INJ DICLOFANIC 3 ML	Inj.		
159	INJ DOPAMINE 200 MG	Inj.		
160	INJ FRUSEMIDE	Inj.		
161	INJ LIGNOCAINE 2%	Inj.		
162	INJ SODABICARBONATE 7.5 MG	Inj.		
163	INJ TONABOLIN	Inj.		
164	INJ TT`	Inj.		
165	INJ VITAMIN K 10 MG	Inj.		
166	IPRATROPIUM BROMIDE 2ML RESPULE	Resp.		
167	IRON	Per Tab		
168	IRON & ZINC (CARBONYL IRON 50 MG+ ZINC SULPHATE MONOHYDRATE USP 61.8 MG EQUIVALENT TO ELEMENTAL ZINC 15'S	Cap.		
169	IRON FOLIC ACID (S R)	Tab.		
170	ISOSORBIDEMONONITRATE 10 MG	Tab.		
171	ISOSORBIDEMONONITRATE 20 MG	Tab.		
172	LACTO BASILLUS SACHET	Sachet		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
173	LASIX TAB	Tab		
174	LEVOCETRIZINE 5MG TAB	Tab		
175	LEVOFLOXACIN-500MG.	Per Tab		
176	LEVOETHYROXINE 50 MCG	Tab.		
177	LIDOCANE 2% + CHOLINE SALICYLATE 8.7 DENTAL GEL , 15 GM TUBE	Tube		
178	LIDOCANE 2% JELLY 30 TUBE	Oint		
179	LIGNOCAINE 2% (30 ML)	Inj.		
180	LIQ DISODIUM HYDROGEN CITATE 1.53G IN EACH 5ML LIQ,100 ML BOT	Syp		
181	LIZOVIT SF B12 VITAMINS TAB	Tab		
182	LIZOVIT SG MULTI VITAMIN CAP	Cap.		
183	LOPERAMIDE	Tab		
184	MAPUROCIN OINTMENT 5 GM	Oint		
185	MEFTAL SPAS TAB	Tab		
186	METFORMIN 500 MG	Tab.		
187	METHYCOBALAMINE 1500 IU/ML	Inj.		
188	METHYCOBALAMINE 1500 MCG	Tab.		
189	METOCLOPRAMIDE 10 MG	Tab.		
190	METOCLOPRAMIDE 10 MG/2 ML AMP	Inj		
191	METOCLOPRAMIDE TAB	Tab		
192	METRONIDAZOLE 100 MG/ 5 ML - 60 ML PH	Syp.		
193	METRONIDAZOLE 200 MG	Per Tab		
194	METRONIDAZOLE 400 MG	Tab.		
195	MICONAZOLE OINTMENT 15 GM	Oint		
196	MISOPROSTOL 200 MCG	Tab.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**



S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
197	MONTELUKAST 10 MG + FEXOFENADINE HCL 120 MG TABLETS	Tab		
198	MORECAL-500	Tab.		
199	MORMOX-250 MG.AMOXY 250 TAB	TAB		
200	MULTIVITAMIN	100 ml Per Syrup		
201	MUPIROCIN 2% OINT , 5 GM TUBE	Oint		
202	MYDERM CREAM 5 GM CLOTR,NEOMYCIN,BECLAMETH	Cream		
203	NASAL DROP	Drop		
204	NEOMYCIN + BACITRACIN 15 G OINTMENT, 5 MG + 500 IU/G	Cream		
205	NORFLOXACIN 400 MG	Tab		
206	NORFLOXACIN 400 MG + TINIDAZOLE 600 MG FILM COATED TABLET 10'S	Tab		
207	NUGESIA GEL-FULL FORMULA 30GM	Gel		
208	NUGESIA-AC ACECLOFANIC& PCM TAB	Tab.		
209	OFLOMAX-OZ SYP ( OFLOXACIN + METRO) 30 ML	SYP		
210	OFLOXACIN 0.3%W/V EYE DROPS 10ML 10ML	Drop		
211	OFLOXACIN 200 MG FILM COATED TABLET	Tab		
212	OFLOXACINE-SYRUP 50 MG/5 ML	Syp		
213	OMEPRAZOLE CAP	Cap.		
214	ONDANSETRON 2 MG/ML	Syp.		
215	ONDANSETRON 2 MG/ML - 2 ML AMP	Inj.		
216	ONDANSETRON 4 MG	Tab.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
217	ONDENSETRON DROP 30 ML	SUSP		
218	ORS POWDER 27.5GM WHO FORMULA	Sachet		
219	OTOGESEAR DROP	Drop		
220	OXYTOCIN 1ML (5 IU/ML)	Inj.		
221	PAEDIATRIC COUGH SYRUP	100 ml Per Syrup		
222	PANTAPRAZOLE TABLETS IP 40 MG (ENTERIC COATED) 10'S	Tab		
223	PARACETAMOL 325 MG+ TRAMADOL 37.5 MG TABLETS 15'S	Tab		
224	PARACETAMOL 120 MG/5ML	Syp.		
225	PARACETAMOL 650 MG	Per Tab		
226	PARACETAMOL SYRUP IP 125MG/5ML 60ML	Syp.		
227	PARACETAMOL-500MG TAB	TAB		
228	P-ENZYME TAB	TAB		
229	PERMERTHRINE 50MG IN EACH GM CREAM, 30 GM TUBE	Oint		
230	PERMETHARIN LOTION 50 ML	Lotion		
231	PERMETHRIN 100 ML PH	Lotion		
232	PERMETHRIN CREAM 5% W/W	Oint.		
233	PHENABARBITONE TAB	Tab		
234	POVIDONE IODINE 5% (500 ML)	Solution		
235	POVIDONELODINE TOPICAL SOLUTION 5%.15 GM TUBE	Oint		
236	POVIDONELODINE TOPIOCAL SOLUTION 5% 500ML BOT	Lotion		
237	POVIODINE IODINE OINT	Oint		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
238	PREDNISOLONE 20 MG	Per Tab		
239	PREDNISOLONE ACETATE 1% (5 ML VIAL)	Vial		
240	PRIMAQUINE TAB 7.5	Tab		
241	PURECID SUSP ANTACID SYP (170 ML)	Syp.		
242	PURECIP-250 MG TAB CIPRO-250	Tab		
243	PURECIP-500 CIPRO 500	Tab		
244	PUREOM-20 CAP OMEPRIZOLE CAP	Cap.		
245	PYRIMETHAMINE+SULPHADOXINE TAB	Tab		
246	RABEPRAZOLE 20MG + DOMPERIDONE 10MG CAPSULE 10'S	Cap.		
247	RANITIDINE AMP 25 MG /ML INJ	inj		
248	RANITIDINE TAB 150 MG.50	Tab		
249	REVLONSOLN (CHLORHEXADIN + CETRAMIDE) (1.5%W/V + 3%W/V) SOLN	Bottle		
250	RINGER LACTATE 500 ML	IV		
251	RL 500 ML	IV		
252	S YPBROMEXINE 4MG + GUAIPHENESIN 50 MG CPM 2MG IN EACH 5ML SYP,100ML BOT	Syp		
253	SAFE-200 DT CEFIXIME 200	Tab		
254	SALBUTAMOL 2.5 MG IN EACH 2.5 ML,RESP 2.5 ML	Resp.		
255	SALBUTAMOL 4 MG	Tab		
256	SCABY LOTION 50 ML	Lotion		
257	SEPTRAN SS TAB	Tab.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
258	SERRATIOPEPTIDASE 10 MG TABLET 10'S	Tab		
259	SG-B COMPLEX CAP GENVITA MULTI VITAMINS	Cap.		
260	SILVER SULFADIAZINE 1% (10 GM)	Cream		
261	SOFRACORT EYE DROP	Drop		
262	SOFRAMAX OINT ETHICAL AS PER MRP 30 GM	Cream		
263	SORBITRATE	Tab		
264	STRY OF DICYCLOMINE 10 MG+SIMETHICONE 40 MG IN EACH 5 ML SUS,30 ML	Syp		
265	STAIRCOLD 3 TAB CHESTIMATE COLD TAB	Tab		
266	SUKHAD OINT AYURVEDIC	Oint		
267	SURGICAL SPRIT 400ML BOT	Bottle		
268	SUS DOMPERIDONE 1 MG IN EACH ML SUSP,30 ML BOT	Syp		
269	SUSP PARACETAMOL 125 MG IN EACH 5 ML,60 ML BOT	Syp		
270	SYP AMOXICILLIN DRY SYRUP 125 MG IN EACH ML , 60 ML BOT	Syp		
271	SYP AMOXICILLINE	Syp		
272	SYP AMOXYCILLIN D/S	Syp		
273	SYP AMOXYCILLINE 200 MG + CLAVULANIC ACID 28.5 MG IN EACH	Syp		
274	SYP AMPICILIN	Syp		
275	SYP CETRIZINE 60 ML	Syp.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
276	SYP DIPHENHYDRAMINE 14.08 MG + NH <sub>4</sub> CL 0.138MG+NACITRATE 57.03 MG MENTHOL 1.14 MG IN EACH 5 ML SYP,100 ML BOT	Syp		
277	SYP ENZYME 200 ML	Syp		
278	SYP FURAZOLADINE	Syp		
279	SYP LIVER TONIC 100 ML	Syp		
280	SYP METRONIDAZOLE ( METRO+OFLOXACIN )	Syp.		
281	SYP ONDANSATRON 30 ML	Syp		
282	SYP PARACETAMOL 125	Syp.		
283	SYP SEPTRAN	Syp		
284	SYP SUCRALFATE 200 ML	Syp.		
285	SYP SULBUTAMOL 100 ML	Syp		
286	SYRUP OF IPECAC	Syp		
287	TAB RANATIDINE 150 MG	Tab		
288	TAB AMLODIPINE 5 MG	Tab.		
289	TAB ASTALIN 4 MG	Tab		
290	TAB BCOMPLEX	Tab		
291	TAB BETHAISTNE 8MG TAB	Tab		
292	TAB CAL CARBONATE 625 MG + BIT D3 125 IU IN EACH TAB	Tab		
293	TAB CALCIUM + VIT D3	Tab		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
294	TAB CEFIXIME 200 MH + CLAVLANIC ACID 62.5 MG IN EACH 5 ML DRY SYRUP 30 ML BOT	Syp		
295	TAB CETRIZINE 10 MG	Tab		
296	TAB CIPROFLOXACINE 250 MG	Tab.		
297	TAB CLOPIDOGREL , 75 MG TAB	Tab		
298	TAB EROMYCIN 250 MG	Tab.		
299	TAB FLUCANAZOLE 150 MG	Tab		
300	TAB FURAZOLDINE	Tab.		
301	TAB GRISEFULVIN	Tab		
302	TAB ISOSORBIDEDINITRATE 5MG TAB	Tab		
303	TAB ITRACONAZOLE 200 MG	Cap.		
304	TAB LEVOCETRIZINE+MONTULAKAST	Tab		
305	TAB METACLOPRAMIDE 10 MG	Tab		
306	TAB MULTIVITAMIN	Tab		
307	TAB NORFLOXACINE 400 MG	Tab.		
308	TAB OF ACECLOFENAC 100 MG + PATRACETAMOL500 MG + SERRATIOPEPTIDASE	Tab		
309	TAB OF ALMUNIIUM HYDROXIDE 300 MG + SILICATE 50 MG + MAGNESIUMHYDROXIDE 25 MG + SIMETHICONE 25 MG IN EACH TAB	Tab		
310	TAB OF ASPRIN 75 MG + CLOPIDOGREL 75MG TABLETS	Tab		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
311	TAB OF CEFIXIME 200 MG + CALVUNALIC ACID 125 MG IN EACHJ TAB	Tab		
312	TAB OF DICYCLOMINE 10 MG + MEFENEMIC ACID 250 MG IN EACH TAB	Tab		
313	TAB OF REBEPRAZOLE 20 + DOMPERIDONE 30 MG IN EACH TAB	Tab		
314	TAB PANTOPRAZOLE 40MG	Tab		
315	TAB PREDNISOLONE 10 MG TAB	Tab		
316	TAB PROCLOPERAZINE 5MG TAB	Tab		
317	TAB ROXITHROMYCINE 150 MG	Tab.		
318	TAB TRIMETHOPRINE 160 MG + SULPHAMETHOXAZOLE	Tab		
319	TAB. KETOCANAZOLE 200 MG	Tab		
320	TAB.DERIPHYLLIN -R 150	Tab		
321	TELMISARTAN 40 MG	Per Tab		
322	TENELIGLIPTIN 20 MG	Tab.		
323	TETANUS TOXOID I.P.(AMPOULES)	Inj.		
324	THEOPHYLLIN 50.6 MG+ ETOPHYLLIN 169.4MG/2ML	Inj.		
325	TRANEXAMIC ACID 500 MG	Tab.		
326	UP2P 100 T ASPEN	Tab		
327	UPT	Test card		
328	VEMOX 500 CAP AMOXY 500	Cap.		
329	VIT A SOLUTION	Solution		
330	VIT B COMPLEX	Cap.		
331	VIT D SACHEY	Sachet		
332	VIT K 10MG/ML (MENADION BISULPHATE)	Inj.		

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**

S.No.	Medicines Name	Unit Measurement	Rate in Rs. (Inclusive Taxes) Per Pcs./Cap/Tab/ ML/gm	Rate in Rs. (Inclusive Taxes) Per Strips/Syrup/Gel/Inj/ Oint/Bottle/Drop
333	VIT. A SOLUTION 100 ML (100000 IU/ML)	Syp.		
334	VITAMIN A/E ( VITAMIN E 400) CAPSULE	Cap.		
335	VITAMIN A/E CAP ( VITAMIN E 400)	Cap.		
336	VITAMIN B1 10MG, B2 10MG, B3 45MG, B5 50MG, B6 3MG, B12 15MCG TABLETS 10'S	Tab		
337	VITOZTME SYP 200ML	Syp.		
338	WHITE PETROLEUM GELLY	Gelly		
339	XYLOCAINE JELLY 2 %	Jelly		
340	ZINC TAB	TAB		
341	ZINC,HAEMATINIC,CARBONYL IRON&FOLIC CAP	Cap.		

**Important Note-**

- Supply to be done according to the quantities, specifications, quality, schedule and locations approved by HLPPT
- The rates quoted shall be valid for one year from issue of purchase order.
- Cost of item should include all kind of packaging, processing & transportation & other charges along with taxes.

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**



**Annexure -4**

**Undertaking from Vendor**

This has reference to the RFP dated .....In response to the RFP, we have submitted our technical & financial bids on..... at your office ..... In connection with the above bids, we hereby declare as under:-

- i- That we are neither related to any of your Trustees, Officers and other employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.
- ii- That we have submitted the bids in the name of M/S... and declare that no other bids have been submitted by us in the name of any other firms/companies/proprietors/individuals which comes under the same management and related parties.
- iii-We hereby undertakes that in case of any violations to the above declarations at any stage of the contract, HILFPPT reserves the sole right to cancel the contract and recover the full value of the contract from us.

**Name & Signature of Authorized Signatory**  
**Name & Seal of the Firm/ Agency**  
**Address:**  
**Telephone/ Fax**