

Government of west Bengal
Office of the Medical Superintendent Cum Vice Principal
Msd. Medical College & Hospital, Berhampore, Msd.

QUOTATION

Memo. No/MSD.MCH/MSVP/ 2607

Dated, Berhampore, the 18/05/2023.

Sealed quotation is hereby invited from the reputed and bonafied firms for supply of **Levosambutamol 0.31 mg Respulse** for use at Male Medicine Ward, Female Medicine Ward, Male Surgical Emergency, Male Surgical Cold, CCU, C.C.U. + H.D.U. and etc of Msd. Medical College & Hospital, Berhampore, Murshidabad as per specification given below and rate should be quoted their own Official pad including GST & others Charges if any. The sealed cover containing the quotation should bear super scribe in block letter on the top of envelop **Quotation for Levosambutamol 0.31 mg Respulse** and address to the MSVP of Msd. M.C.&H., Berhampore, Murshidabad with the following essential documents.

1. Valid Trade License/ Enlistment.
2. Pan card of the bidder/ Bidder Company.
3. GST registration Certificate.
4. Income Tax Return of the last year.
5. Last quarter's GST return
6. Credential Certificate of the Bidder in supply to the Govt. Hospital.
7. Valid Drug License

The quotation will be received by the office of the undersigned official working hours 10.30 to 2.00 pm except Holiday on 26.05.23 up to 12.00 noon and quotation will be opened on the same date at 2.00 pm. The quotationers and their authorised representative (if they desired) may be present at the time of opening the quotation in the office chamber of the undersigned. The selection committee will reserve the right to accept or reject any quotation without assigning any reason thereof.

Specification

Sl.No	Name of Medicine	Rate Per pc/Set
01.	Levosambutamol 0.31 mg Respulse	


MSVP

Msd. Medical College & Hospital
Berhampore, Murshidabad.

Memo. No/MSD.MCH/MSVP/ 2607/115

Dated, Berhampore, the 18/05/2023.

Copy forwarded for Information and necessary action please to:-

1. The Sabhadhipati, Murshidabad Zilla Parishad.
2. The District Magistrate, Murshidabad.
3. The Chief Medical Officer of Health, Murshidabad.
4. The District Information Culture officer, Berhampore, Murshidabad.
5. Notice Board, this office for wide circulates.


MSVP

Msd. Medical College & Hospital
Berhampore, Murshidabad.

Government of west Bengal
Office of the Medical Superintendent Cum Vice Principal
Msd. Medical College & Hospital, Berhampore, Msd.

QUOTATION

Memo. No/MSD.MCH/MSVP/ 2603

Dated, Berhampore, the 18/05 2023.

Sealed quotation is hereby invited from the reputed and bonafied firms for supply of **Clarithromycin 500 mg Inj.** for use at Male Medicine Ward, Female Medicine Ward, Male Surgical Emergency, Male Surgical Cold, CCU, C.C.U. + H.D.U. and etc of Msd. Medical College & Hospital, Berhampore, Murshidabad as per specification given below and rate should be quoted their own Official pad including GST & others Charges if any. The sealed cover containing the quotation should bear super scribe in block letter on the top of envelop **Quotation for Clarithromycin 500 mg Inj.** and address to the MSVP of Msd. M.C.&H., Berhampore, Murshidabad with the following essential documents.

1. Valid Trade License/ Enlistment.
2. Pan card of the bidder/ Bidder Company.
3. GST registration Certificate.
4. Income Tax Return of the last year.
5. Last quarter's GST return
6. Credential Certificate of the Bidder in supply to the Govt. Hospital.
7. Valid Drug License

The quotation will be received by the office of the undersigned official working hours 10.30 to 2.00 pm except Holiday on 26.05.23 up to 12.00 noon and quotation will be opened on the same date at 2.00 pm. The quotationers and their authorised representative (if they desired) may be present at the time of opening the quotation in the office chamber of the undersigned. The selection committee will reserve the right to accept or reject any quotation without assigning any reason thereof.

Specification

Sl.No	Name of Medicine	Rate Per pc/Set
01.	Clarithromycin 500 mg Inj.	



MSVP

Msd. Medical College & Hospital
Berhampore, Murshidabad.

Memo. No/MSD.MCH/MSVP/ 2603/115

Dated, Berhampore, the 18/03 2023.

Copy forwarded for Information and necessary action please to:-

1. The Sabhadhipati, Murshidabad Zilla Parishad.
2. The District Magistrate, Murshidabad.
3. The Chief Medical Officer of Health, Murshidabad.
4. The District Information Culture officer, Berhampore, Murshidabad.
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Government of west Bengal
Office of the Medical Superintendent Cum Vice Principal
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QUOTATION

Memo. No/MSD.MCH/MSVP/ 2605

Dated, Berhampore, the 18/05/2023.

Sealed quotation is hereby invited from the reputed and bonafied firms for supply of **Cefoperazone 1 gm Inj.** for use at Male Medicine Ward, Female Medicine Ward, Male Surgical Emergency, Male Surgical Cold, CCU, C.C.U. + H.D.U. and etc of Msd. Medical College & Hospital, Berhampore, Murshidabad as per specification given below and rate should be quoted their own Official pad including GST & others Charges if any. The sealed cover containing the quotation should bear super scribe in block letter on the top of envelop **Quotation for Cefoperazone 1 gm Inj.** and address to the MSVP of Msd. M.C.&H., Berhampore, Murshidabad with the following essential documents.

1. Valid Trade License/ Enlistment.
2. Pan card of the bidder/ Bidder Company.
3. GST registration Certificate.
4. Income Tax Return of the last year.
5. Last quarter's GST return
6. Credential Certificate of the Bidder in supply to the Govt. Hospital.
7. Valid Drug License

The quotation will be received by the office of the undersigned official working hours 10.30 to 2.00 pm except Holiday on 26.05-23. up to 12.00 noon and quotation will be opened on the same date at 2.00 pm. The quotationers and their authorised representative (if they desired) may be present at the time of opening the quotation in the office chamber of the undersigned. The selection committee will reserve the right to accept or reject any quotation without assigning any reason thereof.

Specification

Sl.No	Name of Medicine	Rate Per pc/Set
01.	Cefoperazone 1 gm Inj.	


MSVP

Msd. Medical College & Hospital
Berhampore, Murshidabad.

Memo. No/MSD.MCH/MSVP/ _____

Dated, Berhampore, the _____ **2023.**

Copy forwarded for Information and necessary action please to:-

1. The Sabhadhipati, Murshidabad Zilla Parishad.
2. The District Magistrate, Murshidabad.
3. The Chief Medical Officer of Health, Murshidabad.
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QUOTATION

Memo. No/MSD.MCH/MSVP/ 2601

Dated, Berhampore, the 18/05/2023.

Sealed quotation is hereby invited from the reputed and bonafied firms for supply of **Enalapril Maleate Inj.** for use at Male Medicine Ward, Female Medicine Ward, Male Surgical Emergency, Male Surgical Cold, CCU, C.C.U. + H.D.U. and etc of Msd. Medical College & Hospital, Berhampore, Murshidabad as per specification given below and rate should be quoted their own Official pad including GST & others Charges if any. The sealed cover containing the quotation should bear super scribe in block letter on the top of envelop **Quotation for Enalapril Maleate Inj.** and address to the MSVP of Msd. M.C.&H., Berhampore, Murshidabad with the following essential documents.

1. Valid Trade License/ Enlistment.
2. Pan card of the bidder/ Bidder Company.
3. GST registration Certificate.
4. Income Tax Return of the last year.
5. Last quarter's GST return
6. Credential Certificate of the Bidder in supply to the Govt. Hospital.
7. Valid Drug License

The quotation will be received by the office of the undersigned official working hours 10.30 to 2.00 pm except Holiday on 26.05.23, up to 12.00 noon and quotation will be opened on the same date at 2.00 pm. The quotationers and their authorised representative (if they desired) may be present at the time of opening the quotation in the office chamber of the undersigned. The selection committee will reserve the right to accept or reject any quotation without assigning any reason thereof.

<u>Specification</u>		
Sl.No	Name of Medicine	Rate Per pc/Set
01.	<u>Enalapril Maleate Inj.</u>	


MSVP

Msd. Medical College & Hospital
Berhampore, Murshidabad.

Dated, Berhampore, the _____ 2023.

Memo. No/MSD.MCH/MSVP/ _____

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