رع DAILY THE NATION DATED: 25-04-2024

	ACHI PO	ay to Pakista
	A Great Heritage	- A Vibrant Futu
PROCUREM	ENT OF MEDICIN	IES FOR KPT
HOSPITAL O	N RRC BASIS FO	OR THE YEAR
and an annual	2024-2025	and strength
Last Issuance	Last Date &	Opening Date
Date & Time	Time of	& Time of
of Tender	Receipt	Tender
20-05-2024	21-05-2024	21-05-2024

- Tender are invited under rule 36(a) of PPRA rule 2004 (amended). The complete detail, scope of work, specification & other terms & conditions, instructions are given in the tender documents.
- Tender documents can be purchased from the office of the Manager Procurement on written request on firm's letter head against non-refundable documents fee of Rs. 2000/- to be deposited in the Habib Bank Ltd. KPT Branch, Karachi for which challan may be obtained from his office or submission of pay order to be drawn in favor of Chief Account Officer, KPT, Karachi. No tender will be issued on the opening date of the tender. Tender documents will only be issued to those firms who provide General Sales Tax Registration, NTN Certificates along with latest Active Taxpayer List (ATL) & Copy of CNIC of the bearer with the request letter.
- The Tender should be sealed in one single envelope containing financial proposal and technical proposal (if any). All bids received shall be opened and evaluated in the manner prescribed in the bidding document. Bids will be opened on same day in presence of bidder's representative who wishes to attend. Offers must be valid for <u>90 days</u> from the date of opening of tender.
- Karachi Port Trust may reject all bids or proposals at any time prior to the acceptance of a bid or proposal. The reason for rejection shall be communicated as per PPRA Rules
- For further information & to download Tender document free of cost visit www.kpt.gov.pk & www.ppra.org.pk.

MANAGER PROCUREMENT KPT HEAD OFFICE BUILDING EDULJEE DINSHAW ROAD, KARACHI PHONE: 021-99214648

PID(K) 2994/23





Tender No. ADVT-2324-23

<u>Tender for Procurement of Medicines for KPT Hospital on Rate Running Contract Basis for a period of</u> <u>One year</u>

- (1) Tender Notice
- (2) Instruction to Tenderers
- (3) The Tender
- (4) Standard Conditions of Contract for supply of Stores
- (5) Special Condition of the Contract
- (6) The Schedule in duplicate. (All details must be filled in replied)
- (7) Special Note
- (8) Integrity Pact
- (9) Declaration of Ultimate Beneficial Owners Information
- (10) Performa relating to Composition and Particulars of the tendering Firm
- (11) Performa of Bank Guarantee
- (12) PPRA 36-A

The complete set of this Tender document, duly filled in and priced, must be delivered at the office of the **Manager Procurement, Karachi Port Trust before 10:30 hours on 21-May-2024** in a sealed cover super scribed envelope. Tender for *As Above* issued to:

 Name: M/s.

 Address:

Contact No. _____

-Manager Procurement Karachi Port Trust

Note:

1. Each page must be signed and stamped by the firm in reply







TENDER NOTICE

1. Tender is invited from the Manufacturer/ Authorized Distributor/ Contractors/ Suppliers for <u>Procurement of</u> <u>Medicines for KPT Hospital on RRC basis for a period of One year</u>, on Ex Stock/Forwarded delivery basis for free delivery at Central Stores Depot, West Wharf KPT. Complete details of the requirements, terms and instructions to the tenders are given in the Tender documents.

2. Tender documents can be collected from the office of the Manager Procurement on written request on the letter head of the party against non-refundable amount of $\mathbb{R}_{s.2000/-}$ to be deposited in Habib Bank Ltd, KPT Branch, Karachi for which challan may be obtained from his office against pay order to be issued in favour of Chief Accounts Officer, KPT Karachi. No tender will be issued on the opening date of the tender.

2.1. Tender documents can also be downloaded free of cost from KPT & PPRA websites, <u>www.kpt.gov.pk</u>, <u>www.ppra.org</u>. The participating firms are requested to submit General Sales Tax Registration & NTN Certificates along-with latest Active Taxpayer List (ATL) certificate. Local firms not registered with the FBR for Sales Tax & Income Tax will not be entertained.

3. Tenderers should deposit the requisite amount of earnest money as specified in the tender documents either in cash for which challan may be obtained from his office before the opening of the tender, or by pay order to be drawn in favour of the Chief Accounts Officer KPT Karachi or Bank Guarantee as per KPT standard Performa and furnish as under:-

- 1. Pay order should accompany the technical offer.
- 2. Cheque should be furnished seven clear days before the date of opening of the Tender.
- 3. Bank Guarantee should accompany the technical offer.
- 4. Tender shall not be considered if received without the requisite amount of earnest money.

4. The Tenderers whose tender is approved in whole or in part will deposit security money @ **5% of tendered value within 14 days** of the acceptance of the tender and if he fails to do so the Earnest money deposit shall be confiscated. Bank Guarantee will also not be accepted towards security deposit.

5. The complete set of tender documents in sealed covers super scripted on envelops the name of the tender to be addressed to the Manager Procurement KPT should be deposited in **Sealed Tender Box** before **10:30** AM or sent by registered post with acknowledgement due so as to reach the undersigned not later than **11:00** AM on **21-May-2024**.

6. The Tender shall be **opened at 11:00 AM** in presence of such tenderer or their authorized representative who care to be present.

7. Karachi Port Trust may reject all bids or proposals at any time prior to the acceptance of a bid or proposal. The reason for rejection shall be communicated as per **PPRA Rules**.

8. Offers must remain open for acceptance for <u>90 days</u> from the date of opening of tender.

Manager Procurement Karachi Port Trust





KARACHI PORT TRUST



(PROCUREMENT DEPARTMENT)

INSTRUCTIONS TO TENDERERS AND TERMS AND CONDITIONS OF THE TENDER

1. SUBMISSION OF TENDER:

i. Tenderers should examine carefully the terms and conditions of the tender, the standard conditions of contract for supply of Stores, the special conditions of contract, the specifications and schedule. They should obtain at their own expense any information that may be necessary for submission of the Tender.

ii. The tender must be addressed to the Manager Procurement KPT Karachi placed in a cover duly sealed and superscripted with the words Tender No. *ADVT-2324-23* for <u>Procurement of Medicines for KPT Hospital on RRC</u> basis for a period of One year.

iii. The tender must be either be sent by registered post or deposited in person in the Tender Box kept for this purpose in the office of the **Manager Procurement KPT**, so as to reach him by **1030 hours** on the date of opening mentioned in the tender documents / in the bulletin. The tender will be opened at **1100 hours** in presence of the tenderers or of their authorized representative, who care to be present. Tender, if received after the stipulated time will not be considered.

iv. A complete set of tender documents with one copy of the schedule duly completed, signed and stamped with rubber stamp of the firm must be deposited in the sealed tender box up 1030 hours on the date. The second copy of the schedule may be retained by the tenderers for record.

2. <u>EARNEST MONEY DEPOSIT:-</u>

a) At the time of tender, it is required to submit a Pay Order amounting to 2% of total quoted value in the name of **Chief Accounts Officer KPT**, as earnest money deposit in the following manner **with bid**:-

- i) Payment may be made by pay order issued by scheduled bank which must accompany the tender submitted by the firm.
- ii) Payment may also be made by cash for which the intending Tenderers shall have to obtain a set of challan from the office of the Manager Procurement KPT and deposit the amount into Habib Bank Limited KPT Branch Karachi before the time and date fixed for depositing the tender.
- iii) Cheque drawn on bank in Karachi should be furnished 7 clear days before the date of opening of tender. Up-country cheques should be furnished 15 days before the opening of tender.
- b). Bank Guarantees of banks located in Karachi in respect earnest money deposit will be accepted, KPT standard proforma of Bank guarantee attached.
- c). Earnest money of all unsuccessful Tenderers will be refunded without any interest after the tenders have been finally decided by the Competent Authority.
- d). Earnest money deposits of successful Tenderers shall be retained until such time security deposit under clause 3 of the "Standard Conditions of contract for supply of Stores" has been lodged.
- e). Should any Tenderer withdraw their tender before its acceptance or before the opening date of the Tender, or in case, he backs out after acceptance, their earnest money shall be forfeited.



3. <u>FURNISHING OF INFORMATION BY THE TENDERER/S.</u>

- a). Tenderers must produce evidence, with their tender that they have experience and are fully capable of carrying out work of this class and magnitude.
- b). Tenderers are required to submit a certificate copy of the Partnership Deed of their concern in which the names & addresses of the partners and Directors of the Firm should be given and full particulars and composition of their firm should be furnished with the Tender in proforma "B" enclosed without which tenders will not be considered.

4. <u>FURNISHING OF SAMPLES / DETAILED SPECIFICATIONS / LITERATURE ETC. IN RESPECT</u> <u>OF MATERIAL OFFERED.</u>

- a). Sample marked and labeled with tenderer's name, tender no. & date, so as to correspond with the items, in the Tender, to be sent to reach the Manager Procurement on or before the opening time and date of the Tenders.
- b). When samples are not required, the material supplied shall have to be best quality and workmanship and free from defects, imperfection, image etc. and shall conform in the respects to the description and specification, stipulated in the Tender.
- c). In no case the existing columns of the tender form as well as titles / heading of the columns and other particulars be altered. In case, the intending tenderers wish to furnish any remarks or to impose any conditions of their own, the same should be mentioned in the Remarks column. Failure to follow these instructions will render the tenders invalid for consideration.
- d). Under no conditions, samples will be paid. All samples will be returned on request to be made by the suppliers. Sample consumed in test will, however not be returned.

5. <u>ENTERING THE RATES IN THE SCHEDULE</u>: -

- a). Tenderers are to exercise greatest care in entering their rates in the schedule, No request for corrections of any mistakes or for revision of rates shall be entertained after tenders have received and opened.
- b). Tenderers are required to quote for material on **F.O.R. Basis** and for free delivery alongside designated locations on east or west wharves, Karachi Port Trust. The rates quoted should be net and inclusive of Tax octroi and all other taxes, fee, charges levies and dues etc. Tenderers stipulating rates subject to certain percentages of discount will not be considered.
- c). Rates against each items must be filled in figures as well as in words. Should either the figures or the words be omitted or should there be any difference, between the same, the tender shall not be considered.
- d). Any erasures and over-writing by the tenderers, will render the tender liable to rejection. Corrections if any must be made by striking out the errors and entering and signing in full the corrections in ink, by the same person, who has signed the tender.

6. <u>SIGNATURE OF THE TERNDERER AND FIRMS RUBBER STAMP</u>: -

All tenders submitted must be signed only by a partner or other person authorized to do so, on their behalf and should bear rubber stamp of the firm.

7. <u>ACCEPTANCE OR REJECTION OF THE TENDER</u>: -

a). Tenderer will be required to conform strictly to all the terms and conditions stipulated in the tender. <u>Tender</u> will not be considered unless both the **"The Tender"** and the Schedule of **"Requirement"** are signed and rubber stamped and are not Trust form.



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- b). No alteration or interpolation should usually be made by the Tenderers in the tender conditions of this tender specifications or the schedule. The tenderer should clearly understand that make any such alteration or interpolation then their tenders may at the discretion of the Karachi Port Trust be reject either in whole or in part without assigning any reasons.
- c). The Board of Trustees / Chairman or any other Officer or the Karachi Port Trust authorized in this behalf reserve to themselves the right to reject the lowest or any tender, without assigning any reason or to accept any tender in part or in whole, at their sole discretion.
- d). Rates should be quoted on item wise basis. The tenderers shall be bound to accept orders on item wise basis. Tenderers contravening this condition shall be liable to be is disregarded.

8. <u>SECURITY DEPOSIT</u>: -

- a). Tenderers whose tenders are approved in whole or in part shall have to lodge a security deposit of 5% of material for which their tender has been accepted within 14 days of acceptance of the Tender and if they fail to do so, their earnest money deposited shall be forfeited.
- b). It will be optional for the successful tenderers to pay the security deposit to the Karachi Port Trust either wholly in cash or wholly by pay order. If payment is made by each, they shall be required to deposit the same in to Habib Bank Ltd, Karachi Port Trust Branch against a set of challan forms which would be obtained from the office of the Manager Procurement, KPT.
- c). Bank Guarantee towards security deposit shall be accepted.
- d). Deposit in connection with the tender or contract will be lodged and receipts granted in favour of bidders or contractors, as the case may be not in the name of person who lodged the deposit on their behalf.
- e). The security deposit lodged against the contract will be held until the satisfactory completion of the whole supply and will be forfeited at the discretion of the Board in case of failure to fulfill all or any of the conditions of the contract, in respective of and without prejudice to any other remedy for such failure which the Board may seek under the terms and conditions of the contract.

9. <u>EXECUTION OF AGREEMENT</u>: -

- a). The successful tenderers shall require to enter into an agreement with the Karachi Port Trust within 14 days from the receipt of acceptance letter from K.P.T.
- b). In the event of the successful tenderer failing to execute the Agreement within the specified period the Karachi Port Trust shall without prejudice to its right to forfeit the earnest money, be at liberty to re-invite tenders at the risk as to cost and consequences of the successful tenderer.

10. **VALIDITY OF OFFER:** -

Offer must remain open for acceptance up to <u>90 days</u> from the date of opening of tender

SIGNATURE OF THE TENDERERS WITH RUBBER STAMP OF THE FIRM







THE TENDER

Description of Stores:

Procurement of Medicines for KPT Hospital on RRC basis for a period of One year

The Manager Procurement, Karachi Port Trust, Karachi.

1. I/We having made myself/ourselves fully acquainted with the requirement of the Karachi Port Trust, as detailed in the Tender Notice, instructions to Tenderers, Tender form, standard Conditions of contract for supply of stores, specification and the schedule, offer to supply the material mentioned by me/ us in the schedule at the shown by me/us therein.

2. I/We agree that this offer is irrevocable until <u>90 days</u> from the date of opening of Tender.

3. I/We further agree, in the event of this tender being accepted wholly or in part. To pay the cost the stamp on the relevant contract agreement form and undertake duly to execute the same and make the Security deposit mentioned in clause 3 of the attached standard conditions of contract for supply of Stores within 14 days when called upon to do so.

4. I/we agree that, should I/We withdraw the offer within the aforesaid period or fail to execute the formal Contract Agreement and or make the required security deposit within 14 days, the Board of Trustees of the Karachi Port Trust shall be at liberty, at their absolute discretion, to appropriate my/our Earnest money deposit sum of **2% of total quoted value** either as agreed liquidated damages without any proof whatsoever of the extent of such damage or on contract, reserving to themselves the right to recover from me/us any further loss or expenses to which they have been put directly or indirectly by reason of any failure on my/ our part as aforesaid.

5. I/We undertake to complete the supply of material for which tender has been submitted by me/us within the delivery period quoted by me/ us in column 7 of the schedule after the placing of order on me/ us.

6. I/We agree that unless until a formal agreement is prepared and executed, this Tender together with your written acceptance thereof shall constitute a binding contract between us.

7.	I	/	We	have	deposited	the	Earnest	money	of	Rs.		in	cash	vide	Challan
No							date	d			_ by Pay Order No.				dated

*Detail whatever is not applicable.

TENDERER/S

(Full Signature)

Signed by Mr.____

For & on behalf of: M/s. _____



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KARACHI PORT TRUST

(P R O C U R E M E N T D E P A R T M E N T)

STANDARD CONDITIONS OF CONTRACT FOR SUPPLY OF STORES

Manager Procurement Karachi Port Trust Karachi.







Standard Conditions of Contract for Supply of Stores

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Standard Conditions of Contract for Supply of Stores

Definition	Standard Conditions of Contract for Supply of Stores
Definitions:	1. Throughout these conditions, the special Conditions & the Specifications here to annexed the terms: -
	 (1). "Board" means Board of Trustees of Karachi Port Trust its successors or assigns. (2). "Indenter" means any officer authorized by the Board to order Stores. (3). "Inspecting Officer" means the person, firm of department nominated by the Board to inspect the Stores on its
	 behalf & he deputies of the Inspecting Office so nominated by the Board. (4). "Contractor" means the person, firm or company with whom the order for the supply has been placed & shall be deemed to include his successors (if approved by the Board) heirs, executors and administrators. (5). "Sub Contractor" means any person, firm or Company from whom the Contractor may obtain any material or
	 (5). Sub contractor means any person, min of company nom whom the contractor may obtain any matchar of fittings to be used in the supply or manufacture of the Stores. (6). "Contract" shall mean the agreement made between the Board & the Contactor for the supply of the Stores defined in the Contract including all documents to which reference may properly be made in order to ascertain the right and
	 obligation of the practice under the said agreement. (7). "Tender" shall mean the offer Tendered by the Contractor to the Board for the supply of the Stores governed by the Contract.
Contract:	(8). "Drawings" mean the drawings exhibited or provided for the guidance of the Contractor.2. This Contract for the supply of the Stores to the Board of the descriptions and in the quantities set forth in the Schedule hereto annexed on the date or dates specified therein.
Security Deposit:	3. Unless otherwise agreed between the board and the contractor, the contractor shall within, 14 days written notice of acceptance of the Tender has been posted to the contactor deposit with the Chief Accounts Officer of the Karachi Port Trust (in cash or the equivalent in Approved Public Rupees Securities) a sum equal to 5% of the total value of the Stores detailed in the said schedule for which the Tender has been accepted as security for the due fulfillment of the contract. No interest shall be payable on cash deposits. In the event of the contactor's failure to make the security deposit in the manner aforesaid and with period specified. Such failure shall constitute a breach of contract and the Board shall be entitled to purchase the Stores elsewhere at the risk and expense of Contractor.
Delivery:	4. The Contractor shall as may be required by the Board either deliver free at, or F.O.R., or C&F. at the place or places detailed in the said schedule the Quantities of the Stores detailed therein and the Stores shall be delivered or dispatched out later than the dates specified in the Tender.
Variations:	5. The Board shall have full power, during the execution of the contract, by notice in writing to direct the contractor to alter, amend, omit, add to or otherwise vary any part of the specification or the schedule, and the contractor shall carry out such variation and be bound by same conditions, so far as applicable, as thought the said variation were stated in the attached Specification and the schedule provided that no such variation shall except with the consent in writing of the contractor be such as will with any variation already directed to be made involves a net increase or decrease in the contact price of more than 15% thereof. The difference in cost, if any, or more or less than 5% occasioned by any such variations shall be added to or deducted from the value of the contract as the case may require. The amount of such difference shall be ascertained and determined in accordance with the rates specified in the contract so far they may be applicable, and where rates are not contained in the contract or are not applicable, such amount shall be agreed between the board and the contractor.
Test:	6. All tests mentioned in the specification will be carried out at the cost of the contractor be the satisfaction of the Inspecting officer. The Contractor will also submit. Test certificates for the approval of the inspecting Officer before the dispatch of the Stores.
Time for & date of delivery or Dispatch the Essence of the Contract.	7. The time for and the date of delivery or dispatch stipulated in the tender for the delivery or dispatch of the Stores shall be deemed to be the essence of the Contract & should the Contractor fail to deliver or dispatch the Stores or any consignment there-of, within the period prescribed for such delivery or dispatch, the Board shall be entitled to withhold payment until the whole of the Stores has been supplied & to recover from the Contractor has agreed liquidated damages and not by way of penalty a sum of one half percent of the price of any Stores which the Contractor has failed to deliver dispatch as aforesaid for each and every week (maximum twenty weeks) during which the delivery of dispatch of such Stores may be in arrear: alternatively at the option of the Board. The Board shall be entitled to purchase elsewhere without notice the Contractor on the account and at the risk of the Contractor the Stores or any consignment thereof which the Contractor has failed to deliver or dispatch as aforesaid or if not available the best and nearest available substitute therefore, or to cancel the Contract, and Contractor shall be liable for any loss or damage which the Board spatch are substitute therefore, or to cancel the Contractor shall not be entitled to any gain on repurchase made against default.
Extension of Time of Delivery.	8. If such failure aforesaid shall have arisen from war, insurrection, restrain imposed by Government Act of centrative of other authority stoppage on hindrance in the supply of raw materials of fuel, explosion, accident, strike, riot, lockout or other disorganization of labor or transport, breakout of machinery or any other inevitable of unforeseen event beyond human control directly or indirectly interfering with the supply of the stores or from any cause which the board may admit as reasonable ground for an extension in time the board will allow such additional time as it considers to be justified by the circumstances of the case, and will forego the whole or such part as it may consider reason of claim for any such loss or damage as aforesaid and its decision thereon shall be final provided that in such circumstances instead of allowing additional time the Board shall have the option of terminating the contract and in that case no damages shall be claimable by either party.

Framination of	9. When Tenders are called for in accordance with a drawing, specification or scaled pattern, the contractors Tender to
Examination of Drawing	supply in accordance with such drawing, specification or scaled pattern shall be deemed to be admission on his part that he
specification &	has fully acquainted himself with the details thereof and in no circumstances will any excuse or claim on his part on the
Pattern.	plea of his insufficient examination of the said drawing, specification or sealed pattern be considered.
Drawings.	10. If any dimensions figured upon Drawing differ from those obtained by scaling the drawing the dimensions as figured
Drawings.	upon drawing shall be taken as correct.
Inspection Notice.	11. When inspection during manufacture or before delivery or dispatch is required notice in writing shall be sent by the
inspection rotice.	contractor of the Inspection during manufacture of before denvery of dispatch is required notice in writing shall be sent by the contractor of the Inspecting officer when the stores to be supplied are ready for inspection and test, and no Stores shall be
	delivered or dispatched, had until the inspecting officer has certified in writing that such Stores have been inspected and
	approved by him.
Charges for work	12. The Contractor shall pay charges for handling, stamping, painting, marking, protecting or preserving patent rights,
necessary for	drawing, term latest, models and gauges and for all such measures as the Board or the Inspecting Officer may deem
completion of the	necessary for proper completion of the Contract through special provision therefore may not be made in the Specification
contract.	or the Drawings.
Execution of the	13. The whole Contractor whole contract is to be executed in the most approved and workman like manner to the entire
contract.	satisfaction of the Board & of the Inspecting Officers each of whom personally and by any deputy appointed on their
	behalf, shall have power to reject any of the Stores of which he may disapprove; and his decision thereon on any question
	as the true intent and meaning of the specification of Drawings of the works necessary for the proper completion of the
Contractor	Contract shall be final and conclusive.
Contractor responsibility	14. The Contractor is to be entirely and solely responsible for the execution of the contract in all respects in accordance with the terms and conditions of the contract not withstanding any approval which the inspecting Officer may have given
responsibility	in respect of the stores, material or other parts of the work or the workmanship involved in the contract or of tests carried
	out either by the contractor or by the Inspecting Officer.
	15. The Contractor shall at all times indemnify the Board against all claims which may be made in respect of the stores for
Indemnify	infringement of any right protected by patent registration of design or trade mark and shall take all risks of accident or
<i>J</i>	damages which may cause a failure of the supply from whatever cause arising and the entire responsibility for all
	sufficiency of all the means used by him for the fulfillment of the contract provided always that in event of any claim in
	respect of an alleged breach of a patent registered design or trade mark being made against the Board, it shall notify the
	contractor of the same and the Contractor shall be at liberty at his own expense to conduct negotiation for settlement of
	any litigation that may arise there from.
Sub: Letting	16. The Contractor shall let or assign this Contract or any part thereof without the written permission of the Board in the
Contract	event of the Contractor's sub-letting or assigning this Contract or any part thereof without such permission, Board shall be
	entitled cancel the Contract and to purchase the stores elsewhere on the Contractor's account and risk and the Contractor shall be light for any lass or demonstration in correspondence of ariging out of such arrespondence.
Dealing motorial	shall be liable for any loss or damage which the Board may sustain in consequence of arising out of such purchase.17. All packing cases, containers, packing and other similar materials shall unless otherwise agreed be supplied by the
Packing material	Contractor free of charge and will not be returned. Every Bale or package shall be clearly marked with the Contractor's
	name, consignee's name and address, Gross weight & shall contain a packing note showing its contents in detail. The
	Contractor shall provide such packing as Board or the Inspecting Officer may consider necessary to ensure the Safe arrival
	of the Stores at destination.
Notification of	18. Notification of dispatch and expected delivery in regard to each and every consignment shall be made to the Indenter
Delivery or	immediately upon dispatch. The Contractor shall further supply to the indenter a priced invoice and packing account of all
Dispatch.	stores dispatched. All package, containers, bundles and loose material forming part of each and every consignment shall
	be described fully in the packing account and full details of contents of packages and quality of material shall be given to
	enable the Indenter to check the Stores on arrival at destination.
Removal of	19. Any Stores submitted for inspection and rejected by the Inspecting Officer shall be removed by the Contractor within
Rejection	14 days from the date of rejection at his own cost. The Contractor shall pay the carriage charges on the rejected
	consignment form the station of dispatch to the station where they were rejected and back Such rejected stores shall lie at the contractor's risk from the date of such rejection. If not removed within 14 days of rejection, the Board shall have the
	right to dispose of such Stores as it thinks fit at the Contractor's risk and on his account.
	inght to dispose of such stores us it diffice in all contractor s fisk and on his account.
System of	20. Unless otherwise agreed between the Board and the Contractor, payment for stores will be made by the Chief
payment.	Accounts Officer, Karachi Port Trust. 100 percent of the contract price will be paid after inspection and acceptance on
	receipt of the consignment in good order by the Board for indigenous supply; and the C & F value (excluding any
	commission payable in Pakistan currency), against shipping documents duly supported by the Inspecting Officer's
	certificate, for imported Stores.
N 41	
Bribes	21. Any bride, commission, gift or advantage given promised of offered by or on behalf of the Contractor or his partner,
Commission etc.	agent or servant, or any one on his or their behalf to any officer servant, representative or agent of the Board or any person
	on its behalf in relation to the obtaining or to the execution of this or any other Contractor with the Board shall in addition
	to any criminal liability which he may incur subject the contractor to cancellation of this and all other Contracts and also to
	payments of any loss or damage resulting from such cancellation to the like extent as is provided in cases cancellation under clause 7 hereof; and the Board shall be entitled to deduct to the amounts so payable form any moneys, otherwise due
	to the Contractor under this or any other Contract. Any question or dispute as to the commission of any offence under this
	clause shall be settled by the Board in such manner as it shall think fit and sufficient, and its decision shall be final
	conclusive.
Law Governing	22. This contract shall be governed by the laws of Pakistan Resort to court by either of the parties in respect of any dispute
the Contract	should be made only to an appropriate court within the limits of the Karachi Division.

Marginal	23. The marginal heading of clauses of the conditions hereto shall not affect the construction thereof.
Headings	
Arbitration	24. Any other dispute whatsoever nature, (including the interpretation of this or any other relevant document) arising under this contract (except as to any matters the decision of which is specially provided for by these conditions) shall be referred to a sole arbitrator to be appointed by the Chairman, Karachi Port Trust, who shall have absolute discretion either to appoint an officer to the KPT or any one else as the sole arbitrator. The decision of such sole arbitrator shall be final and conclusive and shall binding on all the parties to the contract and the provision of the Arbitration Act. 1940 and any statutory modification thereof and the rule framed there under shall be deemed to apply to and incorporated in this Contract.
	The Contractor shall not stop the work during the pendency of the arbitration proceeding, but he shall continue to execute the work with full speed. However the Manager Procurement shall have to power to ask the Contractor in writing to stop the work, in full or in part if he considers this necessary.







SPECIAL CONDITIONS OF CONTRACT

- 1. Proof of International Standard (ISO Certificate) must be provided.
- 2. Certificate of Authorization on behalf of Manufacturer/ Sole Distributor Certificate of Manufacturer for the complete period of the tender/agreement, i.e. 01 year.
- 3. Brand, Make & Country of Origin must be mentioned.
- 4. Undertaking to this effect that the Quality Certificate with each Batch of Medicines at the time of supply of Stores should be submitted on participating firm's letter head with offers to certify the genuine product of Manufacturer.
- 5. Valid Drug License issued by Sindh Health Department must be provided.
- 6. Medicines are to be supplied on rate running contract basis within 30 days notice as and when required for the contract period.
- 7. The firm must quote medicines of TOP 60 Pharmaceutical Companies (IMS Ranking).
- 8. Expired medicines will be replaced / changed by the firm for which Chief Medical Officer KPT, will inform **three (03) months** before the expiry, with the fresh stock or with other product of same company.
- 9. For late supply, liquidated charges at ½ %(half present) of the prices of stores per week or part thereof incase the contractor failed to supply within the delivery period as per clause 6 above will be recovered, in case medicines are not supplied as per order, the performance security amount will be forfeited.
- 10. Payment against bill will be made after inspection of the supplied medicines.
- 11. The supply should be from fresh stock at least 80% of shelf life.
- 12. The firms have to execute contract agreement with KPT as per terms & conditions of the tender.
- 13. Medicines supplied should be marked in Red/Black colors with words "FOR KPT USE ONLY" "NOT FOR SALE".
- 14. The Tenderers are required to quote for the material on F.O.R. basis & for free delivery at the Central Stores Depot, KPT, West Wharf, Karachi. The rates quoted should be inclusive of Sales Tax & all other charges.
- 15. The Tenderers are required to furnish full particulars of the material offered and column 7 & 8 of the "Schedule of requirement" enclosed, must be filled in by the tenderers failing which their tenders may be rejected.
- 16. The tender will not be considered unless both "The Tender" and the "Schedule of Requirement" are signed & on the Trust Form.
- 17. The above conditions of contract have been read by me/us, I / We agreed to abide those.
- 18. Tenderers are advised, in their own interest, to quote firm rates & avoid price variation terms.
- 19. The Karachi Port Trust reserves its right to also send telex to Manufacturer for obtaining rates directly.

SIGNATURE OF THE TENDERERS WITH RUBBER STAMP OF THE FIRM







KARACHI PORT TRUST(PROCUREMENT DEPARTMENT)Schedule of Requirement

ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit			Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
1	NSN #. 6505 50 0050551			1000	ΡZ						
Desc.	TAB SULVORID 50mg PACK SIZE (20'S) OR EQUIVALENT Specification NA										
2	NSN #. 6505 50 0046269			150	ΡZ						
Desc.	ENTEROGERMINA DROP 5ml PACK SIZE 20's OR EQUIVALENT Specification BACILLUS CLAUS ii										
3	NSN #. 6505 50 0030233			5	ΡZ						
Desc.	TAB. ENTOX-P 500mg PACK SIZE 10X10 OR EQUIVALENT Specification NIL										
4	NSN #. 6505 50 0045248			25	ΡZ						
Desc.	CAP. IMODIUM 2mg PACK SIZE 60's OR EQUIVALENT Specification NIL										
5	NSN #. 6505 50 0050552			1	ΡZ						
Desc.	TAB LOMOTIL 2.5/0.025mg PACK SIZE (500'S) OR EQUIVALENT Specification NA										
6	NSN #. 6505 50 0043608			200	ΡZ						
Desc.	OSMOLAR O.R.S LITE SACHETS PACK SIZE 20's OR EQUIVALENT Specification NIL										
7	NSN #. 6505 50 0043609			67	ΡZ						
Desc.	SMECTA POWDER 3gm SACHET PACK SIZE 30's OR EQUIVALENT Specification NIL										
8	NSN #. 6505 50 0032320			150	вт						
Desc.	SYP. HEPAMERZ PACK SIZE 120ml OR EQUIVALENT Specification NIL			A ANAC	ER *						
				AROCU							13

ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Central Store Depot W//Wharf (In Figure In Words		C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
9	NSN #. 6505 50 0051563			100	BT						
Desc.	SYP.URSO 120ML OR EQUIVALENT Specification NIL										
<u>10</u>	NSN #. 6505 50 0042000			1000	EA						
Desc.	SYP. CREMAFFIN 120ml OR EQUIVALENT Specification NIL										
<u>11</u>	NSN #. 6505 50 0042001			1200	EA						
Desc.	SYP. DUPHALAC 120ml OR EQUIVALENT Specification NIL										
<u>12</u>	NSN #. 6505 50 0030248			200	вт						
Desc.	KLEEN ENEMA PACK SIZE 120ml OR EQUIVALENT Specification NIL										
<u>13</u>	NSN #. 6505 50 0046270			700	EA						
Desc.	SYP. LAXOBERON 120ml PACK SIZE 1'S OR EQUIVALENT Specification SODIUM PICOSULPHATE										
<u>14</u>	NSN #. 6505 50 0044647			50	ΡZ						
Desc.	TAB. LAXOBERON 5mg PACK SIZE 100's OR EQUIVALENT Specification NIL										
<u>15</u>	NSN #. 6505 50 0026531			2400	вт						
Desc.	SYP. LILAC PACK SIZE 120ml OR EQUIVALENT Specification NIL										
<u>16</u>	NSN #. 6505 50 0023018			700	BT						
Desc.	SKILAX DROPS PACK SIZE 15ml OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit			Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	ТР	3	4	5	6	7	8	9	10
<u>17</u>	NSN #. 6505 50 0042015			100	ΡZ						
Desc.	TU. CANESTEN VEGINAL CREAM 5mg PACK SIZE 1'S OR EQUIVALENT Specification NIL										
<u>18</u>	NSN #. 6505 50 0030426			200	EA						
Desc.	TAB. CANESTEN VAGINAL 500mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
<u>19</u>	NSN #. 6505 50 0030429			33	ΡZ						
Desc.	TAB. CANESTEN 0.1 gm viginal tablet is for 1x6 Pack OR EQUIVALENT Specification NIL										
20	NSN #. 6505 50 0030327			50	TU						
Desc.	GYNO TRAVOGEN CREAM PACK SIZE 1X40gm OR EQUIVALENT Specification NIL										
21	NSN #. 6505 50 0047377			50	TU						
Desc.	CREAM VAGIBACT 40 GM OR EQUIVALENT Specification CLINDAMYCIN										
22	NSN #. 6505 50 0034318			429	ΡZ						
Desc.	TAB. DETRUSITOL 2mg PACK SIZE 28 s OR EQUIVALENT Specification NIL										
23	NSN #. 6505 50 0030415			333	ΡZ						
Desc.	TAB. GENURIN FORTE 200mg PACK SIZE 30 s OR EQUIVALENT Specification NIL										
24	NSN #. 6505 50 0030373			1000	вт						
Desc.	SYP CITRALKA LIQUID PACK SIZE 120ml OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Central Store Depot W//Wharf (In Figure In Words		Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
25	NSN #. 6505 50 0046664			2000	ΡZ						
Desc.	CRAN MAX SACHET 500 mg PACK SIZE 10's OR EQUIVALENT Specification NIL										
<u>26</u>	NSN #. 6505 50 0048537			1300	ΡZ						
Desc.	TAB. SOLIFEN 5 mg PACK SIZE 10's OR EQUIVALENT Specification NIL										
<u>27</u>	NSN #. 6505 50 0050555			500	ΡZ						
Desc.	TAB SOLIFEN 10mg PACK SIZE (10's) OR EQUIVALENT Specification NA										
<u>28</u>	NSN #. 6505 50 0044660			20	ΡZ						
Desc.	TAB. ACYLEX 800 mg PACK SIZE 10's OR EQUIVALENT Specification NIL										
29	NSN #. 6505 50 0037580			30	ΡZ						
Desc.	TAB. ACYLEX 400 mg PACK SIZE 20's OR EQUIVALENT Specification NIL										
30	NSN #. 6505 50 0051564			50	BT						
Desc.	SYP.TAMIFLU 12MG/ML 25ML OR EQUIVALENT Specification NIL										
<u>31</u>	NSN #. 6505 50 0050557			30	ΡZ						
Desc.	TAB THYROXINE 50mcg PACK SIZE (100'S) OR EQUIVALENT Specification NA										
32	NSN #. 6505 50 0050558			130	ΡZ						
Desc.	TAB NEOMERCAZOLE 5mg PACK SIZE 100'S OR EQUIVALENT Specification NA										



Itom		Detail	Tuesda	0	Data			Total Price for	Trade / Brand Name.	Period	
Item No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Stock and for free Central Store De			Country of Manufacturer Name & Address of	Required for	Remarks
INO.		Frice	Price	Require	Unit			C.S. Depot W/Wh		-	
						In Figure		_	Manutacturer	Delivery	
1	2	RP	TP	3	4	5	6	7	8	9	10
33	NSN #. 6505 50 0030324			714	ΡZ						
Desc.	TAB. PROSCAR 5mg PACK SIZE 14's OR EQUIVALENT Specification NIL										
<u>34</u>	NSN #. 6505 50 0043627			37	ΡZ						
Desc.	TAB. DIANE 35 PACK SIZE 1 X 21's OR EQUIVALENT Specification NIL										
<u>35</u>	NSN #. 6505 50 0032591			500	ΡZ						
Desc.	TAB. DUPHASTON 10mg PACK SIZE 20's OR EQUIVALENT Specification NIL										
36	NSN #. 6505 50 0047371			200	EA						
Desc.	INJ. GRAVIBINAN 1 ML PACK SIZE 1'S OR EQUIVALENT Specification HYDROXYPROGESTERONE CAPROATE + ESTRADIOL VALERATE										
37	NSN #. 6505 50 0050559			300	ΡZ						
Desc.	TAB PRIMOLUT-N 5mg PACK SIZE (30'S) OR EQUIVALENT Specification NA										
38	NSN #. 6505 50 0050560			29	ΡZ						
Desc.	TAB PROGLUTON 2mg PACK SIZE (21'S) OR EQUIVALENT Specification NA										
39	NSN #. 6505 50 0050561			8	ΡZ						
Desc.	INJ PROLUTON DEPOT 250mg PACK SIZE (3'S) OR EQUIVALENT Specification NA										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Stock and for free delivery at		Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of	Period Required for	Remarks
1	2	RP	TP	3	4	5	6	7	Manutacturer 8	Delivery 9	10
40	NSN #. 6505 50 0045224			50	ΡZ						
Desc.	TAB. BREEKY 200mcg PACK SIZE 10's OR EQUIVALENT Specification NIL										
<u>41</u>	NSN #. 6505 50 0034299			20	ΡZ						
Desc.	INJ. SYNTOCINON 5 IU PACK SIZE 50 s OR EQUIVALENT Specification NIL										
42	NSN #. 6505 50 0050563			20	ΡZ						
Desc.	TAB BETNESOL 0.5mg PACK SIZE (100'S) OR EQUIVALENT Specification NA										
<u>43</u>	NSN #. 6505 50 0030326			60	ΡZ						
Desc.	INJ. DECADRON 4mg/1ml PACK SIZE 25X1ml OR EQUIVALENT Specification NIL										
44	NSN #. 6505 50 0050564			21	ΡZ						
Desc.	TAB DELTACORTIL 5mg PACK SIZE (1000'S) OR EQUIVALENT Specification NA										
45	NSN #. 6505 50 0034321			300	EA						
Desc.	INJ. DEPO MEDROL 40mg/ml PACK SIZE 1ml OR EQUIVALENT Specification NIL										
<u>46</u>	NSN #. 6505 50 0051565			2000	EA						
Desc.	INJ.HYCORTISONE 100 MG OR EQUIVALENT Specification NIL										
47	NSN #. 6505 50 0051566			1000	EA						
Desc.	INJ.HYCORTISONE 250 MG OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
48	NSN #. 6505 50 0051571			500	BT						
Desc.	SYP ONSERON 4MG/5ML(50ML) OR EQUIVALENT Specification NIL										
49	NSN #. 6505 50 0051524			200	EA						
Desc.	INJ.ZEDRON 8MG/4ML OR EQUIVALENT Specification NIL										
50	NSN #. 6505 50 0051525			500	ΡZ						
Desc.	TAB. ZEDRON 8mg OR EQUIVALENT Specification NIL										
<u>51</u>	NSN #. 6505 50 0027401			30	ΡZ						
Desc.	INJ. ZOFRAN 8 mg/ 4ml PACK SIZE 5 s OR EQUIVALENT Specification NIL										
<u>52</u>	NSN #. 6505 50 0045159			35	ΡZ						
Desc.	TAB. ZOFRAN 8mg PACK SIZE 10's OR EQUIVALENT Specification NIL										
53	NSN #. 6505 50 0045161			50	ΡZ						
Desc.	TAB. CELLCEPT 500mg PACK SIZE 50's OR EQUIVALENT Specification NIL										
<u>54</u>	NSN #. 6505 50 0050464			10	ΡZ						
Desc.	TAB ABYGA 250mg PACK SIZE (120'S) OR EQUIVALENT Specification NA										
55	NSN #. 6505 50 0050466			26	ΡZ						
Desc.	TAB CASODEX 50mg PACK SIZE (28'S) OR EQUIVALENT Specification NA										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
56	NSN #. 6505 50 0044661			150	ΡZ						
Desc.	TAB. FEMARA 2.5mg PACK SIZE 30's OR EQUIVALENT Specification NIL										
57	NSN #. 6505 50 0050467			16	ΡZ						
Desc.	TAB LEZRA-EXCEL 2.5mg PACK SIZE (30'S) OR EQUIVALENT Specification NA										
58	NSN #. 6505 50 0050468			12	EA						
Desc.	INJ LUTRATE DEPOT 22.5mg PACK SIZE (1'S) OR EQUIVALENT Specification NA										
59	NSN #. 6505 50 0045162			4	ΡZ						
Desc.	TAB. TASIGNA 200mg PACK SIZE 28's OR EQUIVALENT Specification NIL										
60	NSN #. 6545 50 0031618			15000	SE						
Desc.	DRIP IV SET INFUSION (WITHOUT DRIP) OR EQUIVALENT Specification NIL										
<u>61</u>	NSN #. 6515 76 0030794			50	ΡZ						
Desc.	SANI-PLAST 100'S (FIRST AID BANDAGE) OR EQUIVALENT Specification NIL										
62	NSN #. 6505 50 0030348			200	ΡZ						
Desc.	CAP. AMOXIL 500mg BLISTER PACK SIZE 100's OR EQUIVALENT Specification NIL										
63	NSN #. 6505 50 0030447			50	ΡZ						
Desc.	CAP. AMOXIL 250mg BLISTER PACK SIZE 100's OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
64	NSN #. 6505 50 0034241			500	вт						
Desc.	SYP. AMOXIL 125mg PACK SIZE 90ml OR EQUIVALENT Specification NIL										
65	NSN #. 6505 50 0030338			500	BT						
Desc.	SYP. AMOXIL FORTE 250mg PACK SIZE 90ml OR EQUIVALENT Specification NIL										
66	NSN #. 6505 50 0051526			1000	EA						
Desc.	INJ. ARDCIL 2.25gm OR EQUIVALENT Specification NIL										
67	NSN #. 6505 50 0051527			2000	EA						
Desc.	INJ. ARDCIL 4.5gm OR EQUIVALENT Specification NIL										
<u>68</u>	NSN #. 6505 50 0046306			500	BT						
Desc.	SYP. AUGMENTIN 457mg / 70ml PACK SIZE 1's OR EQUIVALENT Specification CO-AMOXICLAV										
69	NSN #. 6505 50 0042441			1500	EA						
Desc.	SYP. AUGMENTIN 156.25mg PACK SIZE 90ml OR EQUIVALENT Specification NIL										
<u>70</u>	NSN #. 6505 50 0030341			3000	BT						
Desc.	TAB. AUGMENTIN 1gm PACK SIZE 6's IN BOTTLE OR EQUIVALENT Specification NIL										
<u>71</u>	NSN #. 6505 50 0030340			7000	BT						
Desc.	TAB. AUGMENTIN 625mg PACK SIZE 6's IN BOTTLE OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
72	NSN #. 6505 50 0030339			2500	BT						
Desc.	TAB. AUGMENTIN 375mg PACK SIZE 6's IN BOTTLE OR EQUIVALENT Specification NIL										
73	NSN #. 6505 50 0046616			1500	BT						
Desc.	SYP. AUGMENTIN DS 312.50 mg PACK SIZE 90ml OR EQUIVALENT Specification NIL										
74	NSN #. 6505 50 0046617			500	EA						
Desc.	INJ. CALAMOX 600mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
<u>75</u>	NSN #. 6505 50 0046618			500	EA						
Desc.	INJ. CALAMOX 1.2mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
<u>76</u>	NSN #. 6505 50 0046619			300	EA						
Desc.	INJ. KEFZOL 500Mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
77	NSN #. 6505 50 0032322			100	ΡZ						
Desc.	CAP. VELOSEF 500 MG PACK SIZE 12'S OR EQUIVALENT Specification NIL										
78	NSN #. 6505 50 0044687			40	ΡZ						
Desc.	CAP. VELOSEF 250mg PACK SIZE 12's OR EQUIVALENT Specification NIL										
79	NSN #. 6505 50 0025159			2000	ΡZ						
Desc.	CAP. CEFSPAN 400mg PACK SIZE 5's OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
80	NSN #. 6505 50 0025161			1000	BT						
Desc.	SYP. CEFSPAN 100mg PACK SIZE 30ml OR EQUIVALENT Specification NIL										
81	NSN #. 6505 50 0043544			1000	BT						
Desc.	SYP. CEFSPAN DS 200mg/30ml PACK SIZE 1's OR EQUIVALENT Specification NIL										
82	NSN #. 6505 50 0034170			300	EA						
Desc.	INJ. CLAFORAN 500 mg PACK SIZE 1 s OR EQUIVALENT Specification NIL										
83	NSN #. 6505 50 0034169			500	EA						
Desc.	INJ. CLAFORAN 1gm PACK SIZE 1 s OR EQUIVALENT Specification NIL										
84	NSN #. 6505 50 0044699			300	EA						
Desc.	INJ. CLAFORAN 250mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
85	NSN #. 6505 50 0027154			600	EA						
Desc.	INJ. FORTUM 1gm PACK SIZE 1's OR EQUIVALENT Specification NIL										
86	NSN #. 6505 50 0027153			100	EA						
Desc.	INJ. FORTUM 500mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
87	NSN #. 6505 50 0044698			2500	EA						
Desc.	INJ. INOCEF 2gm PACK SIZE 1's OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
88	NSN #. 6505 50 0032239			2000	EA						
Desc.	INJ. INOCEF 1gm PACK SIZE 1's OR EQUIVALENT Specification NIL										
89	NSN #. 6505 50 0050471			400	EA						
Desc.	INJ Q-BACT 2gm PACK SIZE (1'S) OR EQUIVALENT Specification NA										
90	NSN #. 6505 50 0050472			50	EA						
Desc.	INJ Q-BACT 1gm PACK SIZE (1'S) OR EQUIVALENT Specification NA										
<u>91</u>	NSN #. 6505 50 0026533			1500	EA						
Desc.	INJ. ROCEPHIN 1gm PACK SIZE 1's OR EQUIVALENT Specification NIL										
<u>92</u>	NSN #. 6505 50 0026532			600	EA						
Desc.	INJ. ROCEPHIN 500mg PACK SIZE 1's OR EQUIVALENT Specification NIL										
93	NSN #. 6505 50 0045955			3333	ΡZ						
Desc.	TAB. ATIZOR 250mg PACK SIZE 6s OR EQUIVALENT Specification GENERIC NAME AZITHROMYCIN										
<u>94</u>	NSN #. 6505 50 0045956			2000	ΡZ						
Desc.	TAB. ATIZOR 500mg PACK SIZE 6s OR EQUIVALENT Specification GENERIC NAME AZITHROMYCIN										
<u>95</u>	NSN #. 6505 50 0042414			200	ΡZ						
Desc.	CAP. AZOMAX 250mg PACK SIZE 12's OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
96	NSN #. 6505 50 0050473			583	PZ						
Desc.	TAB AZOMAX 500mg PACK SIZE (6'S) OR EQUIVALENT Specification NA										
97	NSN #. 6505 50 0050474			125	PZ						
Desc.	CAP DALACIN C 300 mg PACK SIZE (16'S) OR EQUIVALENT Specification NA										
98	NSN #. 6505 50 0034139			300	BT						
Desc.	SYP. KLARICID 125 MG PACK SIZE 60ml OR EQUIVALENT Specification NIL										
99	NSN #. 6505 50 0025299			200	ΡZ						
Desc.	TAB. KLARICID 250mg PACK SIZE 10's OR EQUIVALENT Specification NIL										
100	NSN #. 6505 50 0047403			250	PZ						
Desc.	TAB. KLARICID 500 MG PACK 10's OR EQUIVALENT Specification CLARITHROMYCIN										
101	NSN #. 6505 50 0046622			300	вт						
Desc.	SYP. KLARICID DS 250 mg/60 ml PACK SIZE 1's OR EQUIVALENT Specification NIL										
102	NSN #. 6505 50 0030411			167	ΡZ						
Desc.	CAP. LINCOCIN 500mg PACK SIZE 12's OR EQUIVALENT Specification NIL										
103	NSN #. 6505 50 0030410			10	PZ						
Desc.	INJ. LINCOCIN 600mg/2ml PACK SIZE 5's OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail	Trade	Qty	Rate	Rates Quoted for Stock and for fre	e delivery at	Total Price for Free Delivery at	Trade / Brand Name. Country of Manufacturer	Period Required	Remarks
INO.		Price	Price	Require	Unit	Central Store De In Figure		C.S. Depot W/Wh	Name & Address of Manutacturer	for Delivery	
1	2	RP	ТР	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0051533 SYP.ZETRO 200MG/ 15ML OR EQUIVALENT Specification NIL			1000	ВТ						
	NSN #. 6505 50 0045101 NJ. AVELOX 400mg/250ml PACK SIZE 1's OR EQUIVALENT Specification NIL			100	EA						
	NSN #. 6505 50 0045143 TAB. AVELOX 400mg PACK SIZE 5's OR EQUIVALENT Specification NIL			200	PZ						
	NSN #. 6505 50 0048551 NJ . LEFLOX 500 mg/ 100 ml OR EQUIVALENT Specification NIL			250	BT						
	NSN #. 6505 50 0044685 TAB. LEFLOX 500 mg PACK SIZE 10's OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0037582 TAB. LEFLOX 250 mg PACK SIZE 10's OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0050475 TAB MOXIDANZ 400 mg PACK SIZE (10'S) OR EQUIVALENT Specification NA			100	ΡZ			_			
	NSN #. 6505 50 0046623 NJ. MOXIGET 400 mg/250 ml PACK SIZE 1's OR EQUIVALENT Specification NIL		(350	EA						

ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0048552 TAB. MOXIGET 400 mg PACK SIZE 5's OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0027152 NJ. NOVIDAT 200mg/100ml PACK SIZE 1's OR EQUIVALENT Specification .			3000	EA						
	NSN #. 6505 50 0050476 NJ NOVIDAT DS 400mg / 100ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			1000	EA						
	NSN #. 6505 50 0042440 SYP. NOVIDAT 250mg/60ml PACK SIZE 1's OR EQUIVALENT Specification NIL			300	EA						
	NSN #. 6505 50 0037784 TAB. NOVIDAT 500mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			2000	ΡZ						
	NSN #. 6505 50 0041965 TAB. NOVIDAT 250mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			300	ΡZ						
	NSN #. 6505 50 0045146 NJ. GRASIL 50mg/1ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			200	EA						
	NSN #. 6505 50 0041978 NJ. GRASIL 500mg/2ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			200	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0037791 NJ. GRASIL 100mg/2ml PACK SIZE 1's OR EQUIVALENT Specification NIL			150	EA						
	NSN #. 6505 50 0045145 NJ. GRASIL 25mg/1ml PACK SIZE 1's OR EQUIVALENT Specification NIL			250	EA						
	NSN #. 6505 50 0045095 NJ. MERONEM 1gm PACK SIZE 1'S OR EQUIVALENT Specification NIL			1500	EA						
	NSN #. 6505 50 0045094 NJ. MERONEM 500mg PACK SIZE 1'S OR EQUIVALENT Specification NIL			600	EA						
	NSN #. 6505 50 0051570 INJ.VACOZON 1GM OR EQUIVALENT Specification NIL			300	EA						
	NSN #. 6505 50 0045149 NJ. VANCOMYCIN 1gm PACK SIZE 1'S OR EQUIVALENT Specification NIL			300	EA						
	NSN #. 6505 50 0032246 CAP. VIBRAMYCIN 100mg PACK SIZE 120's OR EQUIVALENT Specification NIL			42	PZ						
	NSN #. 6505 50 0048553 CAP. LOGICAN 150 mg PACK SIZE 1'S OR EQUIVALENT Specification NIL			1000	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0043545 SYP.COMBANTRIN 250mg/5ml PACK SIZE 10ml OR EQUIVALENT Specification NIL			400	ВТ						
	NSN #. 6505 50 0029238 SYP. VERMOX SUSP. 30ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			150	ВΤ						
	NSN #. 6505 50 0027438 AB. VERMOX 100mg PACK SIZE 6X10 OR EQUIVALENT Specification NIL			7	ΡZ						
	NSN #. 6505 50 0034236 SUSP. ZENTEL 4% PACK SIZE 10ml OR EQUIVALENT Specification NIL			200	BT						
-	NSN #. 6505 50 0040267 TAB. ZENTEL 200mg PACK SIZE 2'S OR EQUIVALENT Specification NIL			50	ΡZ						
	NSN #. 6505 50 0026463 SYP. ENTAMIZOLE PACK SIZE 90ml OR EQUIVALENT Specification NIL			600	BT						
	NSN #. 6505 50 0026462 AB. ENTAMIZOLE DS PACK SIZE 15'S OR EQUIVALENT Specification NIL			500	PZ						
	NSN #. 6505 50 0050478 TAB FASIGYN 500mg PACK SIZE (4'S) OR EQUIVALENT Specification NA			500	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0025147 NJ. FLAGYL PACK SIZE 100ml OR EQUIVALENT Specification NIL			3000	EA						
	NSN #. 6505 50 0046243 SYP. FLAGYL 200mg/90ml PACK SIZE 1'S OR EQUIVALENT Specification METRONIDAZOLE			700	EA						
	NSN #. 6505 50 0025083 TAB. FLAGYL 400mg PACK SIZE 200 s OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0047402 TAB. RIFAXA 550 MG PACK SIZE 10'S OR EQUIVALENT Specification RIFAXIMIN			300	ΡZ						
	NSN #. 6505 50 0051528 TAB. ORSINI 600mg OR EQUIVALENT Specification NIL			50	ΡZ						
	NSN #. 6505 50 0045164 NJ. EPOKINE-10000 (PFS) PACK SIZE 10'S OR EQUIVALENT Specification NIL			35	ΡZ						
	NSN #. 6505 50 0050479 NJ EPOKINE 4000 IU PACK SIZE (10'S) OR EQUIVALENT Specification NA			40	ΡZ						
	NSN #. 6505 50 0030314 CAP. TRANSAMIN 250mg PACK SIZE 100's OR EQUIVALENT Specification NIL			10	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044645 CAP. TRANSAMIN 500mg PACK SIZE 20's OR EQUIVALENT Specification NIL			150	ΡZ						
	NSN #. 6505 50 0044646 NJ. TRANSAMIN 500mg/5ml PACK SIZE 10's OR EQUIVALENT Specification NIL			60	ΡZ						
	NSN #. 6505 50 0043626 TAB. CARDURA 4mg PACK SIZE 20's OR EQUIVALENT Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0034310 TAB. CARDURA 2mg PACK SIZE 20 s OR EQUIVALENT Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0050481 CAP DUODORT 0.5/0.4 MG PACK SIZE (30'S) OR EQUIVALENT Specification NA			300	ΡZ						
	NSN #. 6505 50 0044654 CAP. MAX FLOW 0.4mg PACK SIZE 20's OR EQUIVALENT Specification NIL			3000	PZ						
	NSN #. 6505 50 0045180 CAP. TAMSOLIN 0.4mg PACK SIZE 20's OR EQUIVALENT Specification NIL			3000	PZ						
	NSN #. 6505 50 0044314 TAB XATRAL LP 10mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			133	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044313 AB. XATRAL SR 5mg 2 x 14 OR EQUIVALENT Specification NIL			54	ΡZ						
	NSN #. 6505 50 0044300 AB. BETALOC ZOK 100mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0051529 TAB. BYSCARD 5mg OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0051530 TAB. BYSCARD 10mg OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0051531 TAB. BYSCARD 2.5mg OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0043533 AB. CARVEDA 6.25mg PACK SIZE 3 X 10's OR EQUIVALENT Specification NIL			900	ΡZ						
	NSN #. 6505 50 0051532 TAB.CARVEDA 12.5 MG OR EQUIVALENT Specification NIL			300	ΡZ						
	NSN #. 6505 50 0026527 AB. VASTAREL MR 35mg PACK SIZE 20 s OR EQUIVALENT Specification NIL			1850	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
<u>160</u>	NSN #. 6505 50 0050501			1333	ΡZ						
_{Desc.} T	AB DOSTERIL 37.5/325mg PACK SIZE (30'S) OR EQUIVALENT Specification NA										
<u>161</u>	NSN #. 6505 50 0034343			200	EA						
Desc. II	IJ. KINZ 10mg PACK SIZE 1ml OR EQUIVALENT Specification NIL										
<u>162</u>	NSN #. 6505 50 0050502			500	ΡZ						
_{Desc.} T	AB TONOFLEX-P 37.5/325 mg PACK SIZE (20'S) OR EQUIVALENT Specification NA										
	NSN #. 6505 50 0034342			1000	ΡZ						
Desc.	NJ. TORADOL 30mg/1ml. PACK SIZE 5 s OR EQUIVALENT Specification NIL										
	NSN #. 6505 50 0034254			900	ΡZ						
Desc.	CAP. TRAMAL 50mg PACK SIZE 10 s OR EQUIVALENT Specification NIL										
<u>165</u>	NSN #. 6505 50 0044682			600	ΡZ						
_{Desc.} 1	AB. TRAMAL SR 100mg PACK SIZE 10'S OR EQUIVALENT Specification NIL										
166	NSN #. 6505 50 0042012			60	ΡZ						
_{Desc.} T	AB. ARINAC FORTE 400/60mg PACK SIZE 100's OR EQUIVALENT Specification NIL										
167	NSN #. 6505 50 0045169			10000	EA						
_{Desc.} I	NJ. BOFALGAN 1mg/100ml PACK SIZE 1'S OR EQUIVALENT Specification NIL										



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0031207 YP. CALPOL PACK SIZE 100ml OR EQUIVALENT Specification NIL			2000	ВТ						
	NSN #. 6505 50 0045525 PY. CALPOL 6 PLUS 90ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			1500	BT						
	NSN #. 6505 50 0051544 SYP.DOLOR 50MG/ (60ML) OR EQUIVALENT Specification NIL			500	BT						
	NSN #. 6505 50 0030337 AB. PANADOL 500mg PACK SIZE 200's OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0030345 TAB. PANADOL CF PACK SIZE 100'S OR EQUIVALENT Specification NIL			20	ΡZ						
	NSN #. 6505 50 0044588 AB. PANADOL EXTRA PACK SIZE 100'S OR EQUIVALENT Specification NIL			40	PZ						
	NSN #. 6505 50 0043598 YP PANADOL LIQUID 120ml PACK SIZE 1's OR EQUIVALENT Specification NIL			2000	BT						
	NSN #. 6505 50 0030374 AB. PONSTAN 250mg PACK SIZE 600's OR EQUIVALENT Specification NIL			10	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0034308 AB. PONSTAN FORTE 500mg PACK SIZE 200 s OR EQUIVALENT Specification NIL			30	PZ						
	NSN #. 6505 50 0030357 TAB. CIPRALEX 10mg PACK SIZE 14's OR EQUIVALENT Specification NIL			357	ΡZ						
	NSN #. 6505 50 0034262 TAB. CITANEW 10mg PACK SIZE 14 s OR EQUIVALENT Specification NIL			357	ΡZ						
	NSN #. 6505 50 0044581 CAP. EFEXOR XR 75mg PACK SIZE 14's OR EQUIVALENT Specification NIL			143	ΡZ						
	NSN #. 6505 50 0046636 AP. FLUX 20 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0050505 TAB MOTIVAL 0.5mg PACK SIZE (100'S) OR EQUIVALENT Specification NA			45	PZ						
	NSN #. 6505 50 0034377 AB. NOOTROPIL 800mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			33	ΡZ						
	NSN #. 6505 50 0045961 AB. SEROXAT CR 12.5mg PACK SIZE 30s OR EQUIVALENT Specification GENERIC NAME PAROXETINE HYDROCHLORIDE			33	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0034179 TAB. SERT 100mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			300	ΡZ						
	NSN #. 6505 50 0034178 AB. SERT 50mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			800	ΡZ						
	NSN #. 6505 50 0034288 AB. SINEMET 275mg PACK SIZE 100 s OR EQUIVALENT Specification NIL			100	ΡZ						
	NSN #. 6505 50 0044576 TAB. UFRIM 10mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1143	ΡZ						
	NSN #. 6505 50 0037593 TAB. QUSEL 100 mg PACK SIZE 20's OR EQUIVALENT Specification NIL			150	ΡZ						
	NSN #. 6505 50 0043593 TAB.QUSEL 25mg PACK SIZE 30's OR EQUIVALENT Specification NIL			367	ΡZ						
	NSN #. 6505 50 0045962 AB. EPIVAL 500mg PACK SIZE 10X10 OR EQUIVALENT Specification GENERIC NAME VALPORATE			200	ΡZ						
	NSN #. 6505 50 0043537 CAP. GABICA 75mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1000	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
— —	NSN #. 6505 50 0044679 CAP. GABICA 50mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0037590 TAB. HITOP 50 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			267	ΡZ						
-	NSN #. 6505 50 0045952 TAB. LALAP 100mg PACK SIZE 14s OR EQUIVALENT Specification GENERIC NAME LACOSAMIDE 50mg			786	ΡZ						
	NSN #. 6505 50 0045917 TAB. LALAP 50mg PACK SIZE 14s OR EQUIVALENT Specification LACOSAMIDE			1286	ΡZ						
	NSN #. 6505 50 0027435 TAB. LAMICTAL 100mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			17	ΡZ						
	NSN #. 6505 50 0027403 TAB. LAMICTAL 50mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			20	ΡZ						
	NSN #. 6505 50 0027400 TAB. LAMICTAL 25mg PACK SIZE 30's OR EQUIVALENT Specification NIL			5	ΡZ						
	NSN #. 6505 50 0046638 NJ. LERACE 500 mg/5 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			300	EA						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0046639 TAB. LERACE 500 mg PACK SIZE 10's OR EQUIVALENT Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0045177 TAB. LUMARK 250mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			33	PZ						
	NSN #. 6505 50 0026482 TAB. TEGRAL 200mg PACK SIZE 50's OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0043595 CAP. ZEEGAP 75mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1400	ΡZ						
	NSN #. 6505 50 0044681 CAP. ZEEGAP 50mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1400	ΡZ						
	NSN #. 6505 50 0034151 TAB. KEMPRO 5mg PACK SIZE 100 s OR EQUIVALENT Specification NIL			90	ΡZ						
	NSN #. 6505 50 0034199 AB. PK-MERZ 100mg PACK SIZE 2 X 10 s OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0044580 TAB. REQUIP 1mg PACK SIZE 21'S OR EQUIVALENT Specification NIL			81	PZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044579 TAB. REQUIP 0.25mg PACK SIZE 21's OR EQUIVALENT Specification NIL			71	ΡZ						
_	NSN #. 6505 50 0047354 TAB. REQUIP 2 MG PACK SIZE 21'S OR EQUIVALENT Specification ROPINIROLE			167	ΡZ						
	NSN #. 6505 50 0034259 AB. ALP 0.5mg PACK SIZE 30's OR EQUIVALENT Specification NIL			633	ΡZ						
	NSN #. 6505 50 0025075 TAB. FRISIUM 10mg PACK SIZE 100 s OR EQUIVALENT Specification NIL			9	ΡZ						
	NSN #. 6505 50 0050506 TAB LEXOTONIL 3mg PACK SIZE (50'S) OR EQUIVALENT Specification NA			1200	ΡZ						
	NSN #. 6505 50 0026574 TAB. RIVOTRIL 0.5mg PACK SIZE 50's OR EQUIVALENT Specification NIL			240	ΡZ						
	NSN #. 6505 50 0027067 TAB. RIVOTRIL 2mg PACK SIZE 30's OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0030406 AB. XANAX 1mg PACK SIZE 30's OR EQUIVALENT Specification NIL			500	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf In Words	C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0030405 TAB. XANAX 0.5mg PACK SIZE 30's OR EQUIVALENT Specification NIL			1200	ΡZ						
	NSN #. 6505 50 0044574 CAP. SIBELIUM 5mg PACK SIZE 12'S OR EQUIVALENT Specification NIL			83	ΡZ						
	NSN #. 6505 50 0030412 NJ. ALPHACOLINE 250mg PACK SIZE 10's OR EQUIVALENT Specification NIL			10	ΡZ						
· · · · · · · · · · · · · · · · · · ·	NSN #. 6505 50 0038342 CAP. NEOGAB 300mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0038343 CAP. NEOGAB 100mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			867	PZ						
	NSN #. 6505 50 0030334 SKINOREN CREAM PACK SIZE 1X10gm OR EQUIVALENT Specification NIL			200	TU						
	NSN #. 6505 50 0026454 EL SOMOGEL PACK SIZE 20gm OR EQUIVALENT Specification NIL			600	TU						
	NSN #. 6505 50 0048512 GEL ACDERMIN 20 gm PACK SIZE 1'S OR EQUIVALENT Specification NIL			500	TU						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0032253 BETNOVATE CREAM PACK SIZE 20gm OR EQUIVALENT Specification NIL			1000	TU						
	NSN #. 6505 50 0050507 OTION BETNOVATE-N 60ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			500	EA						
	NSN #. 6505 50 0051545 CREAM GEN-BETA 15GM OR EQUIVALENT Specification NIL			1000	TU						
	NSN #. 6505 50 0050508 CREAM HIFUZIN 15gm PACK SIZE (1'S) OR EQUIVALENT Specification NA			5000	EA						
	NSN #. 6505 50 0027377 POLYFAX SKIN OINT. PACK SIZE 20gm OR EQUIVALENT Specification NIL			2000	TU						
	NSN #. 6505 50 0030427 CANESTEN CREAM PACK SIZE 10gm OR EQUIVALENT Specification NIL			1000	TU						
	NSN #. 6505 50 0050509 COLUTION DERMOSPORIN 1% 60ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			200	EA						
	NSN #. 6505 50 0046239 AP. ICON 100mg PACK SIZE 4's OR EQUIVALENT Specification LTRACONAZOLE			1888	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0051546 CAP. ICONAZOLE 100MG OR EQUIVALENT Specification NIL			2500	ΡZ						
	NSN #. 6505 50 0046625 AB. TERBIDERM 125 mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0046624 AB. TERBIDERM 250 mg PACK SIZE 10's OR EQUIVALENT Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0030331 RAVOCORT CREAM PACK SIZE 1X10g OR EQUIVALENT Specification NIL			3500	TU						
	NSN #. 6505 50 0032215 RAVOGEN CREAM PACK SIZE 1 X 10gm OR EQUIVALENT Specification NIL			800	TU						
	NSN #. 6505 50 0029528 CAP. ZOLANIX 150mg PACK SIZE 4's OR EQUIVALENT Specification NIL			125	ΡZ						
	NSN #. 6505 50 0034345 ADVANTAN CREAM PACK SIZE 1 X 10g OR EQUIVALENT Specification NIL			300	PZ						
	NSN #. 6505 50 0040318 U. DERMOVATE CREAM 20mg OR EQUIVALENT Specification NIL			1000	TU						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
240	NSN #. 6505 50 0046656			1200	TU						
_{Desc.} D	ERMOVATE OINTMENT 20 gm PACK SIZE 1's OR EQUIVALENT Specification NIL										
	NSN #. 6505 50 0050510 REAM HIFUZIN BETA 15gm PACK SIZE (1'S) OR EQUIVALENT Specification NA			5000	EA						
	NSN #. 6505 50 0051547 CREAM HIFUZIN-HC 15MG OR EQUIVALENT Specification NIL			1000	TU						
	NSN #. 6505 50 0037797 IYDROZOLE CREAM 20gm PACK SIZE 1's OR EQUIVALENT Specification NIL			4000	TU						
	NSN #. 6505 50 0030332 ERISONE FORT FATTY OINTMENT PACK SIZE 1 X 10gm OR EQUIVALENT Specification NIL			150	TU						
	NSN #. 6505 50 0047363 YDROQUIN PLUS CREAM 15 GM OR EQUIVALEN Specification HYDROQUINONE + TRETINOIN & FLUOCINOLONE			50	TU						
-	NSN #. 6505 50 0051548 OTINO PLAVEO 5% 60ML OR EQUIVALENT Specification NIL			2000	ΒТ						
-	NSN #. 6505 50 0042425 DAKTARIN ORAL GEL 20gm OR EQUIVALENT Specification NIL			400	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for free Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0029261 DETTOL 1 LITRE PACK SIZE OR EQUIVALENT Specification NIL			100	ВТ						
	NSN #. 6505 50 0027087 YODINE PACK SIZE 450ml OR EQUIVALENT Specification NIL			200	BT						
	NSN #. 6505 50 0046644 SOLN. PYODINE 60 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			300	ВТ						
	NSN #. 6505 50 0032317 TAB. AMARYL 4 MG PACK SIZE 3X10 OR EQUIVALENT Specification NIL			1500	PZ						
	NSN #. 6505 50 0044502 TAB. AMARYL 3mg PACK SIZE 30's OR EQUIVALENT Specification NIL			510	ΡZ						
	NSN #. 6505 50 0043521 TAB. AMARYL 2mg PACK SIZE 30's OR EQUIVALENT Specification NIL			1267	ΡZ						
	NSN #. 6505 50 0043520 TAB. AMARYL 1mg PACK SIZE 30's OR EQUIVALENT Specification NIL			367	PZ						
	NSN #. 6505 50 0043587 TAB. CONCOR 5mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7000	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044568 TAB. CONCOR 10mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0043586 TAB. CONCOR 2.5mg PACK SIZE 14's OR EQUIVALENT Specification NIL			5000	ΡZ						
	NSN #. 6505 50 0030301 TAB. INDERAL 10mg PACK SIZE 50's OR EQUIVALENT Specification NIL			380	ΡZ						
	NSN #. 6505 50 0030280 TAB.MEROL 100mg PACK SIZE 30's OR EQUIVALENT Specification NIL			467	ΡZ						
-	NSN #. 6505 50 0043588 TAB. MEROL 50mg PACK SIZE 30's OR EQUIVALENT Specification NIL			800	PZ						
	NSN #. 6505 50 0043534 TAB. MEROL 25mg PACK SIZE 30's OR EQUIVALENT Specification NIL			1500	PZ						
	NSN #. 6505 50 0050483 TAB NEBIL 5mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			700	ΡZ			_			
	NSN #. 6505 50 0050484 TAB NEBIL 2.5mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			500	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at epot W//Wharf In Words	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0048539 AB. NEBIX 5 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0030298 AB. TENORMIN 25mg PACK SIZE 14's OR EQUIVALENT Specification NIL			2400	ΡZ						
-	NSN #. 6505 50 0030299 AB. TENORMIN 50mg PACK SIZE 14's OR EQUIVALENT Specification NIL			6000	ΡZ						
	NSN #. 6505 50 0030300 AB. TENORMIN 100mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1500	ΡZ						
-	NSN #. 6505 50 0044569 TAB. TENORET 50mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7000	ΡZ						
	NSN #. 6505 50 0030321 TAB. ALDOMET 250mg PACK SIZE 100's OR EQUIVALENT Specification NIL			50	ΡZ						
	NSN #. 6505 50 0043525 TAB. COVERSYL 2mg PACK SIZE 10'S OR EQUIVALENT Specification GENERIC NAME (PERINDOPRIL)			400	ΡZ						
	NSN #. 6505 50 0034373 TAB. COVERSYL 4mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			700	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
-	NSN #. 6505 50 0047338 TAB. TRITACE 10 MG PACK SIZE 28'S OR EQUIVALENT Specification RAMIPRIL			89	ΡZ						
	NSN #. 6505 50 0047339 TAB. TRITACE 5 MG PACK SIZE 28's OR EQUIVALENT Specification NIL			800	ΡZ						
	NSN #. 6505 50 0044519 TAB. ZESTRIL 20mg PACK SIZE 14's OR EQUIVALENT Specification NIL			700	ΡZ						
-	NSN #. 6505 50 0030294 TAB. ZESTRIL 5mg PACK SIZE 14's OR EQUIVALENT Specification NIL			2700	ΡZ						
	NSN #. 6505 50 0030295 TAB. ZESTRIL 10mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3400	ΡZ						
	NSN #. 6505 50 0051535 AB.COVA-H 80/12.5 MG OR EQUIVALENT Specification NIL			1207	PZ						
	NSN #. 6505 50 0046248 AB. SARTAN-H 50/12.5mg PACK SIZE 10'S OR EQUIVALENT Specification LOSARTAN POTASSIUM + HYDROCHLOROTHIAZIDE			3000	ΡZ						
	NSN #. 6505 50 0044302 AB. ZESTORETIC 20 mg PACK SIZE 28's OR EQUIVALENT Specification NIL			2214	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0045181 TAB. ADVANT 8mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1286	PZ						
	NSN #. 6505 50 0044670 TAB. ADVANT 16mg PACK SIZE 14's OR EQUIVALENT Specification NIL			786	ΡZ						
	NSN #. 6505 50 0044527 TAB. APROVEL 150mg PACK SIZE 28'S OR EQUIVALENT Specification NIL			179	ΡZ						
	NSN #. 6505 50 0045297 AB CO-APROVAL 300mg/12.5mg PACK SIZE 28's OR EQUIVALENT Specification NIL			107	ΡZ						
	NSN #. 6505 50 0045518 TAB. DIOVAN 80mg PACK SIZE 28's OR EQUIVALENT Specification NIL			1000	PZ						
	NSN #. 6505 50 0045517 TAB. DIOVAN 160mg PACK SIZE 28's OR EQUIVALENT Specification NIL			1000	PZ						
	NSN #. 6505 50 0050489 TAB SACVIN 50mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			833	ΡZ						
	NSN #. 6505 50 0050488 TAB SACVIN 100mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			833	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050490 TAB SACVIN 200mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			834	ΡZ						
	NSN #. 6505 50 0051534 AB.TASMI 40MG OR EQUIVALENT Specification NIL			357	ΡZ						
	NSN #. 6505 50 0024921 TAB. DAONIL 5mg PACK SIZE 60 s OR EQUIVALENT Specification NIL			433	ΡZ						
	NSN #. 6505 50 0040317 TAB. DIAMICRON 80mg PACK SIZE 20's OR EQUIVALENT Specification NIL			1450	ΡZ						
	NSN #. 6505 50 0026528 AB. DIAMICRON MR 60 mg PACK SIZE 20's OR EQUIVALENT Specification NIL			4800	ΡZ						
	NSN #. 6505 50 0044702 AB. DIAMICRON MR 30mg PACK SIZE 20's OR EQUIVALENT Specification NIL			2400	PZ						
	NSN #. 6505 50 0041895 TAB. GETRYL 1mg PACK SIZE 20's OR EQUIVALENT Specification NIL			1400	ΡZ						
	NSN #. 6505 50 0041898 TAB. GETRYL 4mg PACK SIZE 20's OR EQUIVALENT Specification NIL			7815	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0040314 TAB. GETRYL 2mg PACK SIZE 20's OR EQUIVALENT Specification NIL			5128	ΡZ						
_	NSN #. 6505 50 0045213 TAB. GETRYL 3mg PACK SIZE 20'S OR EQUIVALENT Specification NIL			3150	ΡZ						
	NSN #. 6505 50 0044504 TAB. GLUCOPHAGE 1g PACK SIZE 50's OR EQUIVALENT Specification NIL			320	ΡZ						
	NSN #. 6505 50 0030375 AB. GLUCOPHAGE 500mg PACK SIZE 5X10 OR EQUIVALENT Specification NIL			4483	ΡZ						
	NSN #. 6505 50 0037748 AB. GLUCOPHAGE 850mg PACK SIZE 30's OR EQUIVALENT Specification NIL			633	ΡZ						
	NSN #. 6505 50 0034166 TAB. NEODIPAR 850mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0046657 AB. GALVUS MET 50/500 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			600	ΡZ						
	NSN #. 6505 50 0044512 AB. GALVUSMET 50/850 PACK SIZE 30's OR EQUIVALENT Specification NIL			1133	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0045217 AB. INOSITA PLUS 50/500mg PACK SIZE 28's OR EQUIVALENT Specification NIL			1250	ΡZ						
	NSN #. 6505 50 0044515 AB. PIOZER PLUS 15/500mg PACK SIZE 14's OR EQUIVALENT Specification NIL			643	ΡZ						
	NSN #. 6505 50 0045090 AB. SITAMET 50/1000mg PACK SIZE 14's OR EQUIVALENT Specification NIL			2286	ΡZ						
	NSN #. 6505 50 0045089 AB. SITAMET 50/500mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7143	ΡZ						
	NSN #. 6505 50 0045214 AB. SITAGLU MET 50/500 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7536	ΡZ						
	NSN #. 6505 50 0045215 AB. SITAGLU MET 50/1000 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3214	PZ						
	NSN #. 6505 50 0044509 AB. TREVIAMET 50/500 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1786	PZ						
	NSN #. 6505 50 0051549 AB.TREVIAMET 50/850MG OR EQUIVALENT Specification NIL			179	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0051550 AB.TREVIAMET XR 50/500MG OR EQUIVALENT Specification NIL			3500	ΡZ						
	NSN #. 6505 50 0046659 AB. VILDOMET 50/1000 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1429	PZ						
	NSN #. 6505 50 0051551 AB.TREVIAMET XR 50/1000MG OR EQUIVALENT Specification NIL			2143	ΡZ						
	NSN #. 6505 50 0046658 AB. VILDOMET 50/850 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7936	ΡZ						
	NSN #. 6505 50 0050512 AB DAPA 5mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			2414	ΡZ						
	NSN #. 6505 50 0050513 TAB DAPA 10mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			4214	ΡZ						
	NSN #. 6505 50 0050514 AB DAPA-MET 5/850mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			107	PZ						
	NSN #. 6505 50 0050515 TAB DIAMPA 25mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			71	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050516 TAB DIAMPA 10mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			107	ΡZ						
	NSN #. 6505 50 0051552 AB.EMPAA 25MG OR EQUIVALENT Specification NIL			1786	ΡZ						
	NSN #. 6505 50 0050517 TAB EMSYN 10mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			2143	ΡZ						
	NSN #. 6505 50 0030421 AB. GLUCOBAY 50mg PACK SIZE 30'S OR EQUIVALENT Specification NIL			733	ΡZ						
	NSN #. 6505 50 0050528 TAB JARDY 25mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			1786	ΡZ						
	NSN #. 6505 50 0050527 TAB JARDY 10mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			1786	ΡZ						
	NSN #. 6505 50 0050529 AB JARDY 12.5/500mg PACK SIZE (14'S) OR EQUIVALNET Specification NA			1786	ΡZ						
	NSN #. 6505 50 0051553 AB.LIN JARDY 25/5 MG OR EQUIVALENT Specification NIL			1429	PZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0046266 TAB. PIOZER 15mg PACK SIZE 14's OR EQUIVALENT Specification PIOGLITAZONE			786	PZ						
-	NSN #. 6505 50 0044516 TAB. PIOZER 45mg PACK SIZE 14's OR EQUIVALENT Specification NIL			857	ΡZ						
	NSN #. 6505 50 0037591 TAB. PIOZER 30 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			750	ΡZ						
	NSN #. 6505 50 0047415 AB. SITA 50 MG PACK SIZE 14's OR EQUIVALENT Specification SITAGLIPTIN			2143	ΡZ						
	NSN #. 6505 50 0047379 EYE OINTMENT LACRILUBE 3.5 GM OR EQUIVALENT Specification CHLOROBUTANOL + WHITE PETROLIUM & MINERAL OIL			100	TU						
	NSN #. 6505 50 0050565 EYE DROP SYSTANE 30ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			300	EA						
	NSN #. 6505 50 0048538 EYE DROP HYLOSAN 5 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			300	ВТ						
	NSN #. 6505 50 0050566 EYE DROP TEARS NATURAL FORTE 15m PACK SIZE (1'S) OR EQUIVALNET Specification NA			300	EA						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0032250 POLYFAX EYE OINTMENT PACK SIZE 6gm OR EQUIVALENT Specification NIL			500	TU						
	NSN #. 6505 50 0034158 U. TOBRADEX EYE OINT. PACK SIZE 3.5gm OR EQUIVALENT Specification NIL			150	TU						
	NSN #. 6505 50 0043637 OBRADEX EYE DROPS 5ml PACK SIZE 1's OR EQUIVALENT Specification NIL			250	EA						
	NSN #. 6505 50 0030283 OBREX EYE OINTT PACK SIZE 3.5mg OR EQUIVALENT Specification NIL			100	TU						
	NSN #. 6505 50 0034159 /IGAMOX EYE DROP 5ml PACK SIZE 1 s OR EQUIVALENT Specification NIL			250	BT						
	NSN #. 6505 50 0043633 LPHAGAN SOLUTION 2mg/ml PACK SIZE 5ml OR EQUIVALENT Specification NIL			250	EA						
	NSN #. 6505 50 0043634 AZOPT DROPS 1% 5ml OR EQUIVALENT Specification NIL			100	EA						
	NSN #. 6505 50 0043631 CO-DORZAL SOLUTION 5ml PACK SIZE 1's OR EQUIVALENT Specification NIL			200	EA						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0047389 EYE DROP SYNIGAN 5 ML OR EQUIVALENT Specification DORZOLAMIDE HCL & TIMOLOL			200	BT						
	NSN #. 6505 50 0050567 YE DROP TRAVATAN 0.00041% 2.5 ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			150	EA						
	NSN #. 6505 50 0046665 ALACOM EYE DROP 2.5 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			100	ВТ						
	NSN #. 6505 50 0030407 (ALATAN EYE DROPS PACK SIZE 2.5ml OR EQUIVALENT Specification NIL			300	BT						
	NSN #. 6505 50 0047394 EYE DROP DEXIMOX 5 ML OR EQUIVALENT Specification MOXIFLOXACIN + DEXAMETHASONE			100	BT						
	NSN #. 6505 50 0048524 YE DROP PRED FORTE 5 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			50	BT						
	NSN #. 6505 50 0042427 YE DROP NEVANAC 5ml (1'S) OR EQUIVALENT Specification NIL			250	EA						
	NSN #. 6505 50 0050568 GEL KENALOG IN ORALBASE 5gm PACK SI OR EQUIVALENT Specification NA	ZE (1'S)		1500	EA						



Item No.	Description of Material Required	Retail Price RP	Trade Price TP	Qty Require	Rate Unit	Rates Quoted for Stock and for free Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer 8	Period Required for Delivery 9	Remarks
1	2	RF	IF	3	4	5	0	1	8	9	10
	NSN #. 6505 50 0030237 ILSTAT DROPS PACK SIZE 30ml OR EQUIVALENT Specification NIL			1000	BT						
	NSN #. 6505 50 0032714 NJ. AMINOVEL 600 PACK SIZE 500ml WITH COMPLETE SET OR EQUIVALENT Specification NIL			100	EA						
	NSN #. 6505 50 0034304 ORIP INJ. 1/2 DEXTROSE SALINE 500ml WITH COMPLETE SET OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0030432 RIP DEXTROSE SALINE PACK SIZE 1000ml WITH COMPLETE SET OR EQUIVALENT Specification NIL			200	EA						
	NSN #. 6505 50 0030431 RIP DEXTROSE 10 PERCENT PACK SIZE 500ml WITH COMPLETE SET OR EQUIVALENT Specification NIL			150	EA						
	NSN #. 6505 50 0030430 RIP DEXTROSE WATER 5 PERCENT PACK SIZE 1000ml WITH COMPLETE SET OR EQUIVALENT Specification NIL			50	EA						
	NSN #. 6505 50 0025156 NJ. HAEMACCEL 500ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			100	BT						



						Rates Quoted for	r Supply EX	Total Price for	Trade / Brand Name.	Period	
Item	Description of Material Required	Retail	Trade	Qty	Rate	Stock and for free		Free Delivery at	Country of Manufacturer		Remarks
No.		Price	Price	Require	Unit	Central Store De In Figure	In Words	C.S. Depot W/Wh	Name & Address of	for	
1	2	RP	ТР	3	4	5		7	Manutacturer 8	Delivery 9	10
	2			5	-	5	0	1	0	5	10
359	NSN #. 6505 50 0030437			30000	EA						
Desc. [ORIP NORMAL SALINE 0.9% PACK SIZE 100ml WITH COMPLETE SET OR EQUIVALENT Specification NIL										
360	NSN #. 6505 50 0030438			1000	EA						
Desc. [ORIP NORMAL SALINE PACK SIZE 500ml WITH COMPLETE SET OR EQUIVALENT Specification NIL										
361	NSN #. 6505 50 0030433			1500	EA						
Desc. [ORIP NORMAL SALINE 9% PACK SIZE 1000ml WITH COMPLETE SET OR EQUIVALENT Specification NIL										
362	NSN #. 6505 50 0045258			50	EA						
Desc. [ORIP PLABOLYTE-M 500ml OR EQUIVALENT Specification NIL										
363	NSN #. 6505 50 0030436			20000	EA						
Desc. [RIP INJ. RINGERS LACTATE PACK SIZE 500ml WITH COMPLETE SET OR EQUIVALENT Specification NIL										
364	NSN #. 6505 50 0047395			100	вт						
Desc. D	RIP RINGER LACTATE 1000 ML WITH COMPLETE SET OR EQUIVALENT Specification ELECTROLYTES										
365	NSN #. 6505 50 0045263			100	EA						
Desc. A	VAMYS NASAL SPRAY 27.5 mcg PACK SIZE 1's OR EQUIVALENT Specification NIL										



Item No.	Description of Material Required	Retail Price RP	Trade Price TP	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer 8	Period Required for Delivery 9	Remarks
II			••			<u> </u>		,	Ŭ		
	NSN #. 6505 50 0045262 NORSALINE-P NASAL DROPS 30ml OR EQUIVALENT Specification NIL			300	EA						
	NSN #. 6505 50 0045081 ARISIN NASAL SPRAY 15ml PACK SIZE 1's OR EQUIVALENT Specification NIL			200	EA						
	NSN #. 6505 50 0045261 BTL. XYNOSINE NASAL SPRAY 0.1% 15ml OR EQUIVALENT Specification NIL			200	EA						
	NSN #. 6505 50 0043620 TAB. MONTIGET 10mg PACK SIZE 14's Specification NIL			3786	ΡZ						
	NSN #. 6505 50 0045082 INO CLENIL NASAL SPRAY 100mcg PACK SIZE 1's OR EQUIVALENT Specification NIL			300	EA						
	NSN #. 6505 50 0050571 OL ATEM NEBULISER 250mcg PACK SIZE (10'S) OR EQUIVALENT Specification NA			1000	ΡZ						
	NSN #. 6505 50 0045267 LENIL AEROSOL NEBULISING SOLUTION 800mcg PACK SIZE 10'S OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0046667 COMBIVAIR ROTACAP 200/6 µg PACK SIZE 30's OR EQUIVALENT Specification NIL			167	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0046666 COMBIVAIR ROTACAP 400/6 µg PACK SIZE 30's OR EQUIVALENT Specification NIL			167	ΡZ						
	NSN #. 6505 50 0045270 NHALER FOSTER 100/6mcg PACK SIZE 1's OR EQUIVALENT Specification NIL			250	EA						
	NSN #. 6505 50 0046668 PNEB NEBULIZER SOLUTION 20 ml PACK SIZE 1's OR EQUIVALENT Specification NIL			500	EA						
-	NSN #. 6505 50 0047396 NHALER SALMICORT HFA 25/250 MCG OR EQUIVALENT Specification SALMETEROL + FLUTICASONE			300	EA						
	NSN #. 6505 50 0043623 ERETIDE INHALER EVOHALER 25/250mcg PACK SIZE 1'S OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0050572 OTACAP TIO-VEEZ 18mcg PACK SIZE (30'S) OR EQUIVALENT Specification NA			133	ΡZ						
	NSN #. 6505 50 0045265 NHALER VENTOLIN EVOHALER 100mcg OR EQUIVALENT Specification NIL			350	EA						
	NSN #. 6505 50 0045268 IHALER XALTIDE HFA 50/100mg OR EQUIVALENT Specification NIL			2000	EA						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044649 TAB. BAMIFIX 600mg PACK SIZE 30's OR EQUIVALENT Specification NIL			73	ΡZ						
-	NSN #. 6505 50 0025157 YP. BRITANYL PACK SIZE 60ml OR EQUIVALENT Specification NIL			700	BT						
	NSN #. 6505 50 0025158 AB. BRITANYL 2.5mg PACK SIZE 100's OR EQUIVALENT Specification NIL			20	ΡZ						
	NSN #. 6505 50 0051567 SACHET MYTEKA 4MG OR EQUIVALENT Specification SACHET MYTEKA 4MG OR EQUIVALENT			400	ΡZ						
	NSN #. 6505 50 0034260 TAB. MYTEKA 5mg PACK SIZE 14 s OR EQUIVALENT Specification NIL			314	ΡZ						
	NSN #. 6505 50 0034261 TAB. MYTEKA 10mg PACK SIZE 14 s OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0034193 TAB. QUIBRON T/SR 300mg 10 X 10 OR EQUIVALENT Specification NIL			30	ΡZ						
-	NSN #. 6505 50 0045543 SYP. RELTUS DM 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			2000	BT						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0025300 AB. THEOGRADE 350mg PACK SIZE 10X10 OR EQUIVALENT Specification NIL			5	ΡZ						
	NSN #. 6505 50 0027368 AB. VENTOLIN 2mg PACK SIZE 100's OR EQUIVALENT Specification NIL			7	PZ						
	NSN #. 6505 50 0026518 YP. ZATOFEN PACK SIZE 60ml OR EQUIVALENT Specification NIL			400	BT						
	NSN #. 6505 50 0026517 TAB. ZATOFEN 1mg PACK SIZE 30's OR EQUIVALENT Specification NIL			50	ΡZ						
	NSN #. 6505 50 0045281 YP. ACEFYL COUGH 120ml PACK SIZE 1's OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0042424 YP. ACTIDIL 60ml OR EQUIVALENT Specification NIL			500	EA						
	NSN #. 6505 50 0042008 TAB. ATARAX 10mg PACK SIZE 50's OR EQUIVALENT Specification NIL			30	PZ						
	NSN #. 6505 50 0046670 AB ATIZA 5 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			300	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0025076 INJ. AVIL 25MG/2ml PACK SIZE 50 OR EQUIVALENT Specification NIL			10	ΡZ						
	NSN #. 6505 50 0044327 SYP. AVIL 15MG/5ML(90ml) PACK SIZE 1's OR EQUIVALENT Specification NIL			200	ВΤ						
	NSN #. 6505 50 0040274 TAB. FEXET 120mg PACK SIZE 20's OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0044650 TAB. FEXET 60mg PACK SIZE 20's OR EQUIVALENT Specification NIL			1050	ΡZ						
	NSN #. 6505 50 0042005 AB. FEXET D 60 MG/120 MG PACK SIZE 10's OR EQUIVALENT Specification NIL			960	ΡZ						
	NSN #. 6505 50 0050573 SYP KESTINE 5mg 30ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			200	EA						
	NSN #. 6505 50 0044651 TAB. KESTINE 20mg PACK SIZE 14's OR EQUIVALENT Specification NIL			429	ΡZ						
	NSN #. 6505 50 0042006 TAB. KESTINE 10mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1214	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0046672 TAB. LORIN NSA 10 mg PACK SIZE 10's OR EQUIVALENT Specification NIL			2500	ΡZ						
	NSN #. 6505 50 0045280 SYP. LORIN-NSA 30ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			900	EA						
	NSN #. 6505 50 0047398 SYP. RIGIX 1 MG/120 ML OR EQUIVALENT Specification CETIRIZINE DIHYDROCHLORIDE			2000	BT						
	NSN #. 6505 50 0034153 AB. RIGIX 10mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			2000	ΡZ						
	NSN #. 6505 50 0044652 YP. ZYRTEC 60ml PACK SIZE 1's OR EQUIVALENT Specification NIL			1500	BT						
	NSN #. 6505 50 0042009 TAB. ZYRTEC 10mg PACK SIZE 30's OR EQUIVALENT Specification NIL			300	PZ						
	NSN #. 6505 50 0051568 SYP.COFERB 120ML OR EQUIVALENT Specification NIL			1000	BT						
	NSN #. 6505 50 0051569 SYP.COFERB PLUS 120ML OR EQUIVALENT Specification NIL			500	BT						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0024905 SYP. HYDRYLLIN PACK SIZE 120ml OR EQUIVALENT Specification NIL			3500	ВТ						
	NSN #. 6505 50 0045282 ACHET MUCOLATORS 200mg PACK SIZE 30's OR EQUIVALENT Specification NIL			20	ΡZ						
	NSN #. 6505 50 0027373 YP. PIRITON PACK SIZE 120ml OR EQUIVALENT Specification NIL			1000	BT						
	NSN #. 6505 50 0027372 TAB. PIRITON 4mg PACK SIZE 1000's OR EQUIVALENT Specification NIL			3	ΡZ						
	NSN #. 6505 50 0045299 SYP. PULMONOL PACK SIZE 120ml OR EQUIVALENT Specification NIL			2000	BT						
	NSN #. 6505 50 0044703 TAB. ASUNRA 400mg PACK SIZE 30's OR EQUIVALENT Specification NIL			67	ΡZ						
	NSN #. 6505 50 0046272 TAB. GOURIC 40mg PACK SIZE 20'S OR EQUIVALENT Specification FEBUXOSTAT			350	ΡZ						
	NSN #. 6505 50 0027398 AB. ZYLORIC 300mg PACK SIZE 30's OR EQUIVALENT Specification NIL			100	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0027397 AB. ZYLORIC 100gm PACK SIZE 50's OR EQUIVALENT Specification NIL			120	ΡZ						
	NSN #. 6505 50 0034165 NJ. VERORAB PACK SIZE 1'S OR EQUIVALENT Specification NIL			50	EA						
	NSN #. 6505 50 0041997 TAB. CaC 1000 PLUS PACK SIZE 10'S OR EQUIVALENT Specification NIL			6000	ΡZ						
	NSN #. 6505 50 0046674 TAB. CALDREE 600 PACK SIZE 30'S OR EQUIVALENT Specification NIL			1667	ΡZ						
	NSN #. 6505 50 0044643 AB. LOPHOS PACK SIZE 100's OR EQUIVALENT Specification NIL			40	ΡZ						
	NSN #. 6505 50 0034152 TAB. OSNATE 800mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			633	PZ						
	NSN #. 6505 50 0045284 SYP. OSNATE D 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			900	EA						
	NSN #. 6505 50 0043617 AB. OSNATE D 800mg PACK SIZE 30's OR EQUIVALENT Specification NIL			2667	PZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050574 TAB QALSIUM-D PACK SIZE (40'S) OR EQUIVALENT Specification NA			1875	ΡZ						
	NSN #. 6505 50 0044636 AB. BECEFOL PACK SIZE 25's OR EQUIVALENT Specification NIL			260	ΡZ						
	NSN #. 6505 50 0030346 CAP. FEFOLVIT SPANSULE PACK SIZE 56's OR EQUIVALENT Specification NIL			625	ΡZ						
	NSN #. 6505 50 0051554 TAB TREPTIN 500 MG OR EQUIVALENT Specification NIL			5000	ΡZ						
	NSN #. 6505 50 0051555 TAB. TREPTIN 100 MG OR EQUIVALENT Specification NIL			5000	ΡZ						
	NSN #. 6505 50 0050530 AB TREAVIA R2 15/100mg PACK SIZE (14'S) OR EQUVALENT Specification NA			1786	ΡZ						
	NSN #. 6505 50 0050531 AB TREVIA R2 5/100mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			1786	PZ						
	NSN #. 6505 50 0044510 TAB. VILDOS 50mg PACK SIZE 28's OR EQUIVALENT Specification NIL			1071	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
·	NSN #. 6505 50 0050532 AB XENGLU MET 12.5/500mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			214	ΡZ						
	NSN #. 6505 50 0051556 NJ.INSUGET-R 100IU/10ML OR EQUIVALENT Specification NIL			1000	EA						
· · · · · · · · · · · · · · · · · · ·	NSN #. 6505 50 0051557 NJ.INSUGET 70/30 100IU/10ML OR EQUIVALENT Specification NIL			10000	EA						
	NSN #. 6505 50 0051558 NJ.INSUGET-N 100IU/10ML OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0050534 NJ MIXTARD 30 HM 30 HM 100 IU/ML PACK SIZE (1'S) OR EQUIVALENT Specification NA			4000	EA						
	NSN #. 6505 50 0051559 NJ.HUMALOG 100IU/10ML OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0043519 NJ. LANTUS 100 IU/10ml PACK SIZE 1's OR EQUIVALENT Specification NIL			1500	EA						
	NSN #. 6505 50 0034319 TAB. ANSAID 100mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			1083	PZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
-	NSN #. 6505 50 0043539 TAB. BREXIN 20mg PACK SIZE 2 X 10's OR EQUIVALENT Specification NIL			1500	PZ						
	NSN #. 6505 50 0026461 SYP. BRUFEN 120ml OR EQUIVALENT Specification NIL			1300	BT						
	NSN #. 6505 50 0026460 TAB. BRUFEN 400mg PACK SIZE 25X10 OR EQUIVALENT Specification NIL			80	ΡZ						
	NSN #. 6505 50 0046634 YP. BRUFEN DS 200 mg / 90 ml PACK SIZE 1's OR EQUIVALENT Specification NIL	ł		1000	BT						
	NSN #. 6505 50 0041926 TAB. CAFLAM 50mg PACK SIZE 20's OR EQUIVALENT Specification NIL	ł		2900	ΡZ						
	NSN #. 6505 50 0027128 NCLORAN GEL PACK SIZE 20gm OR EQUIVALEN Specification NIL	-		5000	TU						
	NSN #. 6505 50 0027127 NJ. DICLORAN 75mg PACK SIZE 3ml OR EQUIVALENT Specification NIL			1000	EA						
	NSN #. 6505 50 0051639 SYP.DOLOR DS 100MG/ 5ML (60ML) OR EQUIVALENT Specification SYP.DOLOR DS 100MG/ 5ML (60ML) OR EQUIVALENT			500	BT						



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1	2	RP	TP	3	4	5	6	7	8	9	10
454	NSN #. 6505 50 0029454			100	ΡZ						
Desc. T	AB. KLIC 50mg PACK SIZE 2X10 OR EQUIVALENT Specification NIL										
455	NSN #. 6505 50 0032582			450	ΡZ						
_{Desc.} T	AB. NISE 100mg PACK SIZE 20's OR EQUIVALENT Specification NIL										
	NSN #. 6505 50 0051560 TAB.PROXEN 500MG OR EQUIVALENT Specification NIL			625	ΡZ						
	NSN #. 6505 50 0051561 TAB.PROXEN 250MG OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0050535 AB REMETHAN 50mg PACK SIZE (20'S) OR EQUIVALENT Specification NA			2500	PZ						
	NSN #. 6505 50 0045203 AB. ROTEC 50mg PACK SIZE 20's Specification NIL			500	PZ						
-	NSN #. 6505 50 0050536 AB SYNFLEX 550mg (20'S) OR EQUIVALENT Specification NA			632	ΡZ						
	NSN #. 6505 50 0044590 ICON GEL 25gm PACK SIZE 1's OR EQUIVALENT Specification NIL			700	TU						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0034023 TAB. VOLTRAL 50mg PACK SIZE 20 s OR EQUIVALENT Specification NIL			3500	ΡZ						
	NSN #. 6505 50 0045204 EL VOLTRAL EMULGEL 50mg PACK SIZE 1'S OR EQUIVALENT Specification NIL			5000	EA						
	NSN #. 6505 50 0050537 NJ VOREN 75mg 3ml PACK SIZE (100'S) OR EQUIVALENT Specification NA			70	ΡZ						
	NSN #. 6505 50 0046660 TAB. VOREN 50 mg PACK SIZE 100's Specification NIL			1500	ΡZ						
	NSN #. 6505 50 0040261 TAB. XOBIX 15mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			600	ΡZ						
_	NSN #. 6505 50 0034258 TAB. XOBIX 7.5mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0045542 AB. HCQ 200mg PACK SIZE 30's OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0050538 TAB MOVAX 2mg PACK SIZE (10'S) OR EQUIVALANT Specification NA			1100	PZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0030336 TAB. MUSIDIN 2mg PACK SIZE 10's OR EQUIVALENT Specification NIL			1600	ΡZ						
	NSN #. 6505 50 0050539 TAB MYONAL 50mg PACK SIZE (100'S) OR EQUIVALENT Specification NA			90	ΡZ						
	NSN #. 6505 50 0044592 AB.NUBEROL 35/450 mg PACK SIZE 100's OR EQUIVALENT Specification NIL			60	ΡZ						
	NSN #. 6505 50 0034011 AB.NUBEROL FORTE 50/650 mg PACK SIZE 15 s OR EQUIVALENT Specification NIL			13333	ΡZ						
-	NSN #. 6505 50 0042412 CAP. THIOLAX 4mg PACK SIZE 20'S OR EQUIVALENT Specification NIL			200	PZ						
-	NSN #. 6505 50 0050540 NJ BONVIVA PFS 3mg 3ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			15	EA						
	NSN #. 6505 50 0044663 NJ. ZOMETA 4mg PACK SIZE 1's OR EQUIVALENT Specification NIL			100	EA						
	NSN #. 6505 50 0040262 TAB. CELBEXX 200mg PACK SIZE 2X10 OR EQUIVALENT Specification NIL			550	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0027085 AB. CELBEXX 100mg PACK SIZE 2X10 OR EQUIVALENT Specification NIL			650	ΡZ						
	NSN #. 6505 50 0045212 AB. STARCOX 60mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0043602 AB. CHYMORAL FORTE PACK SIZE 20'S OR EQUIVALENT Specification NIL			1650	ΡZ						
	NSN #. 6505 50 0045963 TAB. MIRAZYM 5mg PACK SIZE 20s OR EQUIVALENT Specification GENERIC NAME SERRATIOPEPTIDASE			1500	ΡZ						
	NSN #. 6505 50 0046661 TAB. MIRAZYM DS PACK SIZE 20'S OR EQUIVALENT Specification NIL			5000	ΡZ						
	NSN #. 6505 50 0050541 DROP CIPOCAINE 5ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			100	EA						
	NSN #. 6505 50 0050542 AR DROP DEXATOB 5ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			100	EA						
	NSN #. 6505 50 0050543 AR DROP XECOMB 10ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			150	EA						



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1	2	RP	TP	3	4	5	6	7	8	9	10
486	NSN #. 6505 50 0046662			100	BT						
_{Desc.} E	AR DROP ZEPROCAINE 5 ml PACK SIZE 1's OR EQUIVALENT Specification NIL										
	NSN #. 6505 50 0051562 SYP.ACICON 10MG/5ML 60ML OR EQUIVALENT Specification NIL			500	BT						
	NSN #. 6505 50 0030413 AB. FAMOPSIN 20mg PACK SIZE 20'S OR EQUIVALENT Specification NIL			2500	ΡZ						
	NSN #. 6505 50 0025151 NJ. CLEXANE 40mg PACK SIZE 2'S OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0025149 NJ. CLEXANE 60mg PACK SIZE 2'S OR EQUIVALENT Specification NIL			60	ΡZ						
	NSN #. 6505 50 0046257 AB. CO-PLAVIX 75/75mg PACK SIZE 10'S OR EQUIVALENT Specification CLOPIDOGREL+ACETYLSALICYLI ACID			2500	ΡZ						
	NSN #. 6505 50 0032333 TAB. LOPRIN 75mg PACK SIZE 30's OR EQUIVALENT Specification NIL			4000	ΡZ						
	NSN #. 6505 50 0041908 AB. LOWPLAT 75mg PACK SIZE 10's OR EQUIVALENT Specification NIL			5200	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0027074 TAB. NOCLOT 75mg PACK SIZE 20's OR EQUIVALENT Specification NIL			3050	ΡZ						
	NSN #. 6505 50 0050496 AB NOCLOT EA 75/75mg PACK SIZE (10'S) OR EQUIVALENT Specification NA			1600	ΡZ						
	NSN #. 6505 50 0051538 TAB.PIDOGREL-AP 150MG OR EQUIVALENT Specification NIL			2000	ΡZ						
	NSN #. 6505 50 0051539 TAB.PIDOGREL-AP 75MG OR EQUIVALENT Specification NIL			2000	ΡZ						
	NSN #. 6505 50 0045190 TAB. PLAVIX 75mg PACK SIZE 28's OR EQUIVALENT Specification NIL			600	ΡZ						
	NSN #. 6505 50 0050497 TAB XCEPT 20mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			1786	ΡZ						
	NSN #. 6505 50 0050498 TAB XCEPT 10mg PACK SIZE (10'S) OR EQUIVALENT Specification NA			2500	ΡZ						
	NSN #. 6505 50 0034180 TAB. IMDUR 60mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			1267	ΡZ						



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1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0045196 TAB. MONIS 20mg PACK SIZE 20's OR EQUIVALENT Specification NIL			150	ΡZ						
	NSN #. 6505 50 0022973 AB. SUSTAC 2.6 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			6187	ΡZ						
	NSN #. 6505 50 0043523 AB. SUSTAC 6.4mg PACK SIZE 30's OR EQUIVALENT Specification NIL			700	ΡZ						
	NSN #. 6505 50 0034360 AB. CORDARONE 200mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0048509 TAB. IVASET 5 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			572	ΡZ						
	NSN #. 6505 50 0044532 TAB. NICORIL 10mg PACK SIZE 10's OR EQUIVALENT Specification NIL			1000	PZ						
	NSN #. 6505 50 0048510 AB. RANOLA XR 500 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3000	PZ						
	NSN #. 6505 50 0050499 TAB SIVAB 5mg PACK SIZE (14'S) OR EQUIVALENT Specification NA			1000	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0046632 CAP. FENOGET 200 mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			1000	ΡZ						
	NSN #. 6505 50 0047350 CAP, FENOGET 67 MG PACK SIZE 30'S OR EQUIVALENT Specification FENOFIVBRATE			200	ΡZ						
	NSN #. 6505 50 0045202 TAB. GEMPID 600mg PACK SIZE 20's OR EQUIVALENT Specification NIL			600	ΡZ						
	NSN #. 6505 50 0043531 TAB. LIPIGET 20mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			20000	ΡZ						
	NSN #. 6505 50 0034217 TAB. LIPIGET 10mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			10997	ΡZ						
	NSN #. 6505 50 0051540 TAB.ROSULIN 20MG OR EQUIVALENT Specification NIL			2000	PZ						
	NSN #. 6505 50 0051541 TAB.ROSULIN 10MG OR EQUIVALENT Specification NIL			2000	PZ						
	NSN #. 6505 50 0044540 TAB. ROVISTA 20mg PACK SIZE 10's OR EQUIVALENT Specification NIL			3000	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0045199 AB. X-PLENDED 5mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			1600	ΡZ						
	NSN #. 6505 50 0044672 AB. XPLENDID 10mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			13570	ΡZ						
-	NSN #. 6505 50 0051572 TAB.XENOCOR 10mg OREQUIVALENT Specification NIL			4500	ΡZ						
	NSN #. 6505 50 0051542 TAB.EPLIRON 50MG OR EQUIVALENT Specification NIL			1429	ΡZ						
	NSN #. 6505 50 0051543 TAB.EPLIRON 25MG OR EQUIVALENT Specification NIL			1429	PZ						
	NSN #. 6505 50 0024925 IJ. LASIX 20mg PACK 50X2ml Specification NIL			30	PZ						
	NSN #. 6505 50 0043536 TAB. LASIX 20mg PACK SIZE 2 X 50's OR EQUIVALENT Specification NIL			70	ΡZ						
	NSN #. 6505 50 0024924 TAB. LASIX 40mg PACK SIZE 100 s OR EQUIVALENT Specification NIL			330	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050500 AB LASORIDE 40/5mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			1000	ΡZ						
	NSN #. 6550 50 0034809 AB. SPIROMIDE 40mg PACK SIZE 30's OR EQUIVALENT Specification NIL			833	ΡZ						
	NSN #. 6550 50 0023021 AB. SPIROMIDE 20mg PACK SIZE 20's OR EQUIVALENT Specification NIL			300	ΡZ						
	NSN #. 6505 50 0034212 AB. ALDACTONE 100mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0043589 AB. ALDACTONE-A 25mg PACK SIZE 100's OR EQUIVALENT Specification NIL			90	PZ						
	NSN #. 6505 50 0034371 AB. NATRILIX SR 1.5mg PACK SIZE 30 s OR EQUIVALENT Specification NIL			933	ΡZ						
	NSN #. 6505 50 0030414 AB. FAMOPSIN 40mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			4000	ΡZ						
	NSN #. 6505 50 0048534 CAP. DEXXOO 30 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			1000	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050544 CAP DEXXO 60mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			1667	ΡZ						
	NSN #. 6505 50 0045242 CAP. ESSO 40mg PACK SIZE 14's specification NIL			2143	ΡZ						
	NSN #. 6505 50 0045241 CAP. ESSO 20mg PACK SIZE 14's specification NIL			1429	ΡZ						
	NSN #. 6505 50 0045243 NJ. ESSO 40mg PACK SIZE 1's Specification NIL			6000	EA						
	NSN #. 6505 50 0045240 CAP. NEXUM 20mg PACK SIZE 14's OR EQUIVALENT Specification NIL			1143	ΡZ						
	NSN #. 6505 50 0032316 CAP. NEXIUM 40mg PACK SIZE 2 X 7 OR EQUIVALENT Specification NIL			2143	PZ						
	NSN #. 6505 50 0043548 CAP. RISEK 40mg PACK SIZE 2 X 7's OR EQUIVALENT Specification NIL			3333	PZ						
-	NSN #. 6505 50 0030293 AP. RISEK 20mg PACK SIZE 2X7 OR EQUIVALENT Specification NIL			7143	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0030291 RISEK IV 40mg PACK SIZE 1's OR EQUIVALENT Specification NIL			2000	EA						
-	NSN #. 6505 50 0045238 RISEK INSTA SACHET 20mg PACK SIZE 10's OR EQUIVALENT Specification NIL			600	ΡZ						
	NSN #. 6505 50 0044304 CAP. RULING 40mg PACK SIZE 14's OR EQUIVALENT Specification NIL			4286	ΡZ						
-	NSN #. 6505 50 0037586 CAP. RULING 20 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			7143	ΡZ						
	NSN #. 6505 50 0044616 TAB. ZOPENT 40mg PACK SIZE 20's OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0044622 SYP. ULSANIC 1gm PACK SIZE 120ml OR EQUIVALENT Specification NIL			1000	BT						
	NSN #. 6505 50 0044623 ITRO SODA SACHET 5mg PACK SIZE 100's OR EQUIVALENT Specification NIL			30	ΡZ						
	NSN #. 6505 50 0050575 NJ FERICIT 50mg/10ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			1000	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0045287 SYP. FEROSOFT 120ml PACK SIZE 1's Specification NIL			600	EA						
	NSN #. 6505 50 0043610 TAB. FOLIC ACID 5mg PACK SIZE 100's OR EQUIVALENT Specification NIL			300	ΡZ						
	NSN #. 6505 50 0045976 TAB. FOLITAB 5mg PACK SIZE 100s OR EQUIVALENT Specification NIL			80	ΡZ						
	NSN #. 6505 50 0041994 TAB. IBERET FOLIC-500 GRADT PACK SIZE EQUIVALENT Specification NIL	30's OR		167	ΡZ						
	NSN #. 6505 50 0045521 SYP. IBERET 500 LIQUID 120ml OR EQUIVALENT Specification NIL			200	BT						
	NSN #. 6505 50 0046252 AB. CO-APPROVAL 150/12.5mg PACK SIZE 28's OR EQUIVALENT Specification LRVESARTAN + HYTDROCHLORTHIAZIDE	6		857	PZ						
	NSN #. 6505 50 0045519 AB. CO-DIOVAN 160/ 12.5 mg PACK SIZE 28's OF EQUIVALENT Specification NIL	2		1428	PZ						
	NSN #. 6505 50 0048541 AB. MISAR H 40/12.5 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			857	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted fo Stock and for free Central Store De In Figure	e delivery at pot W//Wharf In Words	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0048542 AB. MISAR H 80/12.5 mg PACK SIZE 14's OR EQUIVALENT Specification NIL			714	ΡZ						
559	NSN #. 6505 50 0047345			357	ΡZ						
_{Desc.} T	AB. ADVANTEC 16/12.5 MG PACK SIZE 28's OR EQUIVALENT Specification CANDESARTAN CILEXETIL + HYDROCHLOROTHIZIDE										
	NSN #. 6505 50 0051522 TAB.COVAM PLUS 10/160/12.5 MG OR EQUIVALENT Specification TAB.COVAM PLUS 10/160/12.5 MG OR EQUIVALENT			464	ΡZ						
	NSN #. 6505 50 0051523 AB.COVAM PLUS 5/160/12.5 MG OR EQUIVALENT Specification TAB.COVAM PLUS 5/160/12.5 MG OR EQUIVALENT			1607	PZ						
-	NSN #. 6505 50 0045185 TAB. EXTOR 5/80mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3714	ΡZ						
	NSN #. 6505 50 0045184 AB. EXTOR 10/160mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3000	PZ						
	NSN #. 6505 50 0045183 AB. EXTOR 5/160mg PACK SIZE 14's OR EQUIVALENT Specification NIL			3714	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044671 TAB. CALAN 40mg PACK SIZE 50's OR EQUIVALENT Specification NIL			200	ΡZ						
-	NSN #. 6505 50 0034012 AB. CALAN SR 240mg PACK SIZE 10 s OR EQUIVALENT Specification NIL			1000	ΡZ						
-	NSN #. 6505 50 0029544 AB. HERBESSER 30mg PACK SIZE 30's OR EQUIVALENT Specification NIL			333	ΡZ						
-	NSN #. 6505 50 0044528 CAP. HERBESSER SR 90 PACK SIZE 10'S OR EQUIVALENT Specification NIL			2400	ΡZ						
	NSN #. 6505 50 0030402 TAB. NORVASC 5mg PACK SIZE 30's OR EQUIVALENT Specification NIL			3713	ΡZ						
	NSN #. 6505 50 0034384 AB. SOFVASC 5mg PACK SIZE 1 X 30 s OR EQUIVALENT Specification NIL			2333	PZ						
	NSN #. 6505 50 0034385 AB. SOFVASC 10mg PACK SIZE 1 X 30 s OR EQUIVALENT Specification NIL			967	ΡZ						
	NSN #. 6505 50 0050492 TAB ANPLAG 90mg PACK SIZE (20's) OR EQUIVALENT Specification NA			1786	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
-	NSN #. 6505 50 0051536 TAB.APIXAGET 2.5 MG OR EQUIVALENT Specification NIL			333	ΡZ						
	NSN #. 6505 50 0051537 TAB.APIXAGET 5MG OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0030277 AB.ASCARD 75mg PACK SIZE 3X10's OR EQUIVALENT Specification NIL			13790	ΡZ						
	NSN #. 6505 50 0047408 AB ASCARD PLUS 75/81 MG PACK SIZE 10'S OR EQUIVALENT Specification ASPRIN + CLOPIDOGREL			5400	ΡZ						
	NSN #. 6505 50 0046309 AB. MYFOL PACK SIZE 30'S OR EQUIVALENT Specification FOLIC ACID			133	ΡZ						
	NSN #. 6505 50 0046310 AB. POLYMALT+ F 100/0.35 mg PACK SIZE 30's OR EQUIVALENT Specification NIL			667	PZ						
	NSN #. 6505 50 0030567 NJ. VENOFER 100mg PACK SIZE 1X5 OR EQUIVALENT Specification NIL			200	PZ						
	NSN #. 6505 50 0030335 AB. BONE ONE 0.5mcg PACK SIZE 100's OR EQUIVALENT Specification NIL			40	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050577 ROP D-MAX 400 IU/10ml PACK SIZE (1'S) OR EQUIVALNET Specification NA			100	EA						
	NSN #. 6505 50 0030254 CAP. EVION 400mg PACK SIZE 10X10 OR EQUIVALENT Specification NIL			520	ΡZ						
	NSN #. 6505 50 0030394 CAP. EVION 200mg PACK SIZE 10X10 OR EQUIVALENT Specification NIL			50	ΡZ						
	NSN #. 6505 50 0050578 IJ INDROP-D PACK SIZE (1'S) OR EQUIVALENT Specification NA			1500	EA						
	NSN #. 6505 50 0044629 SYP. LYSOVIT 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			1500	BT						
	NSN #. 6505 50 0041996 NJ. METHYCOBAL 500 mcg PACK SIZE 10's OR EQUIVALENT Specification NIL			240	ΡZ						
	NSN #. 6505 50 0041995 AB. METHYCOBAL 500 mcg PACK SIZE 100's OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0045291 SYP. MULTIBIONTA 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			500	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0034287 NJ. NEUROBION 3ml PACK SIZE 25 s OR EQUIVALENT Specification NIL			48	ΡZ						
	NSN #. 6505 50 0030259 TAB.NEUROBION PACK SIZE 10X10 OR EQUIVALENT Specification NIL			365	ΡZ						
	NSN #. 6505 50 0046675 NJ. NEUROMET 500 mcg PACK SIZE 10's OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0040269 AB. NEUROMET 500mcg PACK SIZE 100's OR EQUIVALENT Specification NIL			200	ΡZ						
	NSN #. 6505 50 0026526 CAP. ONE ALPHA 0.5mcg PACK SIZE 30's OR EQUIVALENT Specification NIL			500	ΡZ						
	NSN #. 6505 50 0050579 CAP OSLIA 200,000 IU PACK SIZE (1'S) OR EQUIVALENT Specification NA			1500	EA						
	NSN #. 6505 50 0030256 SYP.POLYBION FORTE 120ml PACK SIZE 1's OR EQUIVALENT Specification NIL			1500	BT						
	NSN #. 6505 50 0044633 TAB. REVITALE MULTI PACK SIZE 45'S OR EQUIVALENT Specification NIL			200	PZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0044307 CAP. SANGOBION PACK SIZE 30'S OR EQUIVALENT Specification NIL			400	ΡZ						
	NSN #. 6505 50 0043615 SYP. SANGOBION 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			250	ВТ						
	NSN #. 6505 50 0046679 NJ. SUNVIT 2 LAC UNITS PACK SIZE 1'S OR EQUIVALENT Specification NIL			4000	EA						
	NSN #. 6505 50 0043611 AB. SURBEX-Z PACK SIZE 30's OR EQUIVALENT Specification NIL			2667	ΡZ						
	NSN #. 6505 50 0047401 SYP. VI-DAYLIN 120 ML OR EQUIVALENT Specification VITAMINS			500	BT						
	NSN #. 6505 50 0043614 SYP. VIDAYLIN-L 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			500	BT						
	NSN #. 6505 50 0046273 YP. ZINCAT 60ml PACK SIZE 1's OR EQUIVALENT Specification ZINC SUPPLIMENT			1000	EA						
	NSN #. 6505 50 0025432 IJ. ABOCAIN SPINAL 7.5mg PACK SIZE 5X2ml OR EQUIVALENT Specification NIL			40	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0032236 UBE XYLOCAIN JELLY 2% PACK SIZE (15gm) OR EQUIVALENT Specification NIL			500	EA						
	NSN #. 6505 50 0025164 NJ. XYLOCAINE 2% (10ml) PACK SIZE 50'S OR EQUIVALENT Specification NIL			2	ΡZ						
	NSN #. 6505 50 0032406 NJ. DORMICUM 5mg/5ml PACK SIZE 10's OR EQUIVALENT Specification NIL			30	ΡZ						
	NSN #. 6505 50 0050456 NJ CISPLATIN 50mg PACK SIZE (1'S) OR EQUIVALENT Specification NA			10	EA						
	NSN #. 6505 50 0050457 NJ CYCLOMIDE 1 GM PACK SIZE (1'S) OR EQUIVALENT Specification NA			5	EA						
—	NSN #. 6505 50 0050458 NJ ADRIABLASTINA 50mg PACK SIZE (1'S) OR EQUIVALENT Specification NA			15	EA						
	NSN #. 6505 50 0050460 NJ INTAXEL 150mg PACK SIZE (1'S) OR EQUIVALENT Specification NA			15	EA						
	NSN #. 6505 50 0032327 NJ. CARBOPLATIN 150mg PACK SIZE 1's OR EQUIVALENT Specification NIL			10	EA						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	Total Price for Free Delivery at C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0030302 TAB. NOLVADEX 10mg PACK SIZE 30's OR EQUIVALENT Specification NIL			10	ΡZ						
	NSN #. 6505 50 0050461 INJ FILGEN 300mg PACK SIZE (1'S) OR EQUIVALENT Specification NA			50	EA						
-	NSN #. 6505 50 0048531 NJ. ENDTRON 8 mg/ 4 ml PACK SIZE 5's OR EQUIVALENT Specification NIL			600	ΡZ						
-	NSN #. 6505 50 0048545 TAB. ENDTRON 8mg PACK SIZE 10'S OR EQUIVALENT Specification NIL			100	ΡZ						
	NSN #. 6505 50 0026466 YP. DIJEX MP PACK SIZE 120ml OR EQUIVALENT Specification NIL			1500	BT						
_	NSN #. 6505 50 0044305 SYP. GAVISCON 120ml PACK SIZE 1'S OR EQUIVALENT Specification NIL			2000	BT						
	NSN #. 6505 50 0030236 YP.MUCAINE PACK SIZE 120ml OR EQUIVALENT Specification NIL			3000	BT						
	NSN #. 6505 50 0041990 TAB. TRISIL PACK SIZE 100's OR EQUIVALENT Specification NIL			30	ΡZ						



ltem No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Rates Quoted for Stock and for fre Central Store De In Figure	e delivery at pot W//Wharf	C.S. Depot W/Wh	Trade / Brand Name. Country of Manufacturer Name & Address of Manutacturer	Period Required for Delivery	Remarks
1	2	RP	TP	3	4	5	6	7	8	9	10
	NSN #. 6505 50 0050548 TAB VONNP 20mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			667	ΡZ						
	NSN #. 6505 50 0032336 AB.COLOFAC 135mg PACK SIZE 30's OR EQUIVALENT Specification NIL			433	ΡZ						
	NSN #. 6505 50 0050549 AB LIBRAX DRAGEES 5+2.5mg PACK SIZE (30'S) OR EQUIVALENT Specification NA			67	ΡZ						
	NSN #. 6505 50 0045244 NJ. NO-SPA 40mg PACK SIZE 25's OR EQUIVALENT Specification NIL			80	ΡZ						
	NSN #. 6505 50 0034172 TAB. NO-SPA 40mg PACK SIZE 24 s OR EQUIVALENT Specification NIL			583	ΡZ						
	NSN #. 6505 50 0050550 YP SPASLER-P 5mg/5ml 60ml PACK SIZE (1'S) OR EQUIVALENT Specification NA			150	EA						
	NSN #. 6505 50 0032241 NJ. SPASRID 40mg PACK SIZE 6'S OR EQUIVALENT Specification NIL			100	PZ						
	NSN #. 6505 50 0032242 TAB.SPASRID 80mg PACK SIZE 30's OR EQUIVALENT Specification NIL			200	PZ						



Item No.	Description of Material Required	Retail Price RP	Trade Price TP	Qty Require 3	4	In Figure	In Words	7	Manutacturer 8	Period Required for Delivery 9	Remarks
	NSN #. 6505 50 0037477 TAB. DOMEL 10mg PACK SIZE 50's OR EQUIVALENT Specification NIL			800	PZ			1			
	NSN #. 6505 50 0044611 TAB. ENVEPE 10mg PACK SIZE 30's OR EQUIVALENT Specification NIL			167	PZ						
	NSN #. 6505 50 0023027 NJ. GRAVINATE 50mg PACK SIZE 25's OR EQUIVALENT Specification NIL			16	ΡZ						
	NSN #. 6505 50 0023029 SYP. GRAVINATE PACK SIZE 60ml OR EQUIVALENT Specification NIL			100	BT						
	NSN #. 6505 50 0023025 TAB. GRAVINATE 50mg PACK SIZE 100's OR EQUIVALENT Specification NIL			50	PZ						
	NSN #. 6505 50 0041988 TAB. LEVOPRAID 25mg PACK SIZE 20's OR EQUIVALENT Specification NIL			250	PZ						
	NSN #. 6505 50 0042444 SYP. MOTILIUM 120ml PACK SIZE 1's OR EQUIVALENT Specification NIL			250	EA						
-	NSN #. 6505 50 0027437 TAB. MOTILIUM 10mg PACK SIZE 10X5 OR EQUIVALENT Specification NIL			910	PZ						



Itom		Detell	Tuesda	0.5	Data	Rates Quoted fo		Total Price for	Trade / Brand Name.	Period	
Item No.	Description of Material Required	Retail Price	Trade Price	Qty Require	Rate Unit	Stock and for free Central Store De	•	Free Delivery at C.S. Depot W/Wh	Country of Manufacturer Name & Address of	Required for	Remarks
						In Figure	÷		Manutacturer	Delivery	
1	2	RP	ТР	3	4	5	6	7	8	9	10
637	NSN #. 6505 50 0029547			500	ΡZ						
_{Desc.} T	AB. SERC 8mg PACK SIZE 30's OR EQUIVALENT Specification NIL										
638	NSN #. 6505 50 0023024			633	ΡZ						
Desc. TA	AB. SERC 16mg PACK SIZE 30's OR EQUIVALENT Specification NIL										
639	NSN #. 6505 50 0025079			43	ΡZ						
Desc. 1	AB. STEMETIL 5mg PACK SIZE 300 s OR EQUIVALENT Specification NIL										
640	NSN #. 6505 50 0045522			433	ΡZ						
Desc.	AB. GANATON 50mg PACK SIZE 30's OR EQUIVALENT Specification NIL										
641	NSN #. 6505 50 0048536			2000	ΡZ						
Desc.	FAB. IGNITE 50 mg PACK SIZE 30's OR EQUIVALENT Specification NIL										
642	NSN #. 6505 50 0046630			1500	ΡZ						
_{Desc.} T	AB. SULVORID 25 mg PACK SIZE 20'S OR EQUIVALENT Specification NIL										

NOTE:-

- Contract period terms of One (01) year.
- Rates are required to be inclusive of all applicable taxes. If not mentioned, rates will be treated as inclusive of all applicable taxes.
- Above mentioned quantities are for one year and rates should be quoted for 01 (One) year only.
- Items are required as per above tender specification.
- Payment will be made as per KPT Rule (After delivery of goods).
- Delivery to be made in 30 days.

SIGNATURE OF TENDERER WITH RUBBER STAMP OF THE FIRM







KARACHI PORT TRUST (PROCUREMENT DEPARTMENT)

"SPECIAL NOTE"

DELIVERY OF TENDER / OPENING OF BIDS.

1. All Tenders / Bids must be deposited before 1030 hours; thereafter opening of the bids shall be at 1100 hours. Late Tenders / Bids shall be rejected and returned without being opened.

2. Each bid shall comprise one single envelope containing, separately, financial proposal and technical proposal (if any). All bids received shall be opened and evaluated in the manner prescribed in the bidding document.

3. No Tenderer / Bidder shall be allowed to alter or modify their bid after the bids have been opened.

E-BANKING FACILITIES: -

4. Please open your account as per list of branches available with KPT, so payment of your bills against supplies may be transferred electronically to your respective account.

INTEGRITY PACT: -

5. The successful Tenderers / Bidders shall provide a certificate (called Integrity Pact) at the time of supply / order, worth to **Rs.10 Million** or more as per format.

SIGNATURE OF TENDERER / BIDDER WITH RUBBER STAMP OF THE FIRM







KARACHI PORT TRUST (PROCUREMENT DEPARTMENT)

INTEGRITY PACT

DECLARATION OF FEE, COMMISSION AND BROKERAGE ETC. PAYABLE BY THE SUPPLIERS OF GOODS IN CONTRACTS WORTH RS.10 MILLION OR MORE.

Contract No:	Dated:
Contract value: Rs	
Contract Title:	

1. M/s. ______ hereby declares that it has not obtained or induced he procurement of any contract, right, interest, privilege or other obligation or benefit form Government of Pakistan or any administrative subdivision or agency thereof or any other entity owned or controlled by it (GOP) through any corrupt business practice.

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

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

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

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

SIGNATURE & RUBBER STAMP OF BUYER



SIGNATURE & RUBBER STAMP OF FIRM





DECLARATION OF ULTIMATE BENEFICIAL OWNERS INFORMATION FOR PUBLIC PROCUREMENT CONTRACTS AWARDED WORTH RS. 50 MILLION AND ABOVE.

- 1. Name
- 2. Father's Name/spouse's Name
- 3. CNIC/NICOP/Passport No.
- 4. Nationality
- 5. Residential address
- 6. Email address
- 7. Date on which shareholding, control or interest acquired in the business
- 8. In case of indirect shareholding, control or interest being exercised through intermediary companies, entries or other legal person or legal arrangements in the chain of ownership or control, following additional particulars to be provided:

1	2	3	4	5	6	7	8	9	10
Name	Legal form (company/Limited Liability Partnership/ Association of Persons/Single Member Company/ Partnership Firm /Trust/Any other individual body, corporate (to be specified)	Date of incorporation /registration	Name of registering authority	Business Address	Country	Email address	Percentage of shareholding, control or interest of BO in the legal person or legal arrangement	Percentage of shareholding, control or interest of legal person or legal arrangement in the Company	Identify of natural person who ultimately owns or controls the legal person or arrangement



9. Information about the Board of Directors (details shall be provided regarding number of shares in the capital of the company as set opposite respective names).

1	2	3	4	5	6	7	8
Name and	CNIC No.	Father's/Husband's	Current	Any other		Residential	Number of
surename	(In case of	Name in full	Nationality	Nationality		address in	shares taken
(in Block	foreigner,			(ies)		full or the	by cash
Letters)	Passport				-	registered /	subscriber (in
	No.)				Occupation	principal	figure and
					npa	office	words.
					Dcc	address for a	
					0	subscribers	
						other than	
						natural	
						person	
				s of shares ta	ken (i	n figures and	
			words)				

10. Any other information incidental to or relevant to Beneficial Owners(s)

Name and signature

(Person authorized to issue notice on behalf of the company)







KARACHI PORT TRUST (PROCUREMENT DEPARTMENT)

COMPOSITION & PARTICULARS OF THE TENDERING FIRM

(To be furnished with the Tender failing which Tender may not be considered)

	PARTICULARS	DETAILS			
1. In case of "SOLE PROPRIETORSHIP CONCERN".					
a)	Full Name of Proprietor.				
b)	Business address and Phone # if any.				
c)	Residential address & phone # if any.				
d)	Copy of firm registration with FBR to be attached.				
2.	In case of "PARTNERSHIP CONCERN".				
a)	Name of partners with their business / residential address & Phone No.				
b)	Partnership Deed & Certificate of registration (Certificate copies to be attached).				
3.	In case of "PRIVATE LTD. COMPANY".				
a)	Names of all directors with their business / residential address and Ph. Nos if any.				
b)	Memorandum & Articles of Association of Company & Certificate of incorporation (certificate copies to be attached.				
4.	In case of "PUBLIC LTD. COMPANY".				
a)	Memorandum & Articles of Association of Company & Certificate of incorporation (certificate copies to be attached).				
b)	Legal status and full particulars of the Attorney.				
c)	Period of validity or power of Attorney (Certificate copies of Special or General power of Attorney duly executed on stamp paper value & authority to be attached).	ANAGER *			
5.	GST & NTN No. Copies to be attached	A RECURRENT			

In submitting the above particulars, we further bind ourselves for furnishing to Karachi Port Trust any further changes in our particulars and composition, addresses and Phones Nos. of our firm / Proprietor / Partners / Directors etc.

We clearly understand that failure to comply with the above, or for submitting incorrect or inaccurate information, will render our Tender invalid.

Signature & Seal of the Tenderer

Signed by **Mr.**_____ For & on behalf of

M/s._____

Dated: _____







Rs.....

was hereinto affixed in the presence of:

(Name of the Bank)

	sors, executors and administrators TO PAY to the TURSTEES OF THE TRUST (hereinafter called the BOARD) on demand and without reference
	``````````````````````````````````````
	)
	(Name of Tenderers)
and without further question of the sum of	Rs
(Corr Do	(In wards)
(Say Ks	(In figures)
WHERAS the tenderers (	(in figures)
WILLIARS the tenderers (	(Name of the Tenderers)
have tendered for the work of	
	(Title of work)
requiring an earnest money amounting to F	Rs
	(In figures)
say Rs.	to be deposited with
	(In words)
	enderers) to abide by their tender for a period of days
From the date	
NOW the condition of the above written be	
1. Payment of Rs	(Say Rs
(In figures)	

will be made on the first demand of the Board through their Chief Account Officer and without reference to the Tenderers should the Tenderers withdraw the offer within the aforesaid period expiring on ...... or in case their tender accepted fail to execute the formal contract Agreement and or make the required Security Deposit in times of the Standard Tender Documents issued by the Board till ..... or till such extended time as the Bank may agree from time to time through a letter.

(5 months from the date of opening of the tender or till such extended time as the Bank may agree from time to time through a letter).

2. Its validity for lodgment of claims shall remain in full force any and effect till ...... or till such extended time as the Bank may agree from time to time through a letter.

(5 months from the date of opening of the tender or till such extended time as the Bank may agree from time to time through a letter).

SIGNED SEALED AND DELIVERED by the said.....

(Name of Bank)



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## CLAUSE 36 (A) OF PPRA RULES 2004 (Amended)

## a) Single Stage – One envelope procedure: -

Each bid shall comprise one single envelope containing, separately, financial proposal and technical proposal (if any). All bids received shall be opened and evaluated in the manner prescribed in the bidding document.

XXXXXXXXX

