



Administration Department
3rd Floor, Local Head Office,
11, Parliament Street
New Delhi - 110001

E-TENDER FOR

HIRING OF SERVICES FOR SUPPLY OF DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11, SANSAD MARG, NEW DELHI – 110 001

Tendering Authority: Note No. Admin/2025-26/96 Dt. 07.03.2026

For detailed information, please contact AGM (Admin) / Manager (Admin)
@ (011-23407406, e-mail-agmoad.lhodel@sbi.co.in)
from 10.00 AM to 5.00 PM.

The last date for submission of the tender is 31.03.2026 by 15:30 hrs. (03.30 PM)

Online submission at: www.tenderwizard.com/SBIETENDER

For any assistance you may contact: M/s Antares Systems Limited
#24 Sudha Complex, 3rd Stage,
4th Block, Bangalore – 560079
Fax:-91-080-49352023
Tel:-91-080-49352000/40482000

Contact Person : Mr. Pravesh Mani
Mob: +91 9044314492
E-mail: praveshmani.t@antaressystems.com

- ALL BIDDERS SHOULD HAVE DIGITAL SIGNATURE WITH ENCRYPTION.
- TENDER DOCUMENTS ARE TO BE SUBMITTED ONLINE MODE ONLY.
- TENDER IS NOT REQUIRED TO BE SENT / SUBMITTED TO US IN HARD COPY

Signatures of Bidder with Date & Stamp



TENDER DOCUMENT

HIRING OF SERVICES FOR SUPPLY OF DRUGS &
CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE
CONTROL OF STATE BANK OF INDIA, LOCAL HEAD OFFICE,
11, PARLIAMENT STREET, NEW DELHI – 110 001

NAME OF THE BIDDER: -----

ADDRESS: -----

PIN -----

Contact No. Landline -----

Mobile -----

Fax -----

E-mail : -----

Last date of submission of the tender: On or before 31.03.2026 by 15:30 hrs. (03.30 PM)

Signatures of Bidder with Date & Stamp



INDEX

Sl. No.	Contents	Page No.
1	Notice Inviting Tender	4-11
2	Instructions for Tendering	12-13
3	Form of Tender (Annexure-I)	14
4	Appendix to Form of Tender	15
5	Bidder's Information (Annexure-II)	16
6	List of Works Executed (Annexure-III)	17
7	Affidavit / Declaration (Annexure-IV)	18
8	Indicative Price Bid (Annexure-V)	19
9	Bill of Quantities (Annexure-VI)	20-32

Signatures of Bidder with Date & Stamp



VOLUME-I
TECHNICAL BID

Notice Inviting Tender

HIRING OF SERVICES FOR SUPPLY OF DRUGS AND CONSUMABLES
AT THE DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI,
LOCAL HEAD OFFICE, 11, PARLIAMENT STREET, NEW DELHI – 110 001

Applications/Bids are invited in the prescribed format through online mode only for the Supply of Drugs and Consumables at the Dispensaries Under Administrative Control of SBI, Local Head Office, 11, Parliament Street, New Delhi – 110 001-. Details regarding the tender are given as below:

1) Eligibility Criteria:

Bidders who fulfill the following criteria shall be eligible to apply.

1. The Bidders should have satisfactorily carried out Supply of Drugs and Consumables to Hospitals, Dispensaries, Banks, Public Sector Undertakings (PSUs), Multi-National Companies (MNCs) etc. during last 3 (three) financial years with the experience / turnover of minimum Supply of Drugs and Consumables for Rs. 5 (Five) Crores p.a.
2. The Bidders must have their Administrative Office / Shop / Warehouse based in Delhi / Gurugram/ Faridabad / Noida / Ghaziabad as on 01.01.2026.
3. Average annual turnover as per balance sheet of the Bidder during the last 3 (three) years ending March 31, 2025, shall be at least Rs. 5 (Five) Crores p.a.
4. The Bidder should have Valid Drug License for various categories of allopathic drugs issued by the Drug Control Authority of the State/Union under the provision of Drugs and Cosmetics Act, 1940 as applicable, or any other applicable law in force (should hold for last 5 years). Copy of valid license to be uploaded on the Portal along with the Bid.
 - (a) The Bidder must not have been convicted by the Drug Authorities and no case should be pending under Drugs and Cosmetic Act and Rules.
 - (b) The Bidder should agree to supply all the medicines Branded as well as Generic and consumables that the Bank indents and strictly of the same brands or manufacturers as mentioned in the Tender document.
5. As per Government of India policy circular No. 1 (2) (1)/2016-MA dated 10.03.2016, the Government of India has relaxed condition of prior experience and prior turnover criteria with respect to Micro & Small Enterprises in all public procurement subject to meeting of quality and technical specifications. The relaxation will be given to MSEs as mentioned above.
6. Bidder must be capable of supplying the quantity of medicines as mentioned in the Bill of Quantities. However, the Bank has the right to add, delete or amend the Bill of Quantities as per the future requirements, if any. The successful Bidder will be bound to supply medicines as per supply order/indent within three working days from the date of order.
7. Only eligible applicants, as per standards indicated above, should submit the Bid.



II) Credentials:

The Bidder should also furnish the following information:

1. Information desired regarding eligibility criteria as per format given in Annexure-II.
2. NEFT details of the Banker of the supplier with complete profile.
3. Name & address of the clients for whom the jobs were executed as per format given in Annexure-III.
4. Certificates from the clients for satisfactory performance.

III) Earnest Money Deposit: Rs. 4.50 lakhs (approximately 1% of yearly Tender value) in the form of Demand Draft / Banker's Cheque issue by (preferably by SBI) any nationalized / scheduled Commercial Bank drawn in favour of State Bank of India payable at New Delhi. The earnest money deposited by the bidders will be refunded within 30 days after finalization of the bidding process. It will be the sole responsibility of the bidders to collect their EMD and no interest shall be payable on EMD. MSE Vendors are exempted from EMD.

IV) Security Deposit / Bank Guarantee:

1. The Security Deposit amount of Rs. 10,80,000/- (Rupees, Ten lakhs eighty thousand only) (equivalent to 10% of monthly Bill for three months) in the form of Bank Guarantee / Fixed Deposit issued by (preferably by SBI) any nationalized / scheduled commercial Bank should be deposited by the successful Bidder within 15 days from the date of award of work, which shall remain as security deposit with the Bank for the entire period of contract. Failure of the bidder to submit the above-mentioned Security Deposit shall constitute sufficient grounds for the annulment of the contract awarded and forfeiture of EMD, if any.
2. The successful Bidder shall be bound to procure and supply all the medicines mentioned in Bill of Quantity (BOQ). In case the successful Bidder fails to supply all the medicines mentioned in BOQ, the Security Deposit shall be forfeited, and the contract shall be cancelled by the Bank.
3. Security Deposit of the successful Bidder will be kept by the Bank for the period up to three months after the validity of Contract or till 30.04.2029, whichever is later. No interest will be paid by the Bank on the Security Deposit deposited by Bidder.

V) Submission of Bid:

1. Technical Bid: Online mode only.
2. Price Bid: Online mode only.

VI) Valid Drug License: Bidder should hold Valid Drug License continuously for the last 5 years. The current license should be uploaded along with Technical Bid. Not uploading a copy of the latest Valid Drug License may result in rejection of the Bid.



VII) Details of Medicines Under the Tender: The list of medicines along with the quantity and other details, as per Bill of Quantities, are annexed. Medicines and their quantities are indicative and may vary if required. More Items can be added in or can be deleted from the list. The successful Bidder will be bound to supply medicines as per supply order within three working days from the date of the order which will be conveyed to the Bidder through e-mail. All items have to be supplied by the Bidder in one go, failing which the Bank will have the right to purchase the unsupplied medicines from the nearest available Chemist / Supplier and additional cost paid by the Bank and the difference of discount amount by calculating equivalent to percentage offered by Bidder and difference of discount received from the another supplier including handling charges of Rs. 5000/- (Rs. Five Thousand only) each time will be deducted from the unpaid submitted bills or will be deducted from the Security Deposit deposited by the Bidder.

VIII) Price / Discount: The bidder must quote the overall percentage of discounts offered on Branded as well as Generic medicines separately. L-1 will be decided based on the average highest discount offered on Branded and Generic Medicines. In case the average discount of two or more Bidders is the same then L-1 will be decided based on maximum discount offered on the Generic medicines. In case, the average discount amount quoted by two or more bidders is the same, such bidders ONLY will again be asked to submit sealed / online Offers, but the revised percentage shall, in no case, be more than the percentage quoted during their initial offer for the project. The L-1 shall be decided on the basis of revised offers. The process of online rebidding/sealed bid amongst the two or more Bidders offering same rates shall continue till L-1 bidder is discovered. This percentage of discount mentioned in the Bid will be calculated on the base price of the Medicines i.e. before all Taxes etc. less (minus) % of Discount + applicable taxes. Percentage of Discount mentioned will be applicable on future indents also and on all the bills raised for the drugs and consumables supplied during the whole tenure of the contract.

IX) Validity of Overall Discount: The overall percentage of Discount quoted shall be valid up to the validity of Tender from the date of declaration of successful Bidder or 30.04.2029 whichever is later and is applicable on all the medicines supplied by the Bidder. The successful Bidder may be called upon to make a further supply of additional quantity, if any, required during validity period on the same discounted rates.

X) Quality of Drugs:

1. All Medicines to be supplied should be genuine, means no sub-standard drugs.
2. Medicines should be of the same brand / company as specified in the Bill of Quantities (BOQ). No substitute of same chemical composition of any other company shall be accepted by the Bank, without having Bank's prior approval in writing from Bank's Doctors. In case the manufacturing of the medicine is stopped by the company, or the medicine is not available in the market, the prior approval of the Bank shall be required for supply of such substitutes.
3. Minimum Shelf Life (expiry) of medicines supplied to the Bank should be strictly as under:
Vitamins – ONE (01) Year (from the month of demand)
Other Medicines – More than ONE (01) year (from the month of demand)
4. Brands of Generic Medicines – The supply of generic medicines may be restricted, as far as possible, to the standard companies such as Cipla, Sun Pharma, Lupin, Intas, Zydus / Cadilla, Elder, Glenmark and Torrent. In case some medicines are not available in the above generic brands, the Bank may consider like; Systopic, Dr. Reddy's FDC and Alkem or Allembic.



XI) Analytic Report of Medicines : The Bank reserves the right to call for quality testing analytical report of any number of medicines from the Private/ Govt. laboratories approved by Central Drugs Standard Control Organization (CDSCO) / State Drug Control Drug Laboratories and the cost of obtaining quality testing analytical report will be borne by the vendor and the tender may be cancelled immediately, if the report is not found to be satisfactory besides raising right to take any action against the supplier as per law.

XII) Delivery Period: Medicines and consumables should be supplied within 3 (three) working days from the date of receipt of the Supply Order from the Bank.

XIII) Place of Delivery: Dispensary located at Local Head Office of SBI, Ground Floor, 11, Parliament Street, New Delhi, SBI Staff Quarters Rajouri Garden and SBI Flats at G Block, East of Kailash, New Delhi and/or any other dispensaries located in Delhi as advised by the Bank in the supply order.

XIV) Payment Terms: Payment (90%) will be made within 7 (seven) working days of receipt of the complete supply of Medicines after examination / verification by the Pharmacy staff of the Bank. The remaining 10% amount shall be released after 3 (Three) months or against performance Bank Guarantee of equivalent amount valid for 3 (Three) months.

XV) Liquidated Damage (LD): In case the Bidder does not complete the supply within delivery period, LD shall be imposed @ 0.5% of monthly order value for every week or part thereof subject to a maximum Rs. 18000/- and the Bank reserves the right to cancel the order of supply for any delay beyond one week. If the Bidder fails to supply the Medicines within a stipulated period of three (3) working days, the Security Deposit will be forfeited. No extension in the Delivery Period shall be entertained without L.D.

XVI) Indemnity: The Bidder shall indemnify the Bank against all actions, suits, claims & demands brought or made against the Bank in respect of anything done or committed by the Bidder in execution of or in connection with the work of this tender/contract and against any loss or damage to the Bank in consequences to any action or suit being brought against the Bank for anything done or committed to be done in the execution of this tender/contract.

XVII) General Instructions:

1. Bidder should ensure to sign each page of the tender document with Name / Designation / Seal and Address of the Authorized Signatory.
2. Medicines / Consumables that are not in good condition in any lot shall not be accepted by the Bank and are to be replaced within 07 days from the date of supply order.
3. In case the medicines supplied by the Bidder are found to be dubious or spurious, the Bidder shall indemnify the Bank against all losses / claims that may be caused / lodged against the Bank on account of such defective medicines including the right / damages available under the various laws of the land.
4. The Certified Delivery Challan for procurement of lot by the Bidder being supplied to the Bank should be sent with every supply mentioning Reference No. of Indent / Purchase order.



5. Bidder should provide the list of Hospitals/Private/Public Institutions along with a copy of Supply Order/ Agreement, where medicines are being / have been supplied by him.

6. In case of any dispute the matter will be under the jurisdiction of the Court of Delhi.

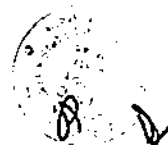
7. The percentage of discount is to be mentioned in words as well as in figure in the Tender, in case of any discrepancies in the figure and words, the discount mentioned and written in the words shall be considered to be the correct amount.

8. Percentage of discount quoted in the tender will be applicable on the Base price of the Medicines before all Taxes. The net amount of any medicine thereby shall include base price after discount plus applicable Taxes.

XVIII) Settlement of Dispute: All questions relating to the performance of the obligations under this tender documents and to the quality and genuineness of the drugs and consumables supplied/used in respect of the services and all the disputes and differences which shall arise either during or after the tender period or other matters arising out of or relating to this tender or payment to be made in pursuance thereof shall be referred to *The Assistant General Manager, State Bank of India, Office Administration Department (OAD), Local Head Office, 11, Parliament Street, New Delhi -110001*, whose decision shall be final, conclusive and binding on the contractor.

XIX) Bid Documents: Pre-Qualification Bid: Following documents are to be uploaded online:

- (a) Income Tax Return of the firm/company for the last three financial years.
 - (b) Affidavit of not having been blacklisted/terminated/debarred by any Govt. Institute / C.G. / Organization / PSU / Autonomous body (Annexure-IV)
 - (c) Name & Address of the Banker with all the details i.e. NEFT details with complete profile.
 - (d) Sale Tax/GST Registration Certificate.
 - (e) Valid Drug License.
 - (f) List of works executed during the last three years (Annexure III)
 - (g) Certificate of Performance for the last three years.
 - (h) Balance sheet showing average annual turnover of Rs. Five Crore per annum, during the last three financial years (duly certified by the Chartered Accountants/ Income Tax Consultants). MSME Vendors are exempted as per extent Govt. guidelines.
 - (i) Copy of PAN Card.
10. Copy of 'No Conviction Certificate' from State Drugs Controller that no case is pending against the firm under Drugs & Cosmetics Act and rules made thereunder as well as Drugs (Price Control) order issued from time to time. An affidavit to this effect is acceptable in lieu thereof.
11. POA or Board Resolution of Directors, as the case may be, for authority to participate, submit and execute Tender documents.




XXI) Other Miscellaneous Instructions:

1. The tender shall be valid for 90 Days from the date of submission.
2. Conditional tenders will not be accepted and be summarily rejected.
3. Bidders may note that if the tender opening date given online is declared a closed holiday by the RBI/ SBI/under Negotiable Instrument Act, the tender shall be opened on the next working day at the same time.
4. Manual bid shall not be accepted. No correspondence will be entertained in the matter of selection of successful bidder.
5. Conditional bids would be summarily rejected.
6. In case no Bid is received, or for any other reason whatsoever, the Bank may at its sole discretion cancel the whole tendering process or extend the last date and time of submission of the Bid, without assigning any reason thereof.
7. Canvassing, in any form, or coercion or anti-competitive or fraudulent or unfair practice in connection with the tenders submitted by the Bidder shall make his offer liable to rejection.
8. Tendering firms are at liberty to be present or authorize a representative to be present at the time of opening of Tender at the time and date as specified online. The name and address of the representative authorized to attend the opening of the tender on behalf of a tendering firm should be indicated in the Technical Bid. The representative so deputed should also bring with him a letter of authority from the firm for having been authorized to be present at the time of the opening of the tender. The name and address of the permanent representative of the firm, if any, should also be indicated in the tender. Representatives of firms who have not submitted the tender or representatives not possessing authority letter from the participating tenders or outsiders shall not be allowed to attend the tender opening process.
9. The bids of the applicants who have not met the eligibility criteria as specified by the Bank shall be rejected.
10. The Tender document shall be governed by the Laws of India. The bidders shall comply with all the applicable laws and all the rules, regulations and notifications made there under. The Courts at New Delhi alone shall have jurisdiction.
11. **Tie Breaker:** In case of tie between two or more Bidders, criteria to select L-1 will be decided by the competent authority. The decision of the competent authority shall be final, conclusive and binding upon all the Bidders and no objections/suggestions from the Bidders will be entertained in this regard.
12. Bidders may visit State Bank of India, Office Administration Department (OAD), 3rd Floor, Local Head Office, 11 Parliament Street, New Delhi- 110 001, if required, before quoting the rate to understand the process and seek clarification, if any, from the Bank.



13. In case of any information furnished by the applicant is found to be incorrect at a later stage, the Bidder shall be liable to be debarred from participating in the process of tendering/taking up the work in State Bank of India. The Bank reserves the right to verify the particulars furnished by the applicant independently.

कृते भारतीय स्टेट बैंक / For State Bank of India


सहायक महाप्रबन्धक (प्रशासन)
Asstt. General Manager (Admin.)
आ.प्र.का. नई दिल्ली / L.H.O., New Delhi

Assistant General Manager (Admin)
State Bank of India
Office Administration Department (OAD)
Local Head Office
11, Parliament Street
New Delhi - 110001



Instructions for Tendering

1. Before filling-up the tender, the Bidders are requested to carefully examine the tender document, conditions of contract, specifications, scope of work etc. The Bidder shall ascertain the location, working areas and all other information affecting their tender.
2. Timely supply of Drugs and Consumables is the essence of the contract and the systems for timely supply must be maintained efficiently as indicated in the Appendix to Form of Tender. Any Bidder, which disagrees with terms & conditions of the tender, is liable to be rejected.
3. The tender form and the documents attached to it shall not be detached one from the other and no alteration or mutilation (other than filling in all blank spaces) shall be made in any of the documents attached hereto.
4. The tender shall accompany the following information & schedules:
 - a) Details of past/present experiences in performing works/contracts of similar nature and magnitude. (Proof in support to be enclosed)
 - b) True Self Attested Copy of PAN, GST/VAT and Service Tax registration, Authority Letter to submit Bid, with a copy of valid Drug License.
5. The Bank will not be responsible and will not pay any expenses which may have been incurred or losses to the person or property suffered by the Bidder in connection with visits and examination of the site and in the preparation of the tender for submission.
6. The Bidder (whether or not he submits the tender) shall treat the details of the document as secret and confidential.
7. The Bill of the Supplier would be payable on the completion of one month of supply and on submission of the bills. In case of unsatisfactory performance, Bank may terminate the contract by giving 1 (One) month notice.
8. The contract will be initially valid for a period of 1 (One) year. In case the services by the bidder are found to be satisfactory, the contract may be extended for 2 (Two) more years annually at the sole discretion of the Bank at the same percentage of discount, terms and conditions of the Contract with which shall be accepted to the Bidder.
9. The Bank shall not be under any binding to accept the tender offering the highest discounts or any tender and it has the right to reject any or all tenders without assigning any reason whatsoever. The Bank also has the right to re-issue /re-start the tender exercise without Bidders having the right to object to such re-issue / re-exercise / re-tendering.
10. Successful bidder will have to enter into an agreement with the Bank. The format of the agreement shall be designed and drafted based on the Terms and Conditions / Clauses mentioned in this tender/RFP (Request for Proposal) document. However, Bank reserves the right to add / delete any other clause/s in this Agreement.



11. Authorized Signatory / Signing of Tender: Individual signing the Tender / Contract must specify whether he signs as :-

a) A "Sole Proprietor" of the concern or constituted attorney of such sole proprietor.

b) A partner of the firm, if it be a partnership firm, in which case he must have the authority to execute contracts on behalf of the firm either by virtue of a partnership agreement or by power of attorney duly executed by the partners of the firm in his / her favour authorizing to sign on behalf of the firm.

c) Authorized Officer, if it is a Company and authorized by the Board of Directors to submit /sign the Bid.

A person signing the tender form or any documents forming part of the contract on behalf of another shall deemed to be considered that the person so signing has authority to sign, and if on enquiry it appears that the person has no authority to do so, the Bank without prejudice to other civil and criminal remedies, will cancel the contract and hold the signatory responsible for all costs and damages.

Note: (i) The CVC guidelines issued from time to time as applicable in the matter must be meticulously complied with.

(ii) Any terms and conditions in the e-Tendering process shall be applicable subject to the terms and conditions herein.



FORM OF TENDER

(Note: The Appendix form part of the Tender)

To,
The Assistant General Manager (Admin),
State Bank of India,
Office Administration Department (OAD)
3rd Floor, Local Head Office,
11 Parliament Street,
New Delhi- 110 001

Sir,
SUPPLY OF DRUGS AND CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11 PARLIAMENT STREET, NEW DELHI, 110-001

1. Having visited the site and examined the conditions of tender, we offer our bid to carry out the said work in conformity with the said conditions of the tender specifications and scope of works for the sum quoted of this tender document or such other sum may be ascertained in accordance with the said conditions of tender.
2. We undertake to carry out and deliver the goods or performance comprised in the tender as stated.
3. We agree to abide by the tender conditions for the period of 90 Days from the last date fixed for receiving the same and for the agreed extended period. It shall remain binding upon us and may be accepted at any time before the expiry of the period.
4. Unless and until a formal agreement is prepared and executed, this tender together with your written acceptance thereof shall constitute a binding contract between us.
5. We understand that if our tender is accepted, we have to be jointly and severally responsible for the due performance of the contract.

Signature in the capacity of

Duly authorized to sign tenders for & on behalf of
Name & address of the Bidder (in Block Letters)
(with Seal of the Bidder) (with a copy of Power of Attorney or Letter of Authority)

WITNESS:

Signature

Name & Address:

Occupation:



APPENDIX TO FORM OF TENDER

a)	Minimum amount to third party insurance	Rs.1,00,000/- against any one incident number of incidents unlimited
b)	Period of commencement	7 (Seven) days from the date of issue of letter of indent / work order whichever is later.
c)	Period of Contract	12 months



LIST OF WORKS EXECUTED DURING LAST 3 (THREE) YEARS
TOWARDS SUPPLY OF DRUGS AND CONSUMABLES

Sr. No.	Name of the firm / Company	Contact person of the firm (Name, ph.no. & e-mail)	Location of the work	Work Order ref. no. & date	Period of Contract	Annual Budget (Rs.)	Remarks
1							
2							
3							
4							

Note: Copy of the work order, completion and performance certificate should be enclosed for each work.

Signatures of Bidder with Date & Stamp



AFFIDAVIT/ DECLARATION

From:-

M/s.....

To

The Assistant General Manager (Admin)
Office Administration Department (OAD),
SBI, Local Head Office, 11 Parliament Street,
New Delhi-110 001.

Dear Sir,

1 / We have read and understood the contents of the Tender and agree to abide by the terms and conditions of this Tender.

2. I / We also confirm that in the event of my/our tender being accepted, I / we hereby undertake to supply an order as per the pre-conditions set out in this tender document by the Department.

3. I / We further undertake that none of the Proprietor/Partners/Directors of the firm was or is Proprietor or Partner or Director of any firm with whom the Government have banned / suspended business dealings. I / We further undertake to report to the Assistant General Manager (Admin), State Bank of India, Office Administration Department (OAD), Local Head Office, 11, Parliament Street, New Delhi immediately after we are informed but in any case not later 3 working days, if any firm in which Proprietor/Partners/Directors are Proprietor or Partner or Director of such a firm which is banned/ suspended in future during the currency of the Contract with you.

4. I / we certify that the information given herein and in the tender documents submitted by us is true to the best of my / our knowledge. I / we also understand that if any of the information is found wrong/ false at any stage—_I/ we are liable to be deregistered from panel of approved contractors/ banned for doing any business dealings with Government Departments or blacklisted or subject to any monetary penalties that be deemed fit and appropriate by State Bank of India.

5. I/ we shall keep the Bank informed about the changes in any of the particulars furnished by us in our application or in the product specification or discontinuation of production of any item for which we stand successful. This intimation will be given within a period of 30 days from the date of such change or discontinuation.

6. I/ we request the Department for any change in the name of the firm and/or our office address should be addressed to the Bank duly supported by documentary evidence.

7. I/ we will maintain absolute integrity, follow a decent standard of business ethics and do nothing unbecoming of a fair supplier.

Yours faithfully,



VOLUME – II
INDICATIVE PRICE BID

SUPPLY OF DRUGS AND CONSUMABLES AT DISPENSARIES UNDER
ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11,
PARLIAMENT STREET, NEW DELHI – 110 001

NAME OF THE BIDDER: -----

ADDRESS: -----

----- PIN -----

Please offer discount on the Basis of Name of medicine and quantity

Name of Medicines/ Drugs/Consumables: As per details mentioned in BOQ* (Appendix VI)

Quantity: Per Strip/Unit/Bottle etc.(Actual quantity of the medicines will be advised in indent)

Last date of submission of the tender: On or before 31.03.2026 by 15:30hrs. (03.30 P.M.)

Branded Drugs (Discount offered %) (1)	Generic Drugs (Discount offered %) (2)	Total (Discount offered %) (1+2)	Average (Discount offered %) (1 & 2)
In Figures:	In Figures:	In Figures:	In Figures:
In Words :	In Words :	In Words :	In Words :

BILL OF QUANTITIES

"List of Drugs & Consumables annexed as 'Bill of Quantities' in Tender document is to assess and submit the offer of percentage of discount by the Tender. List is indicative and may vary if required. *Bank has a discretion to change the percentage of Branded and Generic Medicines to be supplied during the validity period of tender/contract.* More items can be added in or can be deleted from the list. The successful tendered will be bound to supply medicines as per supply order/indent as per the terms and conditions mentioned in the Tender."

Signatures of Bidder with Date & Stamp:

Drug License No.

Date of Incorporation

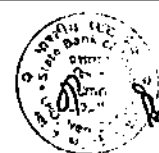
Valid up to

Signatures of Bidder with Date & Stamp

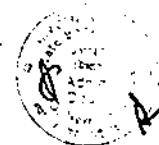


BILL OF QUANTITIES (BOQ)

BRAND / NAME OF MEDICINES	LHO	RAJOURI GARDEN	EOK	TOTAL
ABIPHYLIN 100mg	1500	0	0	1500
ALFUSIN 10 MG	600	150	150	900
ALFUSIN D	900	150	0	1050
AQUAZIDE 12.5 MG	400	400	400	1200
ALEX LOZENGES	2000	100	200	2300
ACILOC 150 MG	1800	600	300	2700
ALPRAX 0.25 MG	600	2000	300	2900
ALDACTONE 25/50	600	200	150	950
AZEE 500	1200	100	100	1400
AUGMENTIN 625 MG	1000	100	200	1300
ASTHALIN INHALER	50	30	10	90
BAND AID W/P	0	100	50	150
BECOSULES Z	6000	2000	500	8500
BUDECORT 0.5 MG RESPULES	1600	1600	40	3240
BUDECORT 1 MG RESPULES	720	0	40	760
BETNOVATE N CREAM	50	0	10	60
CIPLOX TZ	200	0	0	200
CARDACE H5 MG	600	0	0	600
CETIL 500 MG	500	0	200	700
CARTINEX 500 MG	500	200	0	700
CIPLOX 500 MG	400	200	0	600
CROCIN ADVANCE 500 MG	8000	0	700	8700
CROCIN ADVANCE 650 MG	8000	1500	700	10200
CETZINE 10 MG	3000		300	3300
CLOCIP CREAM	50	25	10	85
CONCOR COR 2.5 MG	1500	1000	150	2650
CONCOR 5 MG	1500	500	150	2150
CONCOR AM -5	500	0	150	650
COVERSYL-4 MG	600	60	60	720
COVERSYL PLUS	600	60	0	660
COMBIFLAM	780	0	150	930
OXRA 5mg	2000	0	0	2000
OXRA 10mg/DAPANORM	3000	1500	300	4800
DROTIN M	250	0	60	310
DYTOR 5 MG	900	450	300	1650
DIGENE	3000	0	300	3300
DERIPHYLLINE 150 MG	900	900	0	1800
DILZEM CD 120MG	500	0	0	500
DUOLIN RESPULES	1440	1440	40	2920
ECOSPRIN 150 MG	700	300	150	1150



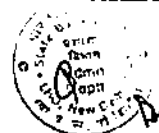
ECOSPRIN 75 MG	7500	2100	700	10300
ECOSPRIN AV 75	4500	1200	900	6600
ECOSPRIN GOLD 10	600	0	0	600
ECOSPRIN GOLD 20	600	0	0	600
EVION 400	3000	4000	600	7600
FLAVEDON MR	2000	1200	200	3400
FORACORT 200 mg INHALER	40	20	20	80
GLUCONORM G 2 FORTE	3000	600	600	4200
GLUCONORM G1 FORTE	3000	600	600	4200
VINGLYN 50	4500	800	900	6200
VINGLYN- M 50/1000/GALVUS	4500	600	600	5700
VINGLYN- M 50/500/GALVUS	72000	4050	1200	77250
GLYCIPHAGE SR 850 MG	2000	500	600	3100
HUMINSULIN 30/70 CART	200	50	0	250
HUMINSULIN 30/70 VIAL	20	0	0	20
HUMINSULIN R (CART)	50	0	0	50
HUMINSULIN R (VIAL)	20	0	0	20
IMDUR 30MG	600	300	0	900
IMDUR 60 MG	600	0	0	600
LUPISIT-M 50/1000/ISTAMET	4000	300	600	4900
LUPISIT-M 50/500/ISTAMET	7200	1500	1200	9900
LUPISIT 100/ISTAVEL	2000	1000	600	3600
LUPISIT 50	1000	600	0	1600
KINETO DP/ZERODOL SP	1000	0	200	1200
LIMCEE 500 MG	1500	300	300	2100
BASAGLAR CART/LANTUS	200	50	25	275
LN BETA 5	1000	0	150	1150
LEVOFLOX 500 MG	300	200	0	500
LEVOSIZ 5 MG	1500	800	100	2400
MESACOL 800MG	600	0	0	600
METROGYL 400 MG	1000	600	120	1720
MEFTAL SPAS	600	100	100	800
MOXICIP EYE DROPS	20	0	10	30
MOBIZOX	400	0	100	500
MEZOL EYE DROPS	20	0	10	30
NATRILIX SR	400	200	300	900
NEUROBION FORTE	7200	6300	1800	15300
NORFLOX 400	800	100	0	900
NORFLOX TZ	800	100	100	1000
NORMAXIN	400	0	100	500
NUCOXIA MR/MIOFREE ET	1000	600	300	1900
ONDEM MD 4	800	100	100	1000
OFLOX OZ	500	0	100	600
OLMAT AM	600	0	300	900
OLMAT H 20	300	200	200	700



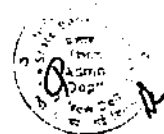
PROCTOCELYL CREAM	50	0	0	50
REDOTIL CAP	300	0	100	400
ROSEDAY F / ROSUCOR F	4500	400	600	5500
S NUMLO 2.5 MG	300	300	300	900
SYSFOL	1500	400	600	2500
S NUMLO 5 MG	300	300	300	900
SEROFLO 250 INHALAR	40	20	20	80
SILVEREX CREAM	50	0	10	60
SOFRAMYCIN CREAM	100	0	10	110
SORBITRATE 5 MG	300	100	10	410
REFRESH/TEAR E/D	300	72	72	444
TELSITE AM H/ TELVAS 3D	1500	0	150	1650
TELEVAS CT	1500	0	300	1800
THYRONORM 88	1440	1440	600	3480
ONDERO 5mg	3000	1500	600	5100
THYRONORM 12.5 mcg	1440	1440	600	3480
THYRONORM 25 mcg	6000	2880	1200	10080
THYRONORM 50 mcg	6000	2880	1200	10080
THYRONORM 75 mcg	6000	2880	1200	10080
THYRONORM 100 mcg	6000	2880	1200	10080
URIMAX F	1500	200	0	1700
ULTRACET	600	0	150	750
VIZYLAC	1500	300	300	2100
WYSOLONE 5 MG	600	0	60	660
ZYLORIC 100MG	500	200	150	850
ZIFI 200 MG	500	100	100	700
ARNICOR 50mg/CIDMUS	1200	600	240	2040
STARPRESS XL 25/PROLOMET XR	4500	0	600	5100
STARPRESS XL 50/PROLOMET XR	4500	0	600	5100
ALDACTONE 25	300	180	0	480
MICRODOX LBX	300	0	0	300
EMPASOV 10	1000	0		1000
FENOLIP145	1000	300	300	1600
STEMETIL MD	300	100		400
ARNICOR 100/CIDMUS	900	600	300	1800
THYRONORM 37.5	1440	1440	600	3480
THYRONORM 62.5	1440	0	600	2040
ORVAS 5/AZTOR	3000	0	300	3300
ORVAS 10/AZTOR	8000	0	900	8900
ORVAS 20/AZTOR	6000	0	900	6900
ORVAS 40	4000	0	0	4000
RECLIDE 30	2000	0	300	2300
RECLIDE 40	1000	300	0	1300
RECLIDE 60	4500	800	600	5900
RECLIMET	2000		600	2600



PIOSYS	1500	0	150	1650
EMPASOV 25	1000	0	150	1150
PROSTAGARD 8/SILODAL	1000	400	300	1700
PROSTAGARD D/SILODAL	1500	500	300	2300
FORCAN 150	500	0	50	550
ENVAS 2.5	300	150	0	450
ENVAS 5	300	150	150	600
BUDESAL 0.5	0	400	40	440
CARDACE 2.5	0	300	0	300
CARDACE 5	0	600	0	600
CEFTUM	0	50	0	50
DAPNAT	0	1540	0	1540
EBAST	0	225	0	225
FEBURIC 20	0	1200	0	1200
FEBURIC 40	0	3000	0	3000
GABANEURON 100	0	300	0	300
GABANEURON 300	0	300	0	300
IVABRAD	0	150	0	150
MONOCEF O 200	0	200	0	200
MONOCEF O CV	0	400	0	400
MOXOVAS 0.2	0	300	0	300
NEBISTAR 5	1200	1200	0	2400
NEBISTAR 2.5	1000	300	600	1900
NICARDIA RTD	0	1200	0	1200
ONDERO MET 2.5/500MG	0	400	0	400
SEREDIC P	0	200	0	200
SYNDOPA CR	0	300	0	300
SYNDOPA PLUS	0	600	900	1500
TENGLYN	0	450	0	450
UNICONTIN E	0	200	0	200
CIPLOX EYE DROP	0	10	0	10
OTEC AC	0	5	5	10
SOLIWAX EAR DROP	0	5	0	5
Rosyvap 10	0	0	900	900
Rosycap 20	0	0	600	600
Rosycap 5	0	0	400	400
Telmisartan 40	0	0	1500	1500
Telmisartan 80	0	0	600	600
GRINCTUS SYP	0	0	60	60
ALEX SF SYP	0	0	60	60
GLYCORYL 1MG/2MG	0	0	400	400
GLYCORY M1/M2	0	0	600	600
ZERODOL SP	0	0	200	200
GLUCNORM 500/1000	0	0	900	900
SINAREST	0	0	150	150



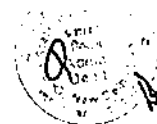
TELMISARTAN AM 5/40	0	0	600	600
VOBIT 0.2	0	0	600	600
VOBIT 0.3	0	0	600	600
NICOSTAR 5/10MG	0	0	300	300
VERTIN 16	0	0	150	150
GENERIC SALT				
ACECLOFENAC SR 200	600	200	0	800
ACECLOFENAC/PCM/HIFENAC P	1000	1000	600	2600
ALBENDAZOLE 400 MG	0	20	20	40
AMBROXOL TERBUTALINE+GUAIPHENSIN (SF)	300	200	0	500
AMLODEPINE M 5/50	400	0	200	600
AMLODEPINE 2.5MG	1000	1000	600	2600
AMLODEPINE 5MG	10000	5000	1200	16200
AMLODEPINE AT 5/50	4000	2000	300	6300
ATENOLOL 25MG	2000	1000	0	3000
ATENOLOL 50MG	2000	1000	0	3000
SYP PHENSODYL DX	300	200	30	530
BECLO/CLOTRI/NEOMYCIN CREAM 15GM	100	50	10	160
BETAHISTINE 16 MG	600	400	0	1000
CIPCAL 500 (CALCIUM)	35000	20000	4000	59000
CARVEDILOL 12.5	1000	600	600	2200
CARVEDILOL 3.12	1000	0	600	1600
CHOLINE SALICYLATE(ORAL GEL)	50	50	15	115
CHOLICALCIFEROL 60K	4500	3000	600	8100
CINNARIZINE 25 MG	200	200	0	400
CLINIDIPINE 10 MG	4000	3000	1500	8500
CLOPIDOGREL 75MG	2000	1000	400	3400
CLOPIDOGREL A 75/75	3000	1500	400	4900
COTRIMAZOLE / BECLO CREAM 20GM	25	25	10	60
DICLOFENAC SR100 MG	400	200	100	700
DICLOFENAC (MONO GEL)	800	800	75	1675
DILTIAZEM 60 SR	600	600	0	1200
DILTIAZEM 90 SR	1000	600	0	1600
DISODIUM HYDROGEN CITRATE LIQ.	100	50	10	160
DOMPERIDONE 10MG	200	200	50	450
ETORICOXIB 90 MG	1000	600	200	1800
FEBUXOSTAT 40MG	5000	3000	800	8800
IRON/FOLIC ACID CAP	5000	3000	800	8800
FEXOFENADINE 120 MG	2000	1000	200	3200
FLUCONAZOLE 150MG (BIOCHEM)	0	0	50	50
GABAPENTIN 100MG	3000	1500	600	5100
GLIBENCLAMIDE M 5/500	400	200	0	600
GLIMEPRIDE 1MG	4000	2000	0	6000
GLIMEPRIDE 2MG	4000	2000	0	6000



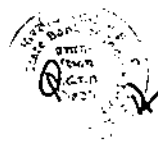
ISOSORBRIDE MONOTRATE 20 MG	1000	400	200	1600
LIQUID LAXATIVE	100	50	15	165
LOSARTAN 25MG	1000	500	300	1800
LOSARTAN 50MG	1000	500	300	1800
LOSARTAN H 50/ 12.5	1000	500	0	1500
METFORMIN G-1/500	5000	2000	0	7000
METFORMIN G-2/500	5000	2000	0	7000
METFORMIN 1000 SR	3000	1000	0	4000
METFORMIN 500 SR	10000	5000	0	15000
METFORMIN GV-1	5000	2000	600	7600
METFORMIN GV-2	5000	2000	600	7600
METHYLCOBALAMINE /VITAMINS	20000	10000	2000	32000
MICONAZOLE- F CREAM	50	25	10	85
MONTELUKAST LC 10 / 5 (INTAS)	3000	1000	300	4300
MUPIROCIN OINT	100	50	10	160
NITROGLYCERINE- 2.6 MG	3000	1500	10	4510
OFLOXACIN 200 MG	200	0	0	200
OLMESARTAN 20 MG	600	600	300	1500
OLMESARTAN 40 MG	1000	600	300	1900
OLMESARTAN H 40	600	600	300	1500
OMEPRAZOLE 20MG	3000	1500	150	4650
ORS POWDER	150	100	40	290
PANTOPRAZOLE 40 MG	6000	4000	1500	11500
PANTOPRAZOLE-DSR	10000	5000	3000	18000
PCM/PHENYLEPHRINE/CPM	3000	1000	0	4000
POVIDONE IODINE GARGLE	100	50	10	160
POVIDONE IODINE OINT	100	50	10	160
PRAZOSIN XL 2.5MG	300	300	600	1200
PRAZOSIN XL 5 MG	600	300	600	1500
PREGABALIN M 75/750	5000	3000	400	8400
PREGABALIN 75 MG	3000	2000	600	5600
RABEPRAZOLE 20 MG	3000	2000	400	5400
RABEPRAZOLE- D	10000	5000	400	15400
RAMIPRIL 2.5 MG	1000	400	400	1800
RAMIPRIL 5 MG	2000	600	400	3000
ROSUVASTATIN 10 MG	10000	5000	0	15000
ROSUVASTATIN 20 MG	6000	3000	0	9000
ROSUVASTATIN 5 MG	2000	1000	0	3000
TAMSULOSIN 0.4	5000	3000	400	8400
TAMSULOSIN- D	5000	3000	400	8400
TELMESARTAN AM 40/ 5	6000	3000	0	9000
TELMESARTAN 20 MG	3000	1000	0	4000
TELMESARTAN 40 MG	10000	5000	0	15000
TELMESARTAN 80 MG	1000	400	0	1400
TELMESARTAN H 40	4000	2000	400	6400



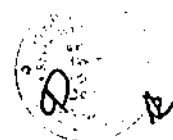
TORSEMIDE 10MG	3000	1000	600	4600
TORSEMIDE 20MG	1000	400	0	1400
VOGLIBOSE 0.2 MG	4000	2000	0	6000
VOGLIBOSE 0.3 MG	4000	2000	0	6000
NICORANDIL 5MG	1000	0	0	1000
NICORANDL 10MG	600	0	0	600
BRAND / NAME OF MEDICINES	LHO	RAJOURI	EOK	TOTAL
ABIPHYLIN 100mg	1500	0	0	1500
ALFUSIN 10 MG	600	150	150	900
ALFUSIN D	900	150	0	1050
AQUAZIDE 12.5 MG	400	400	400	1200
ALEX LOZENGES	2000	100	200	2300
ACILOC 150 MG	1800	600	300	2700
ALPRAX 0.25 MG	600	2000	300	2900
ALDACTONE 25/50	600	200	150	950
AZEE 500	1200	100	100	1400
AUGMENTIN 625 MG	1000	100	200	1300
ASTHALIN INHALER	50	30	10	90
BAND AID W/P	0	100	50	150
BECOSULES Z	6000	2000	500	8500
BUDECORT 0.5 MG RESPULES	1600	1600	40	3240
BUDECORT 1 MG RESPULES	720	0	40	760
BETNOVATE N CREAM	50	0	10	60
CIPLOX TZ	200	0	0	200
CARDACE H5 MG	600	0	0	600
CETIL 500 MG	500	0	200	700
CARTINEX 500 MG	500	200	0	700
CIPLOX 500 MG	400	200	0	600
CROCIN ADVANCE 500 MG	8000	0	700	8700
CROCIN ADVANCE 650 MG	8000	1500	700	10200
CETZINE 10 MG	3000		300	3300
CLOCIP CREAM	50	25	10	85
CONCOR COR 2.5 MG	1500	1000	150	2650
CONCOR 5 MG	1500	500	150	2150
CONCOR AM -5	500	0	150	650
COVERSYL-4 MG	600	60	60	720
COVERSYL PLUS	600	60	0	660
COMBIFLAM	780	0	150	930
OXRA 5mg	2000	0	0	2000
OXRA 10mg/DAPANORM	3000	1500	300	4800
DROTIN M	250	0	60	310
DYTOR 5 MG	900	450	300	1650
DIGENE	3000	0	300	3300
DERIPHYLLINE 150 MG	900	900	0	1800
DILZEM CD 120MG	500	0	0	500



DUOLIN RESPULES	1440	1440	40	2920
ECOSPRIN 150 MG	700	300	150	1150
ECOSPRIN 75 MG	7500	2100	700	10300
ECOSPRIN AV 75	4500	1200	900	6600
ECOSPRIN GOLD 10	600	0	0	600
ECOSPRIN GOLD 20	600	0	0	600
EVION 400	3000	4000	600	7600
FLAVEDON MR	2000	1200	200	3400
FORACORT 200 mg INHALER	40	20	20	80
GLUCONORM G 2 FORTE	3000	600	600	4200
GLUCONORM G1 FORTE	3000	600	600	4200
VINGLYN 50	4500	800	900	6200
VINGLYN- M 50/1000/GALVUS	4500	600	600	5700
VINGLYN- M 50/500/GALVUS	72000	4050	1200	77250
GLYCIPHAGE SR 850 MG	2000	500	600	3100
HUMINSULIN 30/70 CART	200	50	0	250
HUMINSULIN 30/70 VIAL	20	0	0	20
HUMINSULIN R (CART)	50	0	0	50
HUMINSULIN R (VIAL)	20	0	0	20
IMDUR 30MG	600	300	0	900
IMDUR 60 MG	600	0	0	600
LUPISIT-M 50/1000/ISTAMET	4000	300	600	4900
LUPISIT-M 50/500/ISTAMET	7200	1500	1200	9900
LUPISIT 100/ISTAVEL	2000	1000	600	3600
LUPISIT 50	1000	600	0	1600
KINETO DP/ZERODOL SP	1000	0	200	1200
LIMCEE 500 MG	1500	300	300	2100
BASAGLAR CART/LANTUS	200	50	25	275
LN BETA 5	1000	0	150	1150
LEVOFLOX 500 MG	300	200	0	500
LEVOSIZ 5 MG	1500	800	100	2400
MESACOL 800MG	600	0	0	600
METROGYL 400 MG	1000	600	120	1720
MEFTAL SPAS	600	100	100	800
MOXICIP EYE DROPS	20	0	10	30
MOBIZOX	400	0	100	500
MEZOL EYE DROPS	20	0	10	30
NATRILIX SR	400	200	300	900
NEUROBION FORTE	7200	6300	1800	15300
NORFLOX 400	800	100	0	900
NORFLOX TZ	800	100	100	1000
NORMAXIN	400	0	100	500
NUCOXIA MR/MIOFREE ET	1000	600	300	1900
ONDEM MD 4	800	100	100	1000
OFLOX OZ	500	0	100	600



OLMAT AM	600	0	300	900
OLMAT H 20	300	200	200	700
PROCTOCDYL CREAM	50	0	0	50
REDOTIL CAP	300	0	100	400
ROSEDAY F / ROSUCOR F	4500	400	600	5500
S NUMLO 2.5 MG	300	300	300	900
SYSFOL	1500	400	600	2500
S NUMLO 5 MG	300	300	300	900
SEROFLO 250 INHALAR	40	20	20	80
SILVEREX CREAM	50	0	10	60
SOFRAMYCIN CREAM	100	0	10	110
SORBITRATE 5 MG	300	100	10	410
REFRESH/TEAR E/D	300	72	72	444
TELSITE AM H/ TELVAS 3D	1500	0	150	1650
TELEVAS CT	1500	0	300	1800
THYRONORM 88	1440	1440	600	3480
ONDERO 5mg	3000	1500	600	5100
THYRONORM 12.5 mcg	1440	1440	600	3480
THYRONORM 25 mcg	6000	2880	1200	10080
THYRONORM 50 mcg	6000	2880	1200	10080
THYRONORM 75 mcg	6000	2880	1200	10080
THYRONORM 100 mcg	6000	2880	1200	10080
URIMAX F	1500	200	0	1700
ULTRACET	600	0	150	750
VIZYLAC	1500	300	300	2100
WYSOLONE 5 MG	600	0	60	660
ZYLORIC 100MG	500	200	150	850
ZIFI 200 MG	500	100	100	700
ARNICOR 50mg/CIDMUS	1200	600	240	2040
STARPRESS XL 25/PROLOMET XR	4500	0	600	5100
STARPRESS XL 50/PROLOMET XR	4500	0	600	5100
ALDACTONE 25	300	180	0	480
MICRODOX LBX	300	0	0	300
EMPASOV 10	1000	0		1000
FENOLIP145	1000	300	300	1600
STEMETIL MD	300	100		400
ARNICOR 100/CIDMUS	900	600	300	1800
THYRONORM 37.5	1440	1440	600	3480
THYRONORM 62.5	1440	0	600	2040
ORVAS 5/AZTOR	3000	0	300	3300
ORVAS 10/AZTOR	8000	0	900	8900
ORVAS 20/AZTOR	6000	0	900	6900
ORVAS 40	4000	0	0	4000
RECLIDE 30	2000	0	300	2300
RECLIDE 40	1000	300	0	1300



RECLIDE 60	4500	800	600	5900
RECLIMET	2000		600	2600
PIOSYS	1500	0	150	1650
EMPASOV 25	1000	0	150	1150
PROSTAGARD 8/SILODAL	1000	400	300	1700
PROSTAGARD D/SILODAL	1500	500	300	2300
FORCAN 150	500	0	50	550
ENVAS 2.5	300	150	0	450
ENVAS 5	300	150	150	600
BUDESAL 0.5	0	400	40	440
CARDACE 2.5	0	300	0	300
CARDACE 5	0	600	0	600
CEFTUM	0	50	0	50
DAPNAT	0	1540	0	1540
EBAST	0	225	0	225
FEBURIC 20	0	1200	0	1200
FEBURIC 40	0	3000	0	3000
GABANEURON 100	0	300	0	300
GABANEURON 300	0	300	0	300
IVABRAD	0	150	0	150
MONOCEF O 200	0	200	0	200
MONOCEF O CV	0	400	0	400
MOXOVAS 0.2	0	300	0	300
NEBISTAR 5	1200	1200	0	2400
NEBISTAR 2.5	1000	300	600	1900
NICARDIA RTD	0	1200	0	1200
ONDERO MET 2.5/500MG	0	400	0	400
SEREDIC P	0	200	0	200
SYNDOPA CR	0	300	0	300
SYNDOPA PLUS	0	600	900	1500
TENGLYN	0	450	0	450
UNICONTIN E	0	200	0	200
CIPLOX EYE DROP	0	10	0	10
OTEC AC	0	5	5	10
SOLIWAX EAR DROP	0	5	0	5
Rosyvap 10	0	0	900	900
Rosycap 20	0	0	600	600
Rosycap 5	0	0	400	400
Telmisartan 40	0	0	1500	1500
Telmisartan 80	0	0	600	600
GRINCTUS SYP	0	0	60	60
ALEX SF SYP	0	0	60	60
GLYCORYL 1MG/2MG	0	0	400	400
GLYCORY M1/M2	0	0	600	600
ZERODOL SP	0	0	200	200

A circular stamp with a signature inside, located in the bottom right corner of the page.

GLUCNORM 500/1000	0	0	900	900
SINAREST	0	0	150	150
TELMISARTAN AM 5/40	0	0	600	600
VOBIT 0.2	0	0	600	600
VOBIT 0.3	0	0	600	600
NICOSTAR 5/10MG	0	0	300	300
VERTIN 16	0	0	150	150
GENERIC SALT				
ACECLOFENAC SR 200	600	200	0	800
ACECLOFENAC/PCM/HIFENAC P	1000	1000	600	2600
ALBENDAZOLE 400 MG	0	20	20	40
AMBROXOL TERBUTALINE+GUAIPHENSIN (SF)	300	200	0	500
AMLODEPINE M 5/50	400	0	200	600
AMLODEPINE 2.5MG	1000	1000	600	2600
AMLODEPINE 5MG	10000	5000	1200	16200
AMLODEPINE AT 5/50	4000	2000	300	6300
ATENOLOL 25MG	2000	1000	0	3000
ATENOLOL 50MG	2000	1000	0	3000
SYP PHENS DYL DX	300	200	30	530
BECLO/CLOTRI/NEOMYCIN CREAM 15GM	100	50	10	160
BETAHISTINE 16 MG	600	400	0	1000
CIPCAL 500 (CALCIUM)	35000	20000	4000	59000
CARVEDILOL 12.5	1000	600	600	2200
CARVEDILOL 3.12	1000	0	600	1600
CHOLINE SALICYLATE(ORAL GEL)	50	50	15	115
CHOLICALCIFEROL 60K	4500	3000	600	8100
CINNARIZINE 25 MG	200	200	0	400
CLINDIPINE 10 MG	4000	3000	1500	8500
CLOPIDOGREL 75MG	2000	1000	400	3400
CLOPIDOGREL A 75/75	3000	1500	400	4900
COTRIMAZOLE / BECLO CREAM 20GM	25	25	10	60
DICLOFENAC SR100 MG	400	200	100	700
DICLOFENAC (MONO GEL)	800	800	75	1675
DILTIAZEM 60 SR	600	600	0	1200
DILTIAZEM 90 SR	1000	600	0	1600
DISODIUM HYDROGEN CITRATE LIQ.	100	50	10	160
DOMPERIDONE 10MG	200	200	50	450
ETORICOXIB 90 MG	1000	600	200	1800
FEBUXOSTAT 40MG	5000	3000	800	8800
IRON/FOLIC ACID CAP	5000	3000	800	8800
FEXOFENADINE 120 MG	2000	1000	200	3200
FLUCONAZOLE 150MG (BIOCHEM)	0	0	50	50
GABAPENTIN 100MG	3000	1500	600	5100
GLIBENCLAMIDE M 5/500	400	200	0	600



GLIMEPRIDE 1MG	4000	2000	0	6000
GLIMEPRIDE 2MG	4000	2000	0	6000
ISOSORBRIDE MONOTRATE 20 MG	1000	400	200	1600
LIQUID LAXATIVE	100	50	15	165
LOSARTAN 25MG	1000	500	300	1800
LOSARTAN 50MG	1000	500	300	1800
LOSARTAN H 50/ 12.5	1000	500	0	1500
METFORMIN G-1/500	5000	2000	0	7000
METFORMIN G-2/500	5000	2000	0	7000
METFORMIN 1000 SR	3000	1000	0	4000
METFORMIN 500 SR	10000	5000	0	15000
METFORMIN GV-1	5000	2000	600	7600
METFORMIN GV-2	5000	2000	600	7600
METHYLCOBALAMINE /VITAMINS	20000	10000	2000	32000
MICONAZOLE- F CREAM	50	25	10	85
MONTELUKAST LC 10 / 5 (INTAS)	3000	1000	300	4300
MUPIROCIN OINT	100	50	10	160
NITROGLYCERINE- 2.6 MG	3000	1500	10	4510
OFLOXACIN 200 MG	200	0	0	200
OLMESARTAN 20 MG	600	600	300	1500
OLMESARTAN 40 MG	1000	600	300	1900
OLMESARTAN H 40	600	600	300	1500
OMEPRAZOLE 20MG	3000	1500	150	4650
ORS POWDER	150	100	40	290
PANTOPRAZOLE 40 MG	6000	4000	1500	11500
PANTOPRAZOLE-DSR	10000	5000	3000	18000
PCM/PHENYLEPHRINE/CPM	3000	1000	0	4000
POVIDONE IODINE GARGLE	100	50	10	160
POVIDONE IODINE OINT	100	50	10	160
PRAZOSIN XL 2.5MG	300	300	600	1200
PRAZOSIN XL 5 MG	600	300	600	1500
PREGABALIN M 75/750	5000	3000	400	8400
PREGABALIN 75 MG	3000	2000	600	5600
RABEPRAZOLE 20. MG	3000	2000	400	5400
RABEPRAZOLE- D	10000	5000	400	15400
RAMIPRIL 2.5 MG	1000	400	400	1800
RAMIPRIL 5 MG	2000	600	400	3000
ROSUVASTATIN 10 MG	10000	5000	0	15000
ROSUVASTATIN 20 MG	6000	3000	0	9000
ROSUVASTATIN 5 MG	2000	1000	0	3000
TAMSULOSIN 0.4	5000	3000	400	8400
TAMSULOSIN- D	5000	3000	400	8400
TELMESARTAN AM 40/ 5	6000	3000	0	9000
TELMESARTAN 20 MG	3000	1000	0	4000
TELMESARTAN 40 MG	10000	5000	0	15000



TELMESARTAN 80 MG	1000	400	0	1400
TELMESARTAN H 40	4000	2000	400	6400
TORSEMIDE 10MG	3000	1000	600	4600
TORSEMIDE 20MG	1000	400	0	1400
VOGLIBOSE 0.2 MG	4000	2000	0	6000
VOGLIBOSE 0.3 MG	4000	2000	0	6000
NICORANDIL 5MG	1000	0	0	1000
NICORANDL 10MG	600	0	0	600

