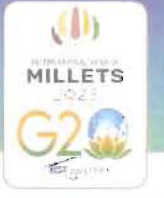




Shree Madhi Vibhag Khand Udyog Sahakari Mandali Ltd; Madhi



શ્રી મઢી વિભાગ ખાંડ ઉદ્યોગ સહકારી મંડળી લિ., મઢી

At & Po. Madhi - 394 340, Ta. Bardoli, Dist. Surat (Gujarat State)

PUR/2024-25/2061

01-10-2024

Sub : Medicines for our Dispensary – Season 2024-25

Dear Sir,

Please quote your lowest and most competitive rates for long expiry date medicines required for our Dispensary for the Season 2024-25 as per attached list, stating clearly the earliest delivery period, Taxes and other Terms & Conditions immediately. Medicines should be exactly as per our requirement. No substitute medicines accepted.

Thanking you,

Yours faithfully,

(AVINASH D. DHEKANE)
MANAGING DIRECTOR

Encl : List of Requirement of Medicines.

**SHREE MADHI VIBHAG KHAND UDYOG SAHAKARI MANDLI LTD.,
MADHI – 394 340, TAL : BARDOLI,
DIST. SURAT (GUJARAT)**

ENQUIRY FOR MEDICINES FOR THE SEASON 2024-2025

Sr. No.	Description of Medicines	Quantity Required
(1)	INJ. AVIL (10 ML.)	6 VIALS
(2)	TAB. AVIL (25 MG.)	10,000 TABS
(3)	TAB. BEPLEX-FORTE	1,500 TABS
(4)	SILVER SULFA DIAZINE (250 MG) (CREAM)	4 NOS
(5)	INJ. DERIPHYLLIN (2 ML. AMP.)	50 AMPS
(6)	SYR. CITRALKA (100 ML.)	50 BTLS
(7)	LIQ. CLOVE OIL (10 ML.)	10 BTLS
(8)	TAB. CALCIMAX-FORTE (MAYER)	600 TABS
(9)	LIQ. BOTROCLOT	7 NOS
(10)	BELLADONA PLASTER (COTTON)	250 NOS
(11)	DISPOSABLE SYRINGES+NEEDLE (3 ML.)	3,000 NOS
(12)	GEL NIOCLEAN TUBE (GEL)	4 TUBE
(13)	INJ. DEXONA (10 ML.)	200 VIALS
(14)	INJ. DEXONA (2 ML.)	50 VIALS
(15)	TAB. ENTROQUINOL	2,500 TABS
(16)	CHLORAMPHENICOL EYE APPLICAPS	600 NOS
(17)	MOXIY EYE DROPS	400 NOS
(18)	TAB. FDSON 12 (UNISON)	5,000 TABS
(19)	INJ. FEBRINIL (10ml/50mg)	5 VIALS
(20)	INJ. GENTAMYCIN (10 ML)	100 VIALS
(21)	TAB. GLIMISON-M1 (UNISON)	10,000 TABS
(22)	TAB. VERMACT PLUS	200 TABS
(23)	LIQ. HYDROGEN PEROXIDE (H ₂ O ₂) (500 ML)	5 BTLS
(24)	TAB. LOPAMIDE (2 MG) (TORRENT)	2,500 TABS
(25)	TAB. L-DIO-1 (UNISON)	4,000 TABS
(26)	TAB. IBU+PARA	600 TABS
(27)	TAB. MEFTAL-SPAS (BLUE CROSS)	500 TABS
(28)	METROGYL-P OINTMENT (15 GM)	100 TUBES
(29)	TAB. MONTICOPE-A	2,500 TABS
(30)	INJ. MEFTAL-SPAS (BLUE CROSS)	50 AMPS
(31)	TAB. UDP – AT (UNISON)	10,000 TABS
(32)	INJ. DICLOFENAC (1 ML. AMP)	1,500 AMPS
(33)	QUARD CREAM (15 GM)	2,000 TABS
(34)	INJ. STEMETIL (1 ML)	30 AMPS
(35)	TAB. DC MOL (500 MG)	3,000 TABS
(36)	INJ. TETANUS TOXOID (1 ML. AMP)	100 AMPS
(37)	TAB. WYSOLONE (5 MG)	8,000 TABS

Sr. No.	Description of Medicines	Quantity Required
(38)	TAB. EMIKIND-MD (5 MG)	2,000 TABS
(39)	TAB. DAN-P (UNISON)	3,500 TABS
(40)	TAB. DAN-MR (UNISON)	4,000 TABS
(41)	TAB. P.M.SON (650 MG) (UNISON)	4,000 TABS
(42)	PACK COLD DROPS (10 ML)	30 BTLS
(43)	DROPS SOMAGO (10 ML)	30 BTLS
(44)	TAB. SPASMODART	400 TABS
(45)	LIQ. SVELON (500 ML)	1 NO
(46)	TAB. OSON-O (UNISON)	2,000 TABS
(47)	CAP. RBSON-D (UNISON)	6,000 CAPS
(48)	TAB. ONDENCETRON (4 MG)	2,000 TABS
(49)	TAB. R-LOC-D	1,500 TABS
(50)	TAB. GUDCEF-CV (ZIFFI-CV-200)	1,600 TABS
(51)	SYR. T-98 (60 ML)	125 BTLS
(52)	SYR. GUDCEF (60 ML)	350 BTLS
(53)	TAB. AKILOS-P (UNISON)	4,200 TABS
(54)	TAB. FOLE (200 MG) (UNISON)	250 TABS
(55)	MOISOL EYE DROPS (FDC)	80 BTLS
(56)	TAB. SYNDOPA-PLUS (SUN PHARMA)	600 TABS
(57)	TAB. VOGLYSON-M .03 (UNISON)	1,000 TABS
(58)	TAB. SUPRADYN (BAYER)	1,000 TABS
(59)	SYR. OFLOGYL-MZ (30 ML)	300 BTLS
(60)	LIQ. PHENYL (1 LTR)	35 BTLS
(61)	TAB. TRIGLYNAS-1	500 TABS
(62)	TAB. VOGLITOR-MD (2 MG)	500 TABS
(63)	TAB. RASALACT 0.5 MG (SUN PHARMA)	400 TABS
(64)	CAP. AQUASOL-A (VIT-A)	1,500 CAPS
(65)	MERBROMIN SOLUTION (500 ML)	30 BTLS
(66)	NEOSPORIN POWDER (10 GM)	20 BTLS
(67)	TAB. DIOMINIC DCA (UNISON)	6,000 TABS
(68)	CAP. BECOSULE	200 CAPS
(69)	TAB. CALDISON-D3 (UNISON)	500 TABS
(70)	STEVASH (100 ML)	4 BTLS
(71)	TAB. CALDISON (500 MG)	600 TABS
(72)	SYR. TUS Q.D. (100 ML) (BLUE CROSS)	600 BTLS
(73)	INJ. NUROSTAR C1	150 INJ.
(74)	LINIMENT TURPENTINE (500 ML)	26 BTLS
(75)	TAB. TONOFOLIC-Z (UNISON)	1,500 TABS
(76)	ORAL ENTEROGERMINA INJ.	20 VIALS
(77)	CATAREST EYE DROPS (CENTA PHARMA, MUMBAI)	15 NOS
(78)	BRIGHT SITE EYE DROPS (CENTA PHARMA, MUMBAI)	15 NOS
(79)	TAB. MP ROL (25 MG) (UNISON)	300 TABS
(80)	INJ. VITCOFOL (10 ML)	36 VIALS

Sr. No.	Description of Medicines	Quantity Required
(81)	TAB. TEXIDEP (0.5 MG)	2,600 TABS
(82)	NUPERMY LOTION (100 ML)	160 BTLS
(83)	TAB. TELMIRIDE-40	200 TABS
(84)	TAB. TELMIRIDE-AMH	200 TABS
(85)	CLIN SKIN (TUBE)	12 TUBES
(86)	INJ. ONDENCETRON (10 ML)	15 VIALS
(87)	OXO. D E/E DROPS	500 NOS
(88)	BENZOAD – 2.5 GEL (15 GRM)	5 TUBES
(89)	TAB. AMLONG (5 MG) (MICROLABS LTD.)	600 TABS
(90)	INJ. XYLOCAIN 4% (10X4%) (30 ML)	4 BTLS
(91)	TR. BENZOIN (500 ML)	6 BTLS
(92)	CAP. NUDOXY (100 MG) (NULIFE)	1,000 CAPS
(93)	TAB. S-NUMLO – 2.5 S-AMLODIPINE (2.5 MG) (EMCURE PHARMA)	300 TABS
(94)	TAB. LIV-52	300 TABS
(95)	TAB. GASEX	200 TABS
(96)	BANDAGE – 2”	250 NOS
(97)	BANDAGE – 4”	50 NOS
(98)	LIQ. GLYCERIN (500 ML.)	5 BTLS

Note : *Please quote for Long Expiry Date Medicines & specified company brands only. No substitutes accepted.*

Madhi Sugar Factory