

**ODISHA POWER TRANSMISSION CORPORATION LTD
OFFICE OF THE DY. GENERAL MANAGER (HRD), E&M
JANAPATH, BHUBANESWAR-751022
TEL NO. 0674-2541633 FAX NO. 0674-2540871**



**TENDER SPECIFICATION FOR
SUPPLY OF MEDICINES & SURGICAL ITEMS TO OPTCL POWER HOSPITAL,
BHUBANESWAR**

Tender Call Notice No. E & M-MED-01/2012-13, Dated 028/12/2012

LAST DATE OF SALE OF TENDER PAPER	:	16/01/2013	(up to 01:00 PM)
LAST DATE OF RECEIPT OF EARNEST MONEY	:	16/01/2013	(up to 01:00 PM)
LAST DATE OF RECEIPT OF TENDER	:	16/01/2013	(up to 03:00 PM)
DATE OF OPENING OF TENDER	:	16/01/2013	(at 04:00 PM)

(TECHNO COMMERCIAL BID)

NAME & ADDRESS OF THE FIRM / AGENCY :

COST OF THE TENDER PAPERS : Rs. 2,100/- (Rs. 2,000/- + VAT @ 5%)



ODISHA POWER TRANSMISSION CORPORATION LTD

(A Govt. of Odisha Undertaking)

REGD. OFFICE: JANPATH: BHUBANESWAR-751022

Tel: (0674) 2541633 (EPABX) Fax: (0674)-2540871

NOTICE INVITING TENDER

No. E & M-MED-01/2012-13

D a t e d :28.12.2012

Sealed Tenders in prescribed format are invited from the reputed Wholesalers / Retailer / Stockists for supply of Medicines & Surgical items to OPTCL Power Hospital, Bhubaneswar for two years in phased manner. The details of the tender with terms and conditions are available in OPTCL Website: www.optcl.co.in.

The last date of receipt of Tender : dt.16.01.2013 (up to 3.00 PM), Date of time of opening of Techno Commercial Bid: Dt.16.01.2013 (4.00 PM).

Cost of Tender Paper : Rs. 2,100/- and EMD: Rs. 5,000/-.

Sd/-

DY. GENERAL MANAGER (HRD), E&M



**THE ODISHA POWER TRANSMISSION CORPORATION LIMITED
(A GOVT. OF ODISHA UNDERTAKING)**

TENDER CALL NOTICE

No- E & M-MED-01/2012-13

Dated:28/12/2012

Sealed Tender in Two parts i.e. “TECHNO COMMERCIAL BID” & “FINANCIAL BID” are invited from the WHOLESALER / RETAILER / STOCKIEST for supply of (i) Medicine, (ii) Surgical Items to OPTCL Power Hospital, Bhubaneswar in phased manner as per the specification, Terms & Conditions mentioned below for two years.

Eligibility Criteria: As a qualification, the Firm or Agencies shall fulfill the following requirement:

- (i) The Firm / Agency should have its Branch Office in Bhubaneswar / Cuttack with infrastructure and man power.
- (ii) The Firm / Agencies should have valid Drug License (copy to be enclosed).
- (iii) The gross annual turnover of the firm / agency should not be less than Rs.20.00 Lakhs per year for last 3 years (2009-10, 2010-11 & 2011-12). Attach Chartered Accountant’s Certificate / IT Return Statement of each year / Audited Accounts Reports.
- (iv) The Firm / Agency should be a firm / company registered / incorporated in India.
- (v) The Firm / Agency should not be blacklisted by any Central / State Government / Public Sector Undertaking India.
- (vi) The Firm / Agency should submit the credentials with respect of similar order carried out during last 3 years.

2. The tender documents can be obtained from the office of the undersigned on payment of non-refundable cost of tender specification documents in the shape of cash from 11:00 A.M. to 1:00 P.M. during dt.29.12.2012.to 16.01.2013 on any working day either in person or by remitting demand draft payable to “**Drawing & Disbursing Officer OPTCL, Hqrs. Office**”, Janapath, Bhubaneswar- 751022. No other mode of payment is acceptable. No tender documents will be sold on any other day except as indicated.

3. The specification can also be downloaded from OPTCLs official web site and the same may be submitted along with the cost of tender document by way of demand draft/ pay order payable to “**Drawing & Disbursing Officer OPTCL, Hqrs. Office**”, Bhubaneswar at the time of submission of tender document. In case any deviation is found in the tender document submitted by the Tenders from the content mentioned in our web site and/ or non submission of cost of tender documents, the tender shall liable to be rejected at any stage of the contract. The Tenders has to indemnify OPTCL for any loss accruing due to such alteration in the terms and conditions of the tender document & / or for such alteration, resulting in the cancellation of the contract.

4. The intending bidders, who want to get a copy of the tender specification document by post, are required to deposit an additional amount of Rs.100/- over and above the cost of the tender specification, mentioned under heading “Cost of tender specification”.
5. **Complete bid for the works will be received up dt. 16.01.2013 (3:00 PM.) , only and the same will be opened at 4.00 P.M. on the same date (dt. 16.01.2013).**
6. Tender (s) received after due date / time would not be accepted.
7. Date and time of opening of price bids in respect of two-part tenders shall be intimated to the techno-commercially responsive bidders only.
8. In the event of any specified date for the sale, submission or opening of bids being declared a holiday for purchaser, the bids will be sold/ received/ opened up to the appointed times on the next working day.
9. Only one representative of the bidder will be allowed to participate in the bid opening. OPTCL also reserves the right to accept or reject the tender without assigning any reasons thereof, if the situation so warrants. OPTCL shall not be responsible for any postal delay at any stage.

Sd/-
DY. GENERAL MANAGER (HRD) CR

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Instruction to Bidders

Scope of Supplies- For supply of (i) Medicine, (ii) Surgical Items to OPTCL Power Hospital, Bhubaneswar as per the specification, Terms & Conditions mentioned below for two years in phased manners as per the requisitions from MO, Power Hospital on bimonthly / quarterly basis.

1. Bidders are required to go through the details and submit their bids in the following manner under two-part bidding system in double-sealed cover :

i) **Techno Commercial Bid** (Part-I – Bid) in prescribed format (**Form-1 to 4**) in sealed cover super scribed as “**Techno Commercial Bid**” and containing the following:

- Documents pertaining to Firm / Agency experience in this field & execution of similar orders.
- Copies of PAN / TAN.
- Copies of drug license.
- Copy of this tender document signed on each page by the tenderer.
- **EMD of Rs.5,000/- & tender paper cost of Rs.2,100/- (Rs.2,000/- + 5% VAT)** (Non- refundable) will be submitted in the form of two separate bank drafts drawn on any Nationalized Bank in favour of “**Drawing & Disbursing Officer OPTCL, Hqrs. Office**” payable at Bhubaneswar.

ii) **Price Bid** (Part-II Bid) in the format given in Part -II in one sealed cover super scribed as “**Price Bid**”.

In the **Price Bid** the Tenderer is to quote flat discount separately for Medicines & Surgical Items that can be offered on MRP for entire list of the Medicines & Surgical Items as listed in the Annex. Which may be downloaded from the Website www.optcl.co.in.

The listed items are indicative only which cover about 80% of our present requirement & may vary up-to 10% from time to time subject to new requirements. The discount to be offered will be applicable for the present items as well as new items when such requirement arises. **The discounted price should include all taxes & Duties.**

These two sealed covers as mentioned in 1(i) & 1(ii) should be placed inside another sealed cover. It should be super scribed with TCN no & marked as “**Tender for supply of (i) Medicine, (ii) Surgical Items to OPTCL Power Hospital, Bhubaneswar**”

2. The tender should be sent to The Dy. General Manager (HRD), CR, OPTCL, Janpath, Bhubaneswar-751022 by Speed Post/ Reg. Post with AD or by Person. Bidding through E-mail/ Telephone/ Fax will not be accepted. OPTCL shall not be held responsible for any delay in delivering the bid document.

3. The tender should reach the addressee on or before **3 PM of dt. 16.01.2013** . Bids received beyond the stipulated date and time will not be considered.

4. The techno commercial bid shall be opened **on dt. 16.01.2013 at 4.00 PM.**
5. The tender has to quote in the prescribed price bid format. Quoting in any other manner will not be entertained.
6. Tender with over written or erased, not authenticated, illegible rate or rates not shown in figures and words will be liable for rejection.
7. **The rate quoted should be in Indian Rupees, FIRM and inclusive of all taxes & duties. The format for quoting of price is indicated in Part- II (Price Bid). If there is any discrepancy in quoted price in figures & in words the later shall be considered.**
8. The Date of opening of Price bid shall be intimated only to the bidder whose commercial bids are selected by the designated committee.
9. **TERMS & CONDITIONS:-**
 - i) **EMD:** An amount of Rs. 5,000/- (Rupees Four Thousand) only for **Medicines & for Surgical items** in shape of D.D. drawn in favour of **“Drawing & Disbursing Officer OPTCL, Hqrs. Office”**, payable at Bhubaneswar. which will be deposited as EMD by the tenderers and subsequently shall be converted to Security Deposit in case of successful bidder before execution of the order and the same will be retained till completion of contract period without any interest. **Those who can supply the entire range of items should only apply.**
 - ii) **Bank Guaranty:** -The selected firm / agency shall have to produce bank guarantee as per the prescribed proforma approved by OPTCL of 10% value of contract price within ten days from receipt of order. In case the selected firm / agency failed / do not submit the Bank Guaranty within the stipulated date, then it will be recovered from the first bill of the supplier.

The BG may be initially kept valid for six months, which may be extended for further period of six months at a time from time to time basing on the subsequent placement of orders.
 - iii) **Modality of delivery:** FOR at OPTCL Power Hospital, Bhubaneswar.
 - iv) **Packing & Forwarding:** At own cost.
 - v) **Modality of Payment:** The payment will be made within 20 days from the receipt of Medicines/ Surgical items as per requisition, after submission of the Bills in duplicate to the DGM (HRD) E&M after due inspection and certification by MO, Power Hospital by DDO, Hqrs. Office, BBSR, subject to approval of Bank Guaranty by the authority.
 - vi) **Penalty** If the supplier fails to complete the delivery as per delivery schedule specified, OPTCL shall recover from the supplier as penalty a sum of 0.5% of the order value of the undelivered portion for each calendar week or part thereof subject to a maximum of 5% of the ordered

quantity. For this purpose the date of receipt shall be reckoned as the date of delivery. Imposition of penalty is however subject to force majeure conditions.

vii) Legal dispute: Legal dispute if any concerning this purchase shall be subject to the Courts exercising Civil jurisdiction over Bhubaneswar.

viii) General:

- a) OPTCL takes no responsibility for any loss of documents/ delay/ non-receipt of tender specification/ tender sent by post or by any other arrangement.
- b) The offer should be valid for a period of 90 days from the date of opening of tender, failing which the tender will be liable for rejection.
- c) The tenderers should have sound financial as well as execution capabilities of such supply order & experience to complete the order.
- d) The management reserves the right to distribute the quantities of medicines on percentage basis among the L-1 and L-2 bidder at the L-1 offered Price or alter the quantity or reject any or all tender without assigning any reason thereof.**
- e) In the event of discrepancy or arithmetical error in the schedule of price, the decision of the Purchaser shall be final and binding on the Tenderer.
- f) DGM (HRD) CR, OPTCL will be the Officer-in-charge for the above supply order.
- g) MO, Power Hospital, OPTCL will be the certifying Officer for the above work.
- h) Drawing & Disbursing Officer, OPTCL Hd.qrs. office will be the Paying Officer.

Sd/-
DGM (HRD) CR

PART – I

TECHNO COMMERCIAL BID

FORM No: 1

TENDER LETTER PROFORMA

To

The Dy.General Manager (HRD), CR
Odisha Power Transmission Corporation Limited,
Janpath, Bhubaneswar.

Sub:- Tender For supply of (i) Medicine, (ii) Surgical Items to OPTCL Power Hospital, Bhubaneswar as per the specification, Terms & Conditions for two years in phased manners.

Sir,

The undersigned, having read and examined in detail all the Tender documents in respect of Firm / Agency for OPTCL do hereby submit tender documents to provide Services as specified in the scope of work.

Correspondence Details

Our correspondence details are:

1	Name of the Firm / Agency	
2	Address of the Firm / Agency	
3	Name of the contact person to whom all references shall be made regarding this tender	
4	Designation of the person to whom all reference shall be made regarding this tender	
5	Address of the person to whom all references shall be made regarding this tender	
6	Telephone (with STD code) & Mobile No.	
7	E-Mail of the contact person	
8	Fax No (with STD code)	

4. Document forming part of Tender

We have enclosed the following

- I. Tender Form 2 : Minimum Eligibility
- II. Tender Form 3: Prior Experience
- III. Tender Form 4 : Declaration Letter
- IV. Earnest money deposit
- V. Check List for submission of Tender Documents
- VI. Price Bid (Part-II)
- VII. Letter of authorization by the Firm /Agency in favour of the Principal Officer or the duly Authorized Representative, certifying him / her as an authorized signatory for the purpose of this Tender.

5. We hereby declare that our Tender is made in good faith and the information contained is true and correct to the best of our knowledge and belief.

Thanking you,

Yours faithfully

(Signature of the Authorized Representative)

Name :
Designation :
Seal :
Date :
Place :
Business Address :

Witness:

Signature _____

Name _____

Address _____

Firm/Company_____

Date _____

Signature _____

Name _____

Address _____

Firm/Company_____

Date _____

Minimum Eligibility

1.1	Name of the Firm / Agency			
1.2	Year of Registration			
1.3	Details of Drug License (Enclosed a copy)			
1.4	PAN/TAN			
1.5	Gross Annual Turnover **	2009-10	2010-11	2011-12

* Enclosed a copy of Registration document

** Enclosed Certificate from Chartered Accountant / IT Return Statement / Audited Accounts Reports

Witness:

Authorized Representative

Signature _____

Signature _____

Name _____

Name _____

Address _____

Address _____

Firm/Company_____

Firm/Company_____

Date _____

Date _____

Prior Experience

Using the format below, provide information on each assignment for which your firm/agency, was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out supply order shall give information .

Name of the Firm / Agency	
Assignment / Order name:	
Nature of Assignment:	
Approx value of the contract (in Rupees)	
Name of Employer:	
Address and contract details:	
Approx. value of the Assignment / Supply provided by your Firm/Agency under the contract (in Rupees):	

Note: (i) Please attach Letter of Intent or Work Order or certificate successful completion for each Supply / Order, from the respective Client(s).
(ii) Please attach separate sheet for individual experience if required.

Witness

Signature _____

Name _____

Address _____

Firm/Company_____

Date _____

Authorized Representative

Signature _____

Name _____

Address _____

Firm/Company_____

Date _____

Declaration Letter

Declaration Letter on official letter head stating the following:

We are not involved in any major litigation that may have an impact of affecting or compromising the delivery of services as required under this contract.

We are not black-listed by any Central / State Government / Public Sector Undertaking in India.

Witness:

Authorized Representative

Signature _____

Signature _____

Name _____

Name _____

Address _____

Address _____

Firm/Company _____

Firm/Company _____

Date _____

Date _____

Seal

Check list for Submission of Tender documents

The bidder shall submit the following document along with the tender

1. EMD of Rupees Five thousands in the form of Demand Draft from a scheduled bank drawn in favour of “**Drawing & Disbursing Officer OPTCL, Hqrs. Office**”payable at Bhubaneswar.
2. Particulars of firm / agency enclosed as form 1.
3. Qualifying requirement for selection of firm / agency enclosed as form 2.
4. All the forms (form 1 to 4) should be complete with required certificate / documents mentioned therein.
5. Each page of tender document is to be signed by the authorized person of the tenderer.
6. Copies of update TAN/PAN & Drug License shall be enclosed.

PART –II

Price Bid Format

To be submitted in sealed cover without any correction or overwriting.

FINANCIAL BID for Supply of Medicines & Surgical Items, to OPTCL Power Hospital, Bhubaneswar.

1- Name of Bidder :

2- Address for communication:

3- % of Flat discount desired to offer on MRP:

a) Medicines :

b) Surgical Items:

4- Tax Structure/ Tax applicable:

Date :

Place :

**Signature
of authorized signatory**

LIST OF MEDICINE		
Sl. No.	NAME	PACK
1	ACECLO MR	10
2	ACECLO PLUS	10
3	ACTIFED	10
4	AF KIT	1 PKT
5	AGMENTIN)625	4
6	ALCIPRO EYE DP	1 PH
7	ALCIPRO-500	10
8	ALEGRA 120/180	6
9	ALKASOL SYP	100 ML
10	ALKASOLLID	1 PH
11	ALPH D3	10
12	ALPROX-5	10
13	AMARYL-2	10
14	AMARYL-2	10
15	AMBRODIL PLUS SYP	1 PH
16	AMITAX INJ	10
17	AMLACE TAB	10 TAB
18	AMLOLONG 5	10
19	AMLOVAS-AT	10 TAB
20	AMLOZAR	10
21	AMPOXIN 250	10
22	AMPOXIN 500	10
23	AMXIDE H	10
24	ANOVATE ONT	1 TUB
25	ANXIT 5/2.5	10
26	AQUASAL A	30
27	ARISTOXYL-400	10
28	ARISTOZYME CAP	15
29	ASCABIOL LIQUID	
30	ASCORIL D	1 PH
31	ASCORIL EXPT	1 PH
32	ASOMEX AT	10 TAB
33	ATARAX-25	10
34	ATEN 25	14
35	ATIVAN-1	10
36	AVIL-25	10
37	AVOMIN	10
38	AZIFINE 100/250/500	03-Jun
39	AZITHRAL 250 MG	6 TAB
40	AZITHRAL 500 MG	3 TAB
41	AZITHRAL KID	3
42	BACIGYL SYR	1:00 PM
43	BANDY PLUS	1
44	BANOCIDE TAB	10
45	BECOSULE CAP	10
46	BECOSULE SYP	1 PH
47	BECOZINC CAP	10
48	BENADRIL COUPH FORMULA	1:00 PM
49	BETADIN LOTION	450 ML
50	BETADIN ONT	1 TUB
51	BETNOVATE-C OINT	1 T
52	BEVON-500	15

53	BIDANZEN FORTE	10 TAB
54	BRODICLOX-250	10
55	BRODICLOX-500	10
56	BROZEET EXPT	1 PH
57	CAL PANTOTHANATE	10
58	CALADRYL LOTION	1:00 PM
59	CALCHECK-5	10
60	CALCHECK-L	10
61	CALCIGARD R 10	10
62	CALCIGURD RETARD-10	10
63	CALCIGURD-10	10
64	CALMPOSE INJ	10
65	CALMPOSE SYP	1 PH
66	CALPOL 500	10
67	CANDIBIOTIC EAR DP	1 PH
68	CANDID B LOTION	1 PH
69	CANDID B OINT	1 TUB
70	CANDID MOUTH PAINT	1 PH
71	CANDID V GEL	1 TUB
72	CANDID V6 TAB	1 TUB
73	CAP DIAVIT	
74	CAP PANTOP DSR	10
75	CARBAMYL FORTE	10
76	CEFADROX-500	10
77	CEFALAC-200	4
78	CEFTUM-250	4
79	CEFTUM-500	4
80	CELIN 500	10 TAB
81	CETRITZ 10 TAB	10
82	CETRITZ SYP	1 PH
83	CETRITZ-D	10
84	CHLOROMYCETIN APPLI	1 BOT
85	CHLOROMYCETIN EAR DR	1
86	CHLOROMYCETIN SYP	1 PH
87	CHYMORAL FORTE	15
88	CLOBEN G ONT	1 TUB
89	CLOBEN-G OINT	5 GM
90	CLONAX2.5/5/10	10
91	CLOPITAB 75	10 TAB
92	CLOPITAB A 75	10 TAB
93	CLOPRIGEL-75	10
94	COBADEX CZS	15 TAB
95	COBADEX-FORTE	15
96	CODOSOFT CAP	10
97	COREX COUPH SYR	1:00 PM
98	COSCOPIN PAED SUS.	50 ML
99	COSCOPIN PED SYP	1 PH
100	CROCIN SYP	1 PH
101	CYCLOPAM TAB	10
102	DAONIL TAB	10
103	DECADURA BOLIN 25	1 AMP
104	DERIPHYLIN RETARD-300	10
105	DETOL	1 LIT
106	DEWAX DR	1:00 PM
107	DEXONA	1 AMP

108	DEXORANGE CAP	1 PH
109	DICLOGESIC TAB	10
110	DICYENE 250	10
111	DICYENE 500	10
112	DIGENE GEL	1 PH
113	DILANTIN SYP	1 PH
114	DILANTIN TAB	1:00 PM
115	DILOSTN EXPT	1 PH
116	DIPROVATE MF ONT	1 TUB
117	DIPSALIC-ONT	1 TUB
118	DIZIRON TAB	10
119	DOBESIL ONT	1 TUB
120	DOLOKIND MR	10
121	DOMSTAL 10	10
122	DOPAMINE INJ	1 AMP
123	DOXT-100	10
124	DULCOLAX TAB	10
125	DURALYN CR	10
126	DUVADILAN	25
127	ECLOSPAN ONT	1 TUB
128	ECOSPRI-150	14
129	ECOSPRIN-325	10
130	EFFCOLIN NASAL DR	1:00 PM
131	ELECTRAL POWDER	1 PKT
132	ELOVERA SPF	1 TUB
133	ELTROXIN TAB	1:00 PM
134	ENAM 10	15 TAB
135	ENTEROQUINOL	20
136	ENTEROZYME	20
137	EPSOLIN TAB	100 TAB
138	EPSOOLINE	1 PH
139	ERYTOP GEL	1 TUB
140	ESLO 2.5	10
141	ESLO 5	10
142	ESLO AT	10
143	ESLO-2.5	10
144	ESLOTAN	10
145	ETOCOX 60	10
146	ETOCOX 90	10
147	ETRIC 60/90/120	10
148	EVION-400	10
149	FALCIGO	4
150	FAMTAC-40	14
151	FEBREX + SUP	1 PH
152	FEFOL Z	15
153	FENAST	10
154	FENCETA A-	10
155	FERTYL-50	5
156	FESTAL N TAB	10
157	FIBRIL	100 GM
158	FINAST-T	10 TAB
159	FLAGYL 400	10
160	FLEXON SYR	1:00 PM
161	FLEXON TAB	10
162	FUCBACT OINT	1 TUB

163	GATIKIND 400	5
164	GATRI 400	5
165	GEL CERVIPRIME	1 TUB
166	GEL KENACORT	1 TUB
167	GENTICYN 80IN INJ	1AMP
168	GENTICYN EYE DR	1:00 PM
169	GLEMISTER M1	10
170	GLICLA 40	
171	GLIMER 2	10 TAB
172	GLMESTAR M2	10
173	GLUCONORM G1	10 TAB
174	GLYBORAL	10
175	GLYCINORM M 40	10 TAB
176	GLYCOMET 500	10 TAB
177	GLYCOMET 500 SR	10
178	GLYCOMET GP 1	10
179	GLYCOMET GP 2	10
180	GLYNASE MF TAB	10 TAB
181	GLYNASE-5	10
182	GRILINCTUS BM SYP	1 PH
183	GRILINCTUS BM TAB	10
184	HATRIC 3	10
185	HATRIC SYP	1 PH
186	HERPEX ONT	1 TUB
187	HERPEX TAB	10
188	HEXIDINE MOUTH WASH	1:00 PM
189	HP KIT	1 PKT
190	INCIDAL	10
191	INJ MEGAPEN	1 VIAL
192	INJ ADRENALIN	1 AMP
193	INJ AQUVIRION	1 AMP
194	INJ AVIL	1 AMP
195	INJ BRODICLOX-500	1 AMP
196	INJ CONTRAMAL 50	1 AMP
197	INJ C-TAX 1G/ 500	1 VIAL
198	INJ C-TRI	1 VIAL
199	INJ CYCLOPAM	1 AMP
200	INJ DECADURABILIN-50	1 AMP
201	INJ DECOLIC\DECOLIC TAB	10
202	INJ DERIPHYLINE	1 AMP
203	INJ DORAN O	1 PH
204	INJ EMAIL	1 AMP
205	INJ EPOSOLIN	1 AMP
206	INJ EPSOLIN	1 AMP
207	INJ FEVASTIN	1 AMP
208	INJ FORTWIN	1 AMP
209	INJ HUMAN ACTRAPID	1 VIAL
210	INJ KENACORT	1 AMP
211	INJ LARIAGO	1 VIAL
212	INJ LARITHER	6 AMP
213	INJ LASIX	1 AMP
214	INJ LORA	1 AMP
215	INJ METHERGIN	1 AMP
216	INJ MIKACIN 500	1 AMP
217	INJ MIXARD 30/70	1 VIAL

218	INJ MIXOGEN	1 AMP
219	INJ MOHACEF 1.5/500/250	1 VIAL
220	INJ MONOCEF 1 GM	1 AMP
221	INJ MONOCEF-0.5	1 VIAL
222	INJ MVI	1 AMP
223	INJ NUROBION	1 AMP
224	INJ PANTOP-40	1 VIAL
225	INJ PERINORM	1 AMP
226	INJ PHENARGAN	1 AMP
227	INJ PLACENTRX	1 AMP
228	INJ RANITIN	1 AMP
229	INJ SERANACE	1 AMP
230	INJ SYNTOCINON	1 AMP
231	INJ TEXAKIND MF	1 AMP
232	INJ TRAXAL 1 GM	1 AMP
233	INJ VOVERAN	1 AMP
234	INJ X-ZONE-1G	1 VIAL
235	INJ ZOFER	1 AMP
236	K Y GELLY	1 PC
237	KARAVAL CAP	10
238	LANOXIN TAB	10 TAB
239	LANSPRO 30	10
240	LE ZYNECT	10
241	LEZYNSET-5	10
242	LIBRA TEX	10
243	LIBRAX	10
244	LIBRAX TAB	10
245	LIPICOR 10	10
246	LIPICOR-20	10
247	LIV 52 TAB	1 PH
248	LIVOSIL B	10
249	LIZOFORCE	10
250	LOBATE GM N OINT	15 GM
251	LOBATE GM OINT	1 TUB
252	LONOXIN	10
253	LOPRESER 50	10
254	LOPRESOR 50	10 TAB
255	LORA-50	10
256	LOSACAR H	10
257	LOSACAR-50	10
258	LOSAKIND H	10
259	LYSER D	10
260	LYSOFLAM	10
261	M.V.I. INJ.	10 ML
262	M-2 TONE CAP	20
263	MALARID TAB	10
264	MALARID-DS	7
265	MEFTAL-SPAS	10
266	MEGANOR SYR	1P
267	METHERGIN TAB	10
268	METHYCOBAL TAB	10
269	MIT COEDINE COUGH LT	1 PH
270	MOBIZOX	10
271	MOHACEF 200	10
272	MONACEF O 200 TAB	10

273	MOX 500	15
274	MUCOLITE DROP	15 ML
275	MUCOLYTE	10
276	NABASULF POWD	1 PKT
277	NASIVION NASAL DR	1:00 PM
278	NATRLIX SR 1.5	10
279	NEOSPORIN ONT	1 TUBE
280	NEXPRO 40	10
281	NICADIA-10	10
282	NIKORAN-5	20
283	NIMODOL TAB	10
284	NISE DT	10
285	NISE TAB	15
286	NITROSAN-5	10
287	NIZRAL	1P
288	NORBID T	10
289	NORFLOX-200	10
290	NORFLOX-400	10
291	NORFLOX-DT	10
292	NORVENT SYP	1 PH
293	NOWORM SYP	1 PH
294	NOWORM TAB	1
295	NS	1 BOT
296	NUFORCE 150	1 TAB
297	NUFORCE 50	1
298	OCIMEL SYR	10
299	OCUPOL D DROPS	
300	OFLOMAC 200	10 TAB
301	OFLOMAC 400	10 TAB
302	OINT FLUCORT	
303	OLIFE-M	1 PH
304	OMEZ-20	15 TAB
305	OMNACORTIL 20/10/5	10
306	OPTISULIN CAP	30
307	ORNOF	10
308	OSTO CAL B12 SYP	1 PH
309	OTOGESIC EAR DR	1 PH
310	PAM INJ	1 AMP
311	PANKREONFLAT	10
312	PANPURE	10 TAB
313	PANTOP-	D
314	PANTOP 40	10
315	PANTOP-HP	1 PKD
316	PARAXIN 250	10
317	PARAXIN 500	6
318	PENTID-400	4
319	PENTID-800	4
320	PERINORM TAB	10
321	PHENARGAN 25	10
322	PHENSEDYL SYP	1 PH
323	PILON TAB	10
324	PIOGLIT-15	10
325	PIOMED 15	10
326	PIOMED 30	10
327	PIOZ MF G-2	10 TAB

328	PIRITON EXP	1 PH
329	PLACENTRX INJ	1 AMP
330	PLACENTRX ONT	1 TUB
331	PLASTER OF PARIS	1 PKD
332	PRIMACORT VIAL	100 MG
333	PRIMACORT VIAL	200 MG
334	PROCTOCLYS ENEMA	1 NO
335	P-SCAB	1 PH
336	PULMOCORT INHALER	1 PH
337	QST 600	10
338	QUADRIDERM OINT	1 TUB
339	RABIPUR INJ	1 AMP
340	RANIDOM TAB	20
341	RANISPAS AC	10
342	RANITIN-150	10
343	RECTIFIED SPRIT	450 ML
344	REGESTORONE	10
345	REKOL D	10 TAB
346	REKOOL-20	20
347	RELYTE POWD	1 PKT
348	RENERVEPLUS	10
349	RENICOL EYE DROP	5 ML
350	REZIZ FORTE	2
351	RIBOFLAVIN	10
352	ROSICON-1	10
353	ROSICON-2	10
354	ROTOCAP	
355	ROXEM SYP	1 PH
356	ROXID 150 MG	10 TAB
357	ROXID DROP	1 PH
358	ROXID KID	10 TAB
359	ROXID LID	1 PH
360	ROXID M	10
361	ROXID SYR	1 PH
362	ROXID-150	10
363	SACHET DAROLAC	10
364	SCABEX OINT	
365	SCARAB LOTION	1:00 PM
366	SHELCAL 500	15
367	SIBELIUM 10	10
368	SILYBON 140	10
369	SINAREST	10 TAB
370	SINAREST NASAL DROP	1 PH
371	SINAREST TAB	10
372	SOBITRATE 10	50
373	SOFTVAC POWD	1 PKT
374	SORBACID GEL	1 PH
375	SPASMOPROXYVON TAB	10
376	SPORIDEX DROP	1 PH
377	SPORIDEX SYP	1 PH
378	SPORLAC TAB	15 TAB
379	SPOROLAC TAB	10
380	STAMLO 2.5	10
381	STAMLO 2.5	15 TAB
382	STAMLO 5	15

383	STAMLO BETA	15 TAB
384	STEMIL-25	10
385	STREPTOVIT	10
386	STUGGIRON-25	25
387	SUCRAL SYR	1:00 PM
388	SUPIROCIN OINT	1 TUB
389	SUPRADIN	10
390	SURFAZ-SN	1 TUB
391	SUS PACIMOL	1 PH
392	SYNDOPA PLUS	10
393	T.T INJ	1 AMP
394	TAB ALEGRA 180	10
395	TAB ALTA CEF	10
396	TAB AMLOSAFE	10
397	TAB AZIMAX 500	3
398	TAB BANDY	1
399	TAB BIGCEF-500	10
400	TAB CZ COLD	10
401	TAB DOLOKIND AA	10
402	TAB DOLONEX DT	10
403	TAB DORAN O	10
404	TAB DROXYL 500	10
405	TAB DYTOR PLUS	10
406	TAB HERPEX 800	10
407	TAB HISTACARBAZINE	10
408	TAB LUMIRAX	8
409	TAB LUMITHER	8
410	TAB MAXICAL	10
411	TAB OFLOMIL 200	10
412	TAB OFLOMIL 400	10
413	TAB PACIMOL 500	10
414	TAB PACIMOL 650	10
415	TAB PANPURE	10
416	TAB RUPAHIST	10
417	TAB S AMLOSFAE 2.5	10
418	TAB TRAMOT	10
419	TAB UDLIV 150/ 300	10
420	TAXIM 125	1 PH
421	TAXIM-1G	1 VIAL
422	TAXIM-500	1 VIAL
423	TAXIM-O SYR	1:00 PM
424	TAXIM-O-200	10
425	T-BACT ONT	1 TUB
426	TENORIC 50	10 TAB
427	THYRONORM-100	30
428	THYRONORM-25	1:00 PM
429	THYRONORM-50	50
430	THYROX 100	30 TAB
431	THYROX 50	30 TAB
432	TIXYLIX SYR	1:00 PM
433	TOCOFER-400	10
434	TONACT 10	10 TAB
435	TOZA R-50	10
436	TOZAR-25	10
437	TOZAR-H	10

438	TRAMADOL CAP	10
439	TRENEXA-500	10
440	TRIPLE DYE	1 PH
441	UDLIV 150 / 300	10
442	ULGEL	1 PH
443	UNICARBAZONE FORTE	8
444	UNICONTIN-400	10
445	URISPAS	8
446	VASOGRain	10 T
447	VENT PD SYP	1 PH
448	VERTIN-8	10
449	VERTISTAR 8/ 16	10-Oct
450	VIT-A (AQUASOL-A)	30
451	VOLIN GEL	1 TUB
452	VOVARAN-SR-100	10
453	VOVERAN 50	10
454	VOVERAN GEL	1 TUBE
455	VOVERAN-SR (75)	10
456	WAXONIL EAR DR	1:00 PM
457	WIKORIL TAB	10
458	WIORYL SYP	1 PH
459	WYSOLONE-5	10
460	X YLOCAINE JELLY	1 TUB
461	X-PCT B SYP	1 PH
462	XYLOCAINE ADRELANINE	1 AMP
463	XYLOCAINE ADRELANINE	1 VIAL
464	ZADY 250	4
465	ZADY-500	6
466	ZEET EXPT	1:00 PM
467	ZENOFLOX D EYE DP	1 PH
468	ZENOFLOX E/E DOP	1 PH
469	ZENOFLOX OZ	6
470	ZEVIT	10
471	ZINCOVIT	10
472	ZINETAC-300	10
473	ZOCAM .5	10
474	ZOCAN 150	10
475	ZOFER INJ.	2 ML
476	ZOLE F ONT	1 TUB
477	ZYLORIC TAB	10