

Nepal Netra Jyoti Sangh
Gaur Eye Hospital
List of Medicine for 2081/82

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
	Anaesthetic							
1	Hylase 1500 iu	Vial	400					
2	Xylocain 2% 30 ml inj	Vial	25					
3	Xylocain 2% With Add 30 ml inj	Vial	500					
4	Xylocain 4% 30 ml drop	Vial	50					
5	Bupivacain 0.5%	Vial	200					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
	Antibiotic							
6	Cefazoline 250 mg inj	Vial	500					
7	Chloramphenical Ointment	Tube	2500					
8	Ciproflaxacin Drop	Vial	1000					
9	Ciproflaxcin Ointment	Tube	6000					
10	Gentamaicine 80 MG 2 ml inj.	Vial	500					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
11	Amikacin 80mg. Inj	Vial	50					
12	Ofloxacin Eye Drop	Vial	12000					
13	Moxifloxacin Eye Drop	Vial	12500					
14	Moxifloxacin 0.5% Ointment	Tube	200					
15	Moxifloxacin Tab. 400mg	Tab	1000					
16	Tobramycin Eye Drop	Vial	2000					
17	Tetracycline Ointment	Tube	100					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
18	Ciprofloxacin 500mg Tab	Tab	40000					
19	Ampicillin + Cloxaciline 250 mg	Tab	200					
20	Ampicillin + Cloxaciline 500 mg	Tab	1000					
21	Amoxicilin + Clavulanate Potassium 625mg	Tab	3000					
22	Doxycycline 100mg Injection	Cap	100					
	Artificial Tear/Lubricants							



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
23	Hydroxy Propyle Methylcellulose	Vial	2000					
24	Polyvinyl Alcohol	Vial	2500					
25	Carboxymethyl-Cellulose Eye Drop 0.5%	Vial	20000					
26	Carboxymethyl-Cellulose Eye Drop 1%	Vial	2500					
27	Dextran + Hypromellose 0.3%	Vial	200					
28	Hydroxy Methylcellulose Gel 0.3%	Vial	200					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
29	Hydroxy Carboxymethyl-Cellulose 0.5% Drop	Vial	100					
	HEC (Hydroxyethyl Cellulose)							
	Anti Allergic							
30	Ketoralac Drop	Vial	500					
31	Ketotifen Drop	Vial	200					
32	Levocetizine Tab	Tab	5000					
33	Fexofenadine Tab	Tab	200					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
34	Olopatadine Eye Drop	Vial	2000					
35	Sodium Cromoglycate 2%	Vial	1500					
	Antiviral							
36	Acyclovir Ointment 3%	Tube	1500					
37	Acyclovir Ointment 5%	Tube	100					
38	Acyclovir Tab 400mg	Tab	3000					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
39	Acyclovir Tab 800mg	Tab	1000					
	Antifungal							
40	Natamycine Eye Drops	Vial	700					
41	Fluconazole Eye Drop	Vial	1500					
42	Fluconazole Tablet	Tab	500					
43	Voriconazole 1% Eye Drop	Vial	100					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
44	Itraconazole 100mg Tab	Tab	200					
45	Itraconazole 1% Ointment	Tube	100					
	H2 Blocker							
46	Pantoparazole	Tab	1500					
47	Omeprazole	Tab	15000					
	Steroid							
48	Prednisolone Drop	Vial	8000					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
49	Prednisolone Tab 10mg	Tab	1000					
50	Prednisolone Tab 20mg	Tab	500					
51	Chloramphenical Eye Drop	Vial	500					
52	Choloramphenicol+Dexamethasone Oint	Tube	6000					
53	Choloramphenicol+Dexamethasone Eye Drop	Vial	3500					
54	Tobramycin+ Fluromethalone Eye Drop	Vial	200					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
55	Fluometholone Eye Drop	Vial	6000					
56	Fluometholone + Neomycin	Vial	200					
	Nasid							
57	Flurbiprofen	Vial	2500					
58	Diclofenac sodium 0.1% Drop	Vial	500					
59	Syrup Paracetamol+Brufen	Btl	200					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
60	Paracetamol 500mg Tab	Tab	200					
61	Ibuprofen + Paracetamol 500mg Tab	Tab	55000					
	Anti Glaucoma							
62	Acetazolamide 250 mg	Tab	3000					
63	Pilocarpine 2% 5ml Eye Drop	Vial	50					
64	Timolol 0.5 % 5ml Eye Drop	Vial	500					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
65	Pilocarpine Injection	Vial	50					
66	Brimonidine with purite 0.15%	Vial	50					
67	Timolol 0.5% + Brimonidine 0.2%	Vial	300					
68	Mannitol 20% Inj 350ml	Btl	25					
69	Dorzolamide Eye Drop	Vial	200					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
70	Bimatoprost Eye Drop 0.01%	Vial	50					
	Mydriatic							
71	Atropine 1% Drop	Vial	2000					
72	Atropin 1% Ointment	tube	50					
73	Homatropine Drop	Vial	100					
74	Cyclopentolate Drop	Vial	50					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
75	Tropicamide+Phenylephrine 3 ml	Vial	1000					
76	Tropicamide Plain Eye Drop	Vial	100					
	Other							
77	Adrenaline Injection	Amp	1000					
78	Distilled Water 5 ml	Amp	500					
79	Ringer Lactate Solution Glass Bottle	Btl	200					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
80	Ringer Lactate Solution Plastic Bottle	Btl	1000					
81	Sodium chloride 0.9%	Vial	100					
82	Trypan Blue Injection	Vial	500					
83	Sodium Chloride Ophthalmic Solution Eye Drop	Vial	100					
	<u>Vitamin Cap / Tab</u>							
84	Multivitamin Tab	Tab	15000					



Signature

S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
85	Vitamin A With E & C	Tab	500					
86	Antioxident Cap	Cap	70000					
87	Tab Indomethacine 250mg	Tab	1000					
	<u>Others</u>							
88	Visco 5 ml	Vial	1500					
89	OPTHACARE EYE DROP	Vial	500					
90	BETAMETHASON+NEOMYCIN Drop	Vial	300					



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S.N.	NAME OF MEDICINE	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Unit rate in word
91	MECOBALAMINE 1500MG	Tab	20000					
92	Flunarizine 5 mg	Tab	2000					
93	Flunarizine 10 mg	Tab	35000					
94	Pregabalin & Methylcobalamin	Cap	5000					

Total number of item Quoted:

Supplier's Name:

Signature:

Proprietor Name:

Phone & Fax Numbers:

Address:

Stamp:



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Nepal Netra Jyoti Sangh
Gaur Eye Hospital
List of Surgical Supplies 2081/082

S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
	Suture							
2	Silk 4.0	Pcs	50					
	Silk 6.0	Pcs	50					
4	Vicryl 6.0	Pcs	50					
5	Vicryl 8.0	Pcs	50					
6	Nylon 10.0 Double Armed	Pcs	25					
7	Silk 6.0	Pcs	50					
	Medical Supplies							
8	Micro Por Tape	Roll	500					

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S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
9	Betadine Solution 5% 500ml	Bottle	100					
10	Betadine Scrub 7.5% 500ml	Bottle	100					
11	Cotton Bandage 3" 12 Pack	Pcs	1000					
12	Cotton Roll 300 Gram	Roll	500					
13	Cotton Roll 15 Gram	pcs	7000					
14	COTTON BUD	PKT	10					
15	Dettol Soap	Pcs	500					
16	Dettol 5 Litter	Bottle	50					
17	Gauze Cloth 18"/90"	Than	200					
18	Ractified Sprit 400ml	Bottle	500					

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S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
19	Needles 26 G	Dispo	5000					
20	Razar Blade Flying Eagle	Pkt	10					
21	Surgical Blade No.15	Dispo	10					
22	Surgical Gloves 6.0	Dispo	2000					
23	Surgical Gloves 6.5	Dispo	2000					
24	Surgical Gloves 7.0	Dispo	2000					
25	Surgical Gloves 7.5	Dispo	1000					
26	Syring 3ml	Dispo	8000					
27	Syring 5ml	Dispo	15000					

Hagshwa.





S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
28	IV Set	Nos	500					
29	Disposable Mask	Pcs	20000					
31	Phaco Drape (100x80)	PCS	3000					
32	15* knife Sit Port	pcs	500					
33	Crecent Knife 2.5	Pcs	2000					
34	Keratome Knife 2.8	Pcs	2000					
35	Formalin Liquid	Ltr	50					
36	Fluorescein Strip	PKT	100					

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S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
37	SCHIRMER STRIP	Pkt	10					
38	Ultra Sonic Paper Roll	Roll	400					
	IOL							
39	AC IOL	Pcs	50					
40	PC IOL	Pcs	5000					
41	Foldable IOL (Hydrophilic)	Pcs	2500					
42	Hydrophobic Foldable IOL	Pcs	500					

Total number of item Quoted:

Supplier's Name:

Handwritten signature

Signature:





S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
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Proprietor Name:

Phone & Fax Numbers:

Address:

Stamp:

Handwritten signature





Nepal Netra Jyoti Sangh
Gaur Eye Hospital
List of Laboratory Supplies 2081/082

S.N.	NAME OF ITEMS	UNIT	Required	Brand	Company	MRP(RS.)	Proposed Rate(RS.)	Proposed rate in word
	Lab							
1	HIV Kits	Pcs	8000					
2	HbsAg Kits	Pcs	8000					
3	Flouride Tube	Pcs	5000					
4	Distilled Water (Five Litter)	bottle	10					
5	Glucose Regent	Pcs	25					
6	Hyperchloride Solution 4% (Five Litter)	bottle	10					
7	Tips Small	packet	10					

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8	Tips Big	packet	10					
9	Plane Test Tube (Glass)	pcs	500					
10	Tissue Paper	roll	50					

Total number of item Quoted:

Supplier's Name:

Signature:

Proprietor Name:

Phone & Fax Numbers:

Address:

Stamp:

Hegde

