

लमही उपत्यका

नगर कार्यपालिकाको कार्यालय

आ व ०१३/१३

देउखुरी उपत्यका स्थित कैमिड अस्पताल लमही दाङको लागि

औषधिको खरिद सम्बन्धी दरभाउ पत्र

S. N.	Item	Quantity	Per Unit rate (without VAT)		VAT (Rs)	Grand Total (Rs)	Name of manufacturer	Country of Origine	Pharmacoepal Standard
			In figure (Rs)	In words					
1	Inj Amoxycilline, Clavulanie Acid 1.2g	1							
2	Inj. Ceftraixione and tazobactum 1g (4.5)	1							
3	Inj. Cdftriaxonen 1g	1							
4	Inj Adrenalin	1							
5	Inj. Atropine	1							
6	Inj. Dexona	1							
7	Ipravent soln resol 2 ml	1							
8	Asthaline soln respole 2 ml	1							
9	Tab. Salbutamol 4 mg	1							
10	Tab. Codine Phosphate 10 mg and paracetamole 500mg	1							
11	Tab. Vit c	1							
12	Tab. Zinc 20 mg	1							
13	Tab. Vit D3 VDV	1							
14	ORS PKTS	1							
15	Inj. Huydrocortisone 100mg	1							
16	Inj. Paracetamol 1 mg 100ml	1							
17	Tab. Pantaprazole 40 mg	1							
18	Tab. Azithromycine 500mg	1							
19	Tab. Azithromycine 250mg	1							
20	Syrup Vit B- complex 200ml	1							
21	Vit. E 400mg	1							
22	Tab Flexon	1							
23	Inj. Frusemide 20mg/ml	1							

S. N.	Item	Quantity	Per Unit rate (without VAT)		VAT (Rs)	Grand Total (Rs)	Name of manufacturer	Country of Origine	Pharmacopeal Standard
			In figure (Rs)	In words					
24	Tab Aspirin 75 mg	1							
25	Tab. Amlodipine 5mg	1							
26	Tab. Losarton 50 mg	1							
27	Tab. Ferseamide 20 mg	1							
28	Tab. Furseamide 10 mg	1							
29	Tab. Amoxycilline, Clavulanic Acid 625 mg	1							
30	Tab. Amoxycilline, clavulanic Acid 375 mg	1							
31	Tab. Cetrizine 10 mg	1							
32	Tab. Cetrizine 5 mg	1							
33	Tab. Allegra 180 mg (Fexofenadine)	1							
34	Tab Allegra 120 mg (Fexofenadine)	1							
35	NS 500 ml IV	1							
36	DNS 500 ml IV	1							
37	Isolater P (D5%) 500 ml IV	1							
38	RL 500 ml IV	1							

