

WR BID FORM – Invitation To Bid (ITB)**SUPPLY OF MEDICAL DRUGS – CENTRAL DARFUR - ZALINGEI**

<i>WR to complete</i>				<i>Bidder to complete</i>	
Ser	Item Required	Unit of Measure	Quantity required	Unit price	Total Price
1	Acetyl Salicylic Acid 75 mg	Tab	12,000.00		
2	Amoxicillin 500 mg	Cap	15,000.00		
3	Amoxicillin 250 mg	Tab	14,000.00		
4	Anti Acid {Mg Sulphate + Alum} 425 mg	Tab	10,800.00		
5	Artemether 80mg+Lumifantrine 480mg	Tab	20,000.00		
6	Artemether 20mg+Lumifantrine 120mg	Tab	14,000.00		
7	Azithromycin 250 mg	Tab	12,000.00		
8	Biscodyl Laxitive 5 mg	Tab	10,800.00		
9	Chlorpheniramine tab 4 mg	Tab	10,800.00		
10	Ciprofloxacin tab 500 mg	Tab	15,000.00		
11	Co-trimoxazole tab 480 mg	Tab	10,800.00		
12	Doxycyclin Capsule 100 mg	Cap	9,000.00		
13	Erythromycin tab 250 mg	Tab	10,800.00		
14	Folic Acid tab 5 mg	Tab	50,000.00		

15	Hyoscine Butylbromide tab 10 mg	Tab	10,800.00		
16	Ibuprofen tab 200 mg	Tab	15,000.00		
17	Mefenamic Acid 500 mg	Tab	12,000.00		
18	Mebendazole tab 100 mg	Tab	9,000.00		
19	Metoclopramide tab 10 mg	Tab	3,600.00		
20	Metronidazole tab 250 mg	Tab	20,000.00		
21	ORS (oral rehydration salts)	Sachet	4,200.00		
22	Paracetamol 500 mg	Tab	12,000.00		
23	Salbutamol Inhaler 100 mcg/dose	Bottle	300.00		
24	Zink sulphate tab 20 mg, 10 tabs/strip	tab	2,400.00		
25	Cefexime tab	Tab	3,000.00		
26	Metformin 500 mg Tablet	Tab	1,200.00		
27	Metformin 850 mg Tablet	Tab	1,200.00		
28	Amoxicilline 125mg/5ml Suspension	Bottle	2,000.00		
29	Chlorpheniramine 2mg/5ml Sy.	Bottle	1,000.00		
30	Co-trimoxazole 240 mg/5ml Sy	Bottle	1,200.00		
31	Erythromycin 125 mg / 5ml Suspension	Bottle	1,200.00		
32	Ibuprofen ,Oral Liquid ,100 mg/5 ml	Bottle	2,000.00		

33	Metronidazole Oral Liquid Suspen. 200 mg/5 ml	Bottle	2,000.00		
34	Nystatin Oral Drops 100.000 IU- 30 ml	Bottle	1,400.00		
35	Paracetamol 120 mg Sy	Bottle	2,000.00		
36	Zink sulphate 20 mg /5 ml	Bottle	900.00		
37	Anti Cough Expectorant Sy for adult	Bottle	1,000.00		
38	Anti Cough Expectorant Sy for pediatric	Bottle	1,000.00		
39	Cefixime 100 mg/5ml Sy	Bottle	1,000.00		
40	Benzyl Pencillin Injection 1MIU/5ml	Vial	6,000.00		
41	Chlorpheniramine 10 mg/1 ml	Amp.	900.00		
42	Diclofenac Sodium 75 mg injection	Amp.	1,400.00		
43	Hydrocortisone sodium 100mg injection	Vial	1,200.00		
44	Gentamycin 2ml 40 mg injection	Amp.	1,200.00		
45	Hyoscine Butylbromide 20 mg incetion	Amp.	1,400.00		
46	QuinineDihydrochlorid 600 mg injection	Amp.	600.00		
47	Ceftraixone 500mg injection	Vial	2,000.00		
48	Ceftraixone 1000 mg injection	Vial	1,400.00		
49	Water For Injection 5 ml	Amp.	9,000.00		
50	Dextrose 5 % -500 ml	Bottle	720.00		
51	Dextrose 10 % -500 ml	Bottle	600.00		

52	Dextrose 5 % + Sodium Chloride 0.9%-500 ml/1000ml	Bottle	600.00		
53	Ringer Lactate Compound 500 ml/1000ml	Bottle	1,200.00		
54	Sodium Chloride 0.9%-500 ml	Bottle	1,200.00		
55	Alcohol swab Box /100 Pcs	Box	240.00		
56	Chlorohexidine Digluconate 5%-1liter	Bottle	60.00		
57	Gentamycin eye & ear Drops0.3% w/v, droper	Tube	1,000.00		
58	Povidone Iodine 10 %soltion - 200 ml	Bottle	120.00		
59	Silver Sulphadiazine Cream1 % Tube	Tube	480.00		
60	Teteracyclin HCL 1 % Eye Ointment ,5g.	Tube	1,000.00		
61	Optidex T eye drop	Bottle	900.00		
62	Alcon eye drop	Bottle	600.00		
63	Gentamycine eye drop	Tube	900.00		
64	Syringe with Needle 3 ml,Box/100 Pcs.	BOX	60		
65	Syringe with Needle 5 ml, Box/100 Pcs.	Box	60		
66	Gauze Bandage, 12 pcs/package	Roll	40		
67	Gause Paraffen pad Package / 5 Pcs	Pcs	20		
68	Gauze Compesses none sterile 10x10cm, Box /100 Pcs.	Box	40		
69	IV. cannula size 24	BOX	25		
70	IV. Cannula size 22	BOX	25		

71	IV. cannula size 20	BOX	25		
72	IV. cannula size 18	BOX	25		
73	Adhesive Plater size 2.5cm x 5m.	Roll	80		
74	Lab Reagenta (Lumsum)	Lumsum	1		
Grand total					

Required Delivery Date: 30 days after signing agreement	Offered Delivery Date:
Required Delivery Destination: Zalingei	Offered Delivery Destination:
Bid validity: 30 days	This Bid is valid for: _____ days

Vendor information

Company name:	Contact person:
Address:	Phone No:
	Email address:
A duly authorized company representative:	Title/Position:
Signature:	Date:

Please stamp this Bid Form with your Company Stamp