



KARACHI INSTITUTE OF HEART DISEASES

KARACHI METROPOLITAN CORPORATION

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



Subject: R.F.Q. Injectable Medicine at KIHD on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 607 /24

Date of Published: 07 / 11 /24

NTN/SRB No. _____

Date of Opening: 11 / 11 /24

Request for quotation procurement of following material/services for Karachi Institute of Heart Diseases, KMC. Income Tax will be deducted according to government rules.

Each quotation document can be collected from the Account Department, KIHD on submission of bank deposit receipt in favor of KIHD General Co. (A/c # HABB 0008787900473303) at HBL, payment of Rs. 300 (Non-Refundable). Same can also be download from KIHD website <https://www.kihd.edu.pk> would be paid at the time of submission of quotation.

Sealed envelope should reach in the office of the undersigned by at 12:30pm on date of opening.

The procuring agency reserve the right to ACCEPT or REJECT any or all offers as per SPPRA rules 2010 amended time to time.

Sr. #	Description or Specification	Quantity	Rate	Amount
01.	Inj. Nalbuphine 10mg	350 Nos.		
02.	Inj. Adrenaline 1 mg/ml	3500 Nos.		
03.	Inj. Atropine 1 mg	3500 Nos.		
04.	Inj. Dopamine 200 mg	60 Nos.		
05.	Inj. Dobutrex	50 Nos.		
06.	Inj. D/W 25%	70 Nos.		
07.	Inj. Isoket 10mg	140 Nos.		
08.	Inj. Ioptin	130 Nos.		
09.	Inj. Kinz	320 Nos.		
10.	Inj. Lasix 20mg	3700 Nos.		
11.	Inj. Levopved 8mg	60 Nos.		
12.	Inj. Lopressor 5mg	70 Nos.		
13.	Inj. Metaclozone 10mg	320 Nos.		
14.	Inj. Omeorazole 40mg	150 Nos.		
15.	Inj. Sodabicarb	30 Nos.		
16.	Inj. Tramadol	140 Nos.		
17.	Inj. Distal Water	450 Nos.		
Total Amount				

I, agree the condition mentioned below:

Signature of Contractor with Stamp

Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Note:

01. NTN and CNIC must be attached otherwise the quotation will be considered cancelled.
02. The total amount of the procurement will be accepted offering the lowest price.
03. Over-writing, cutting, erasing in the document should be avoided.
04. Conditional bids will not be considered.
05. Quotation on any other form will not be considered.


Executive Director
Karachi Institute of Heart Diseases

Copy to:

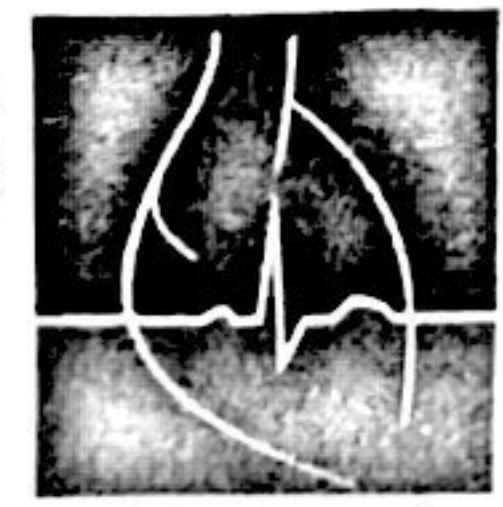
- Assistant Director Finance, KIHD
- Main Store, KIHD
- Notice Board



KARACHI INSTITUTE OF HEART DISEASES

KARACHI METROPOLITAN CORPORATION

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



Subject: R.F.Q. Oral Medicines & Disposables at KIHD on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 606 /24

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Sr. #	Description or Specification	Quantity	Rate	Amount
01.	Tab Disprin 300mg	1100 Nos.		
02.	Tab. Acetopril 25mg	1600 Nos.		
03.	Tab. Angisid	800 Nos.		
04.	Tab. Clopidogrel 75mg	1800 Nos.		
05.	Tab. Rousovastin 20mg	1300 Nos.		
06.	0.9 N/Saline 500ml	520 Nos.		
07.	0.9/Saline 1000 ml	520 Nos.		
08.	Cotton Bandage 6"	400 Nos.		
09.	Cotton Roll	110 Nos.		
10.	Drip Set	1050 Nos.		
11.	D/S 10 cc	900 Nos.		
12.	D/Syringe 5cc	2300 Nos.		
13.	ETT Tube 7.5	110 Nos.		
14.	Foleys Catheter 16"	150 Nos.		
15.	I/V Canula 22g	1000 Nos.		
16.	I/V Stopper	1000 Nos.		
17.	Paper Tape	150 Nos.		
18.	Plaster 4" Zinc	100 Nos.		
19.	Urine Bag	420 Nos.		
20.	Xylocine Jell	150 Nos.		
Total Amount				

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