For subsequent Qu...

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

No. : 370/VIII/2 11/03'04 Date : 9.6.'03

To
The Project Officer
IPP-VIII (Extn). SUDA

I am submitting herewith the indent of medicine etc. required for H.P. / Subhashpally. O.D. / M.H. for English Bazar Corporation / Municipality for (3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumable etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SU
1.	Antacid Tab.		18,000 Tab.	3000 Tab.	
2.	Bromhexine Tab.		8,000 Tab.	9,350 Tab.	
3.	Chlorpheniramine Maleate Tab.		5,500 Tab.	Nil.	
4.	Ferrous Sulphate Tab.		10,500 Tab.	Nil.	
5.	Folic Acid Tab.		9,500 Tab.	Nil.	
6.	Furazolidone Tab.		13,000 Tab.	Nil.	
7.	Mebendazole Tab.		9,000 Tab.	38,750 Exp. 9/03	

Expenditure incurred during the current financial year for purchase of medicine etc. :

1st Quarter :
2nd Quarter :
3rd Quarter : Nil
4th Quarter :

C.C.S.K.
H.P. Subhashpally (Kantamore)
IPP-VIII (Extn.) Project.
English Bazar Municipality
Malda

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

For

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

No.: 370/VIII-11/03-04 Date: 9.6.03

To,
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for HP. / CPU / ~~M.H.~~ Sukhashpally for English Bazar Corporation / Municipality for the 3rd quarter during the year 2003 - 2004 which may kindly be sanctioned duly.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity supplied by SUDA
8.	Metronidazole Tab.	13,000 Tab.	13,200 Tab.	
9.	ORS	14,000 Pouch	3000 Tab.	
10.	Oxyphenonium Bromide Tab.	3,200 Tab.	NIL	
11.	Paracitamol Tab.	10,000 Tab.	4,14,000 Expy. 3/04 Tab.	
12.	Sulphamethoxazole Tab.	9,000 Tab.	97,300 Expy. 3/04 Tab.	
13.	Antiseptic Lotion	70 Bottal	120 Expy 6/03 Bottal	
14.	Nitro-furazone Ointment Tube	580 Tube	980 Tube	Tube

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

No. : 378/VIII-11/03-04.

Date 9.6.03

The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the Indent of medicines required for H.P. / Subhashpally C.P.D. / MCH for English Bazar Corporation / Municipality for the quarter during [illegible] 20[illegible]. The same may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in hand	Quantity sanctioned by SUDA
15	Benzyl Benzoate Bottal	75 Bottles	118 Bottles	
16	Paracitamol Kid Tab.	12,000 Tab.		
17	Ibuprofen Tab.	20,000 Tab.		
18	Diazepam Tab.	18,000 Tab.		

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

A/c Lay.
C.C.S.K.
H.P. Subhashpally (Kaliachak)
IPP-VIII (Extn.) Project.
English Bazar Municipality
Malda.

For subsequent Qu...

OFFICE OF THE M... CHAIRMAN

English Bazar ... Municipality

No. : 370/VIII-11/03.04 Date : 9.6.03

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the ... of medicine etc. required for H.F. / S.D. / M.H. for English Bazar / Subhashpally ... Corporation / Municipality for (4th ... quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumable etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SI
1.	Antacid Tab.		18,000 Tab.	3000 Tab.	
2.	Bromhexine Tab.		8,000 Tab.	9,350 Tab.	
3.	Chlorpheniramine Maleate Tab.		5,500 Tab.	NIL	
4.	Ferrous Sulphate Tab.		10,500 Tab.	NIL	
5.	Folic Acid Tab.		9,500 Tab.	NIL	
6.	Furazolidone Tab.		13,000 Tab.	NIL	
7.	Mebendazole Tab.		9,000 Tab	38,760 Expy. 9/03	

Expenditure incurred during the ... financial year for purchase of medicine etc. ...

... Quarter
... Quarter
...

Yours faithfully,

Mayor Chairman
Municipal Corporation / Municipality

A lay.
C.C.S.K.
H.P. Subhashpally (Kanirmore)
IPP-VIII (Extn) Project.
English Bazar Municipality
Malda

For

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

No. : 370/(VIII)-11/03-04.2

Date : 9.6.03

To,
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of ~~medicine~~ etc required for H.P. / C.P.D. / M.H. for Subhashpally English Bazar Corporation / Municipality for the 4th quarter ~~during~~ the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
8.	Metronidazole Tab.	13,000 Tab.	13,200 Tab.	
9.	ORS	14,000 Packet	3000 Tab.	
10.	Oxyphenonium Bromide Tab.	3,200 Tab.	Nil.	
11.	Paracitamol Tab.	10,000 Tab.	4,14,000 Expy. 3/04 Tab.	
12.	Sulphamethoxazole Tab.	9,000 Tab.	97,300 Expy. 3/04 Tab.	
13.	Antiseptic Lotion	70 Bottal	180 Expy 6/03 Bottal	
14.	Nitro-furazone Ointment Tube	5,80 Tube	980 Tube	Tube

Yours faithfully,

Mayor / Chairman

Municipal Corporation / Municipality

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

No. : 970/VIII-11/03-04.

Date 9.6.03

The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc required for the Subhashpally C.H.C. / M.H. for English Bazar Corporation Municipality for the 4th quarter during the year 2003-04 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in Stock	Quantity sanctioned by SUDA
15.	Benzyl Benzoate Bottal	75 Bottles	118 Bottles	
16.	Paracitamol Kid Tab.	12,000 Tab.		
17.	Ibuprofen Tab.	20,000 Tab.		
18.	Diazepam Tab.	12,000 Tab.		

Yours faithfully,

A Ray.
C.C.S.K.
H.P. Subhashpally. (Kaliammore)
IPP-VIII (Extn.) Project.
English Bazar Municipality
Malda

Mayor / Chairman
Municipal Corporation / Municipality

OFFICE OF THE MAYOR / CHAIRMAN
Municipal Corporation / Municipality

English Bazar
Malda

MIES Officer
12.6.03

No. : 371/VIII-11/03.04

9.6.03

To
The Project Officer
IPP-VIII (Extn), SUDA

10 JUN 2003

Office of Asstt. 443

I am submitting herewith the indent of medicine etc required for H.P. / O.P.D. / M.H. for Burabaritala Municipal Corporation / Municipality for the 1st quarter during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
X 1.	Benzal Conium Chloride 2% Antiseptic Lotion	250 Bots 200ml	NIL	
(1) 2.	Antacid tab.	20000 Tabs	NIL	
*(3) 3.	Chlorpheniramine Maleate 4mg tabs.	5000 Tabs	NIL	
(10) 4.	Oxypherenium Bromide 5 mg tabs.	5000 Tabs	NIL	
X 5.	Nitrofurazone Skin Powder 10 gm. cont.	500 cont.	NIL	
(14) 6.	Vitamin B complex (Prophylactic) tabs.	7000	NIL	
13 7.	Povidone Iodine 5% Soln.	100 Bots	NIL	

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

From :—

Memo no 16/MED IND/02-03 dt. 17.05.03
H-P. Burabaritala
IPP-VIII (extn.) EBM, Malda.
Nayan Kumar Biswas
Clerk-cum-Store Keeper

For Initial Inv

OFFICE OF THE ~~MAYOR~~ / CHAIRMAN
English Bazar
~~Municipal Corporation~~ / Municipality
Malda

No. : 371/EM-II/03-04

Date : 05.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for H.P. / O.P.D. / M.H. for Bamanbuilata Municipal Corporation / Municipality for the IInd quarter during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Combined gastric antacid tab	20000 tabs	2000 tabs	
2.	Bromhexine Hydrochloride 8 mg. Tab	7000 tabs	2000 tab.	
3.	Ferrous Sulphate 60 mg. tab	10,000 tabs	NIL	
4.	Furazolidone-100 mg. tab	10,000 tab.	3030 tab	
5.	Sulpha methoxazole 100 mg & Trimethoprim 20 mg Kid tab	8000 tab.	NIL	
6.	Mebendazole-100 mg tab	6000 tab.	2000 tab	
7.	Paracetamol Kid tab	8000 tab.	NIL	

2nd Quarter
(Said Quantities are approx.)

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Letter Head ULB/sp-36

Memo no. 17/MEDIND/02-03 dt. 05.6.03
H.P. Bamanbuilata
IPP-VIII (extn.) EBM, Malda.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

Malda

No. : 371/VIII-11/03.04

Date : 09.06.'03

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for H.P. / O.P.D / M.H. for Burnburitala Municipal Corporation / Municipality for the 3rd quarter during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Combined Gastric Antacid Tab	20,000 tab	2000 tabs.	
2.	Chlorpheniramine maleate 4 mg Tab	5000 tab	NIL	
3.	ORS citrate	10,000 Pouch	3550	
4.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg contained tab	10,000 tab	225130 tab	
5.	Benzyle Benzoate application 500 ml bots 25%	1000 bots	4 Bots (500 ml)	
6.	Folic acid 5 mg tab	7000 tab.	9000 tabs	
7.	Nitrofurazone 0.2% (W/W) Skin Oint. 15 gm tube	2000 tubes	395 Tubes	

(1) (3) (9) (12) (4) (5) (15)

3rd Quarter
(Said quantities are approx.)

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Memo no 18/MEDIND/02-03 dt. 06.6.03
H.P. Burnburitala.
IPP-VIII (extn.) EBM, Malda.

OFFICE OF THE MAYOR / CHAIRMAN
English Bazar
Municipal Corporation / Municipality
Malda

No. : 371/VIII-11/'03.'04

Date : 09.06.'03

To
The Project Officer
IPP-VIII (Extn.), SUDA

I am submitting herewith the indent of medicine etc. required for H.P. / O.P.D. / M.H. for Burabaritala Municipal Corporation / Municipality for the 4th quarter during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Oxyphenonium Bromide 5mg Tab	1000 tabs	NIL	
2.	Chloramphenicol 1% Eye applicap	200 little pack	NIL	
3.	Phynyl RW 5-7	100 Bottles	NIL	
4.	Salbutamol 4 mg Tab	1000 tabs	NIL	
5.	Metronidazol Suspension	1000 Bottles	250 Bottles	
6.	Furazolidone "	1000 "	200 Bottles	
7.	Benzal Conium Lotion (antiseptic)	500 "	NIL	

4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Memo no. 19/MEDIND/02:03 dt. 6.6.03
H.P. Burabaritala
IPP-VIII (extn.) EE, SUDA, Malda.
6/6/03

MIDS. Mrcp(C)
12.6.03

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar ~~Municipal Corporation~~ / Municipality
Malda

No. : 369/VIII-11/03·04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
SLNO					
(1) ✓1.	Inj. Lignocaine ~~Hydrochloride~~ 2% ~~Without~~ Adrenaline		20 Vials	10 Vials	
(2) ✓2.	Anaesthetic Ether 500 ml Bottle		10 Bottles	NIL	
(3) ✓3.	Inj. Thiopentone Sodium 0·5 gm.		05 Amp.	NIL	
(4) ✓4.	Inj. Ketamine Hydrochloride 50 mg.		05 Amp.	50 Amp.	
(7) ✓5.	Inj. Lenthazocaine 30 mg.		50 Amp.	45 Amp.	
(8) ✓6.	Ibruprofen 200 mg. Tab.		150 Tablets	NIL	
(9) ✓7.	Inj. Diclofenac Sodium 25 mg/ml. 2 ml. Amp		150 Amp.	30 Amp.	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hindri
Lab. Technician cum Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R.M.O.
MATRI SADAN
E.B.M., Malda

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar ~~Municipal Corporation~~ / Municipality

Malda.

No. : 369/ VIII -11/ 03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F.~~ / ~~O.P.D~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
SL NO (10) 8.	Chlorpheniramine Maleate 4 mg. Tab.		50 Tablets	NIL	
(12) 9.	Inj Atropine Sulphate 0.6 mg.		15 Vials	NIL	
(13) 10.	Inj Diazepam 10 mg./Amp.		150 Amp.	NIL	
(14) 11.	Diazepam 5 mg. Tab. (Scored Tab.)		200 Tab.	NIL	
(15) 12.	Inj Metronidazole 100 ml. bottles.		300 Bottles.	NIL	
(20) 13.	Amoxycillin 125 mg. Kid Tablet		200 Tablets.	NIL	
(21) 14.	Inj Ampicillin Sodium 250mg. & Inj Cloxacillin 250 mg.		250 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

HDas

H[illegible]

Lab T[illegible]eeper
MATRI [illegible]anda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda.

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~I.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
(22) 15.	Ciprofloxacine Hydrochloride 500 mg Tab.		300 Tab.	NIL	
(23) 16.	Tab. Norfloxcin 400 mg. Scored Tab.		200 Tab.	NIL	
(24) 17.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap		500 Tab.	NIL	
(25) 18.	Inj. Gentamycin 80 mg/2 ml. vial		300 vials	NIL	
(26) 19.	Ferrous Sulphate 200 mg. Tab.		1,500 Tab.	NIL	
(27) 20.	Folic Acid 5 mg.		1,500 Tab.	NIL	
(28) 21.	Inj. Vit. K 10 mg/1 ml Amp		50 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri
Lab. Tech. & Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
SL No.					
29 ✓ 22.	Nifedipine 10 mg. Cap./Tab.		200 Tab.	NIL	
32 ✓ 23.	Cresol with Soap Solution 50% NFI-111		50 bottles.	NIL	
34 ✓ 24.	Alcoholic Solution of Iodine (NFI) 500 ml. Bott.		25 Bottles.	NIL	
(36) ✓ 25.	Iovidone Iodine 5% Solution		15 Bottles.	NIL	
(37) ✓ 26.	Frusemide 40 mg. Tab.		50 Tab.	NIL	
(38) ✓ 27.	Inj. Frusemide 20 mg./2 ml.		50 Amp.	NIL	
(40) ✓ 28.	Ranitidine 150 mg. Tab.		1,500 Tab	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab. Technician & Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar ~~Municipal Corporation~~ / Municipality

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
SLND					
41 ~~29.~~	Metoclopramide 10 mg. Tab.		250 Tab.	NIL	
42 ~~30.~~	Inj. Metoclopramide 10 mg./2 ml. Amp.		50 Amp.	NIL	
43 ~~31.~~	Inj. Dexamethasone Sodium Phosphate 8 mg./2 ml. Vial		25 vial.	NIL	
44 ~~32.~~	Prednisolone 5 mg. Tab.		250 Tab.	NIL	
46 ~~33.~~	Inj. Synthetic Oxytocin 5 units/ml.		550 Amp.	NIL	
47 ~~34.~~	Theophyline derivative Tab. 100 mg.		150 Tab.	NIL	
48 ~~35.~~	Salbutamol 2 mg. Tab.		150 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri
Lab. Tech. [illegible] e-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B M. Malda

Enforcement Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

~~Municipal Corporation~~ / Municipality

English Bazar

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
50	36. Ringers Lactate Solution with Infusion Set		200 Bottles	NIL	
51	37. Inj. Dextrose 10% (560 Mosm/L Hypertonic)		20 Bottles	NIL	
53	38. Inj. Sodium Bicarbonate 7.5% 10ml Amp.		20 Bottles	NIL	
54	39. Sterile Water for Injection (Pyrogen free)		50 Vials	NIL	
56	40. Liq. Paraffin (Heavy)		10 Bottles	NIL	
57	41. Ergometrine Maleate 0.2 mg. Tab.		500 Tab.	NIL	
58	42. Bromhexine Hydrochloride 8mg. Tab.		250 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab. Tech. cum Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA

R. M. O.
MATRI SADAN
E. B M., Malda

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
59	43. Theophyline derivative Inj.		150 Amp.	NIL	
60	44. Injection Adrenaline (1:1000)		15 Amp.	NIL	
61	45. Inj. Carbapentazo Methamine 250 mg. / ml.		25 vials.	NIL	
62	46. Inj. Hydrocortisone Hemisuccinate		25 vials.	NIL	
63	47. Hypertonic Darrow's Solution 540 ml bolyfark		25 Bottles	NIL	
65	48. Lavidone Iodine Skin ointment		10 Tubes	NIL	
67	49. Inj. Succinyl Chloride		5 vials	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab. Technician-cum-Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R.M.O.
MATRI SADAN
E.B.M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

~~English Bazar~~ ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for ~~English Bazar~~ Municipai ~~Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

SLNO

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
69	~~50.~~ Inj. Lanzulon 2 mg./Amp		10 vials	NIL	
70	~~51.~~ French chalk 500 gm./Pkt		20 Boxes	100 Boxes	
71	~~52.~~ Inj. Ergometrine Maleate 0.5 mg./ml. Amp		250 Amp.	NIL	
72	~~53.~~ Inj. Ranitidine 50 mg/2 ml Amp.		500 Amp.	NIL	
73	~~54.~~ Inj. Dicyclomine 10 mg./ml 2 ml Amp.		150 Amp.	NIL	
74	~~55.~~ Tab. Dicyclomine 10 mg. Tab.		250 Tab.	NIL	
75	~~56.~~ Inj. Mephentine 15 mg./ml. Amp.		05 Amps	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab Technician-cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R.M.O.
MATRI SADAN
E.P.M., Malda.

For Achievement Quarterly Im.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for Englishbazar Municipal ~~Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
SL NO 77	57. Inj. Dopamine ~~Hydrochloride~~ 200 mg/5 ml. Amp.		05 Vials	NIL	
78	58. Inj. Lignocaine ~~Hydrochloride~~ Heavy 2 ml Amp.		50 Amp.	NIL	
79	59. Inj. Cefotaxim 500 mg. Vial		500 Vials.	NIL	
80	60. Lignocaine ~~Hydrochloride~~ Jelly 2% 20 gm Tubes.		15 Tubes	NIL	
xxx	61. Cotton Absorbent in Packet of 100 gm.		500 Piece	NIL	
	62. Adhesive Plaster in Roll of 5cm x 10 M each.		05 Rolls	NIL	
	63. Absorbent Gauge 10 Pcs of 10 Cm x 10 Cm in poly pack		500 Pieces	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. ~~2nd~~ Quarter
3. 3rd Quarter
4. 4th Quarter

xxx SL no 61-73 not in under M.H. list.

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

75, 68, 66, 64 55 49 45 39, 35, 33, 31, 30 19, 18, 17, 16, 11, 10, 6, 5, 1

Himadri Das
Lab. Tech. cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. R. M., Malda.

For subsequent Quarterly Ind...

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda.

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
64.	Gauge Than		25 Packets	NIL	
65.	20 c.c Syringe Glass van		05 Pieces	NIL	
66.	Gloves 6½ No. 7 No. 7½ No.		4 Boxes in each Size	NIL	
67.	Corrogated Rubber Sheet		05 Pieces	NIL	
68.	Bandage Roller 6"		05 Packets	NIL	
69.	Bandage Roller 4"		05 Packets	NIL	
70.	Surgical Blade No. 10, 23, 24		10 Packets in each Size	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab Tech [illegible]-Keeper
MATRI SADAN, Vivekananda Pally
M A L D A.

R. M. O.
MATRI SADAN
E. B. M., Malda

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality
Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
71.	Sterilising Drum		6 Pieces	Nil	
72.	Stethoscope		4 Pieces	Nil	
73.	L.L. Needle 18 No. 19 No. 20 No. 21 No. 22 No. 23 No.		3 Pieces in each Size	Nil	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Lab. Technician
MATRI SADAN
MALDA

R. M. O.
MATRI SADAN
E. B M., Malda.

4

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03.04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (2nd ~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Inj. Lignocaine Hydrochloride 2% Without Adrenaline		20 Vials	10 Vials	
2.	Anaesthetic Ether 500 ml Bottle		10 Bottles	NIL	
3.	Inj. Thiopentone Sodium 0.5 gm.		05 Amp.	NIL	
4.	Inj. Ketamine Hydrochloride 50 mg.		05 Amp.	50 Amp.	
5.	Inj. Pentazocaine 30 mg.		50 Amp.	45 Amp.	
6.	Ibuprofen 200 mg. Tab.		150 Tablets	NIL	
7.	Inj. Diclofenac Sodium 25 mg/ml. 2 ml. Amp		150 Amp.	30 Amp.	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hiranidri Das
Lab. Technician-cum-Sweeper
MATRI Sadan, Vivekananda Pally
MALDA.

R.M.O.
MATRI SADAN
MALDA

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar / Municipality

Malda.

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for EnglishBazar ~~Municipal~~ ~~Corporation~~ / Municipality for (2nd ~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
8.	Chlorpheniramine Maleate 4 mg. Tab.		50 Tablets	NIL	
9.	Inj Atropine Sulphate 0.6 mg.		15 Vials	NIL	
10.	Inj Diazepam 10 mg./Amp.		150 Amp.	NIL	
11.	Diazepam 5 mg. Tab. (Scored Tab.)		200 Tab.	NIL	
12.	Inj Metronidazole 100 ml. bottles.		300 Bottles.	NIL	
13.	Amoxycillin 125 mg. Kid Tablet		200 Tablets.	NIL	
14.	Inj. Ampicillin Sodium 250mg. & Inj. Cloxacillin 250 mg.		250 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Laboratory Technician
MALDA

R. M. O.
MATRI SADAN
E B M, Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04

Date : 3.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ 2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
15.	Ciprofloxacine Hydrochloride 500 mg Tab.		300 Tab.	NIL	
16.	Tab. Norfloxcin 400 mg. Scored Tab.		200 Tab.	NIL	
17.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap		500 Tab.	NIL	
18.	Inj. Ceftazoxime 80 mg/2 ml. vial		300 vials	NIL	
19.	Fexofenadine Sulphate 200 mg. Tab.		1,500 Tab.	NIL	
20.	Folic Acid 5 mg.		1,500 Tab.	NIL	
21.	Inj. Vit. K 10 mg/1 ml Amp		50 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirandri
Lab. Technician-cum-Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/ VIII -11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
22.	Nifedipine 10 mg. Cap./Tab.		200 Tab.	NIL	
23.	Cresol with Soap Solution 50% NFI-III		50 Bottles.	NIL	
24.	Alcoholic Solution of Iodine (NFI) 500 ml. Bott.		25 Bottles.	NIL	
25.	Povidone Iodine 5% Solution		15 Bottles.	NIL	
26.	Frusemide 40 mg. Tab.		50 Tab.	NIL	
27.	Inj. Frusemide 20 mg./2 ml.		50 Amp.	NIL	
28.	Ranitidine 150 mg. Tab.		1,500 Tab	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab.T[illegible] Keeper
MATRI [illegible] Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar Municipal Corporation / Municipality

No. : 369/AIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (2nd ~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
29.	Metoclopramide 10 mg. Tab.		250 Tab.	NIL	
30.	Inj. Metoclopramide 10 mg./2ml. Amp.		50 Amp.	NIL	
31.	Inj. Dexamethasone Sodium Phosphate 8mg./2ml. Vial		25 vial.	NIL	
32.	Prednisolone 5 mg. Tab.		250 Tab.	NIL	
33.	Inj. Synthetic Oxytocin 5 units/ml.		550 Amp.	NIL	
34.	Theophyline derivative Tab. 100 mg.		150 Tab.	NIL	
35.	Salbutamol 2 mg. Tab.		150 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Technician-cum-Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

EnglishBazar
Malda

No. : 369/VIII-11/03-04 Date : 23.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ 2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
36.	Ringers Lactate Solution with Infusion Set		200 Bottles	NIL	
37.	Inj. Dextrose 10% (560 Hosm/L Hypertonic)		20 Bottles	NIL	
38.	Inj. Sodium Bicarbonate 7.5% 10ml Amp		20 Bottles	NIL	
39.	Sterile Water for Injection (Pyrogen free)		50 vials	NIL	
40.	Liq. Paraffin (Heavy)		10 Bottles	NIL	
41.	Ergometrine Maleate 0.2 mg. Tab.		500 Tab.	NIL	
42.	Bromhexine Hydrochloride 8mg. Tab.		250 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirendri [illegible]
Lab. Technician-cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

OFFICE OF THE [illegible]

EnglishBazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
43.	Theophyline derivative Inj.		150 Amp.	NIL	
44.	Injection Adrenaline (1:1000)		15 Amp.	NIL	
45.	Inj. Carboprostro Methamine 250 mg. / ml.		25 vials.	NIL	
46.	Inj. Hydrocortisone Hemisuccinate		25 vials.	NIL	
47.	Hypertonic Darrow's Solution 540 ml Polypack		25 Bottles	NIL	
48.	Lovidone Iodine Skin ointment		10 Tubes	NIL	
49.	Inj. Succinyl Chloride		5 vials	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab-Tech[illegible] cum Storekeeper
MATRI [illegible], Nityananda Pally
MALDA.

R.M.O.
MATRI SADAN
E.B.M., Malda.

For [illegible] Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar Municipal ~~Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
50.	Inj. Pancuronium 2 mg. / Amp		10 vials	NIL	
51.	french chalk 500 gm. / Pkt		20 Boxes	100 Boxes	
52.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp		250 Amp.	NIL	
53.	Inj. Ranitidine 50 mg / 2 ml Amp.		500 Amp.	NIL	
54.	Inj. Dicyclomine 10 mg. / ml 2 ml Amp.		150 Amp.	NIL	
55.	Tab. Dicyclomine 10 mg. Tab.		250 Tab.	NIL	
56.	Inj. Mephentine 15 mg. / ml. Amp.		05 Amps.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab T[illegible] cum Store-Keeper
MATRI [illegible] Vivekananda Pally
MALDA.

R.M.O.
MATRI [illegible]AN
E. B. M., Malda.

English Bazar
Malda

No. : 369/VIII-11/03-04

Date : 26.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar Municipal ~~Corporation~~ / Municipality for (2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
57.	Inj. Dopamine Hydrochloride 200 mg/5ml. Amp.		05 Vials.	NIL	
58.	Inj. Lignocaine Hydrochloride Heavy 2 ml Amp.		50 Amp.	NIL	
59.	Inj. Cefotaxim 500 mg. Vial		500 Vials.	NIL	
60.	Lignocaine Hydrochloride Jelly 2% 20 gm Tubes.		15 Tubes	NIL	
61.	Cotton Absorbent in Packet of 100 gms.		500 Pieces.	NIL	
62.	Adhesive Plaster in Reel of 5cm x 10 M. each.		05 Boxes	NIL	
63.	Absorbent Gauge 16 Ps of 10 cm x 10 cm in poly pack		500 Pieces	NIL	

XXX

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

XXX - SL NO 61 - 73 not in Under M.H. list.

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirendri Das
Lab Technician Store-Keeper
MALDA.

R. M. O.
MALDA SADAN
MALDA

English Bazar
Malda.

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
64.	Gauge Than		25 Packets	NIL	
65.	20 c.c Syringe Glass vam		05 Pieces	NIL	
66.	Gloves 6½ No. 7 No. 7½ No.		4 Boxes in each Size	NIL	
67.	corrogated Rubber Sheet		05 Pieces	NIL	
68.	Bandage Roller 6"		05 Packets	NIL	
69.	Bandage Roller 4"		05 Packets	NIL	
70.	Surgical Blade No 10, 23, 24		10 Packets in each Size	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Lab Technician-cum-Store-Keeper
MATRI SADAN, English Bazar Polly
M A L D A.

R. M. O.
MATRI SADAN
E. B. M., Malda

OFFICE OF THE MAYOR / CHAIRMAN
Municipal Corporation / Municipality

English Bazar
Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
71.	Sterilising Drum		6 Pieces	Nil	
72.	Stethoscope		4 Pieces	Nil	
73.	L.P. Needle 18 No. 19 No. 20 No. 21 No. 22 No. 23 No.		3 Pieces in each Size	Nil	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

R. M. O.
MATRI SADAN
E B M., Malda

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03.04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ 3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Inj. Lignocaine Hydrochloride 2% Without Adrenaline		20 Vials	10 Vials	
2.	Anaesthetic Ether 500 ml Bottle		10 Bottles	NIL	
3.	Inj. Thiopentone Sodium 0.5 gm.		05 Amp.	NIL	
4.	Inj. Ketamine Hydrochloride 50 mg.		05 Amp.	50 Amp.	
5.	Inj. Pentazocaine 30 mg.		50 Amp.	45 Amp.	
6.	Ibuprofen 200 mg. Tab.		150 Tablets.	NIL	
7.	Inj. Diclofenac Sodium 25 mg/ml. 2 ml. Amp		150 Amp.	30 Amp.	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. ✓ 3rd Quarter 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Te[illegible] eeper
MATRI [illegible] Nanda Pally
MALDA.

R. M. O.
MATERNITY HOME
E. B. [illegible]

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar / Municipality

Malda.

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F.~~ / ~~O.I.C.~~ / M.H. for EnglishBazar ~~Municipal~~ ~~Corporation~~ / Municipality for (3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
8.	Chlorpheniramine Maleate 4 mg. Tab.		50 Tablets	NIL	
9.	Inj Atropine Sulphate 0.6 mg.		15 vials	NIL	
10.	Inj Diazepam 10 mg./Amp.		150 Amp.	NIL	
11.	Diazepam 5 mg. Tab. (Scored Tab.)		200 Tab.	NIL	
12.	Inj Metronidazole 100 ml. Bottles.		300 Bottles.	NIL	
13.	Amoxycillin 125 mg. Kid Tablet.		200 Tablets	NIL	
14.	Inj. Ampicillin Sodium 250mg. & Inj. Cloxacillin 250 mg.		250 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter ✓ 3rd Quarted
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Lab ... eeper
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda.

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~I.P. / O.P.D.~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
15.	Ciprofloxacine Hydrochloride 500 mg Tab.		300 Tab.	NIL	
16.	Tab. Norfloxcin 400 mg. Scored Tab.		200 Tab.	NIL	
17.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap		500 Tab.	NIL	
18.	Inj. Gentamycin 80 mg/2 ml. vial		300 Vials	NIL	
19.	Ferrous Sulphate 200 mg. Tab.		1,500 Tab.	NIL	
20.	Folic Acid 5 mg.		1,500 Tab.	NIL	
21.	Inj. Vit. K 10 mg/1 ml Amp		50 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Technician-cum-Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H/S + OPD~~ / M.U. for English Bazar ~~Municipal Corporation~~ / Municipality for (2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
22.	Nifedipine 10 mg. Cap./Tab.		200 Tab.	NIL	
23.	Cresol with Soap Solution 50% NFI-111		50 bottles.	NIL	
24.	Alcoholic Solution of Iodine (NFI) Sea ml. Bott.		25 Bottles.	NIL	
25.	Povidone Iodine 5% Solution		15 Bottles.	NIL	
26.	Frusemide 40 mg. Tab.		50 Tab.	NIL	
27.	Inj. Frusemide 20 mg./2 ml.		50 Amp.	NIL	
28.	Ranitidine 150 mg. Tab.		1,500 Tab	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. ✓ 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirendri [illegible]
Lab.T[illegible] Sweeper
MATRI[illegible] Vivekananda Pally
M A L D A.

R. [illegible]
MATRI SADAN
E B M, Malda

For 4th Quarter Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar Municipal Corporation / Municipality

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ 3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
29.	Metoclopramide 10 mg. Tab.		250 Tab.	NIL	
30.	Inj. Metoclopramide 10 mg./2 ml. Amp.		50 Amp.	NIL	
31.	Inj. Dexamethasone Sodium Phosphate 8 mg./2 ml. Vial		25 Vial.	NIL	
32.	Prednisolone 5 mg. Tab.		250 Tab.	NIL	
33.	Inj. Synthetic Oxytocin 5 units/ml.		550 Amp.	NIL	
34.	Theophyline derivative Tab. 100 mg.		150 Tab.	NIL	
35.	Salbutamol 2 mg. Tab.		150 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Technician-cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

EnglishBazar
Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ 2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
36.	Ringers Lactate Solution with Infusion Set		200 Bottles	NIL	
37.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)		20 Bottles	NIL	
38.	Inj. Sodium Bicarbonate 7.5% 10ml Amp.		20 Bottles	NIL	
39.	Sterile Water for Injection (Pyrogen free)		50 Vials	NIL	
40.	Liq. Paraffin (Heavy)		10 Bottles	NIL	
41.	Ergometrine Maleate 0.2 mg. Tab.		500 Tab.	NIL	
42.	Bromhexine Hydrochloride 8 mg. Tab.		250 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab. Technician-cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E B M, Malda

Office of the ~~Municipal Corporation~~ / Municipality

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
43.	Theophyline derivative Inj.		150 Amp.	NIL	
44.	Injection Adrenaline (1:1000)		15 Amp.	NIL	
45.	Inj. Carboprostro Methamine 250 mg. / ml.		25 vials.	NIL	
46.	Inj. Hydrocortisone Hemisuccinate		25 vials.	NIL	
47.	Hyperosmotic Darrow's Solution 540 ml Polypack		25 Bottles	NIL	
48.	Povidone Iodine Skin ointment		10 Tubes	NIL	
49.	Inj. Succinyl Chloride		5 vials	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab. Technician cum Sweeper
MATRI SADAN, Hemtabad Pally
MALDA.

R.M.O.
MATRI SADAN
E.B.M., Malda.

OFFICE OF The ~~Municipality~~ / Municipal Corporation / Municipality

~~English~~ Bazar, ~~Municipality~~ / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 3.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for ~~English~~ Bazar Municipal ~~Corporation~~ / Municipality for (~~1st~~ 2nd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
50.	Inj. Lowndon 2 mg./Amp		10 Vials	NIL	
51.	French chalK 500 gm./Pkt		20 Boxes	100 Boxes	
52.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp		250 Amp.	NIL	
53.	Inj. Ranitidine 50 mg/2 ml Amp.		500 Amp.	NIL	
54.	Inj. Dicyclomine 10 mg./ml 2 ml Amp.		150 Amp.	NIL	
55.	Tab. Dicyclomine 10 mg. Tab.		250 Tab.	NIL	
56.	Inj. Mephentine 15 mg./ml. Amp.		05 Amps	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirendra Das
Lab Technician-cum-Store-Keeper
MATRI SADAN
MALDA.

R.M.O.
MATRI SADAN
F.P.M., Malda.

Englishbazar

Malda

No. : 369/VIII -11/03-04

Date : 8.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for Englishbazar Municipal ~~Corporation~~ / Municipality for (3rd quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
57.	Inj. Dopamine Hydrochloride 200 mg/5ml Amp.		05 Vials.	NIL	
58.	Inj. Lignocaine Hydrochloride Heavy 2 ml Amp.		50 Amp.	NIL	
59.	Inj. Cefotaxime 500 mg Vial		500 Vials.	NIL	
60.	Lignocaine Hydrochloride Jelly 2% 20 gm Tubes		15 Tubes	NIL	
61.	Cotton Absorbent in Packet of 100 gms.		500 Pieces	NIL	
62.	Adhesive Plaster in Roll of 5cm x 10 M. each.		05 Boxes	NIL	
63.	Absorbent Gauge in Rolls of 10 cm x 10 cm in Poly Pack		500 Pieces	NIL	

xxx

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. ✓ 3rd Quarter 3rd Quarter.
4. 4th Quarter

xxx — SL NO 61 - 73 not under the M.H. Malda.

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirendri Das
Lab Technician-cum-Store-Keeper
MALDA.

R. M. O.
MALDA SADAR
MALDA

OFFICE OF THE [illegible]

English Bazar Municipality

Malda.

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
64.	Gauge Than		25 Packets	NIL	
65.	20 C.C. Syringe Glass Jam		05 pieces	NIL	
66.	Gloves 6½ No. 7 No. 7½ No.		4 Boxes in each Size	NIL	
67.	corrogated Rubber Sheet		05 pieces	NIL	
68.	Bandage Roller 6"		05 Packets	NIL	
69.	Bandage Roller 4"		05 Packets	NIL	
70.	Surgical Blade No. 10, 23, 24		10 Packets in each Size	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. ✓ 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hi[illegible] 2Days
Lab Te[illegible]-Keeper
MATRI [illegible]
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

OFFICE OF THE [illegible] / Municipal Corporation / Municipality

EnglishBazar
Malda

No. : 369/VIII-11/03-04

Date : 3.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
71.	Sterilising Drum		6 Pieces	Nil	
72.	Stethoscope		4 Pieces	Nil	
73.	L.P. Needle 18 No. 19 No. 20 No. 21 No. 22 No. Mala		3 Pieces in each Size	Nil	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

R. M. O.
MATRI SADAN
E. B. M., Malda

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN
EnglishBazar ~~Municipal Corporation~~ / Municipality
Malda

No. : 369/VIII-11/03.04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~4th~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
1.	Inj. Lignocaine Hydrochloride 2% Without Adrenaline		20 Vials	10 Vials	
2.	Anaesthetic Ether 500 ml Bottle		10 Bottles	NIL	
3.	Inj. Thiopentone Sodium 0.5 gm.		05 Amp.	NIL	
4.	Inj. Ketamine Hydrochloride 50 mg.		05 Amp.	50 Amp.	
5.	Inj. Pentazocaine 30 mg.		50 Amp.	45 Amp.	
6.	Ibuprofen 200 mg. Tab.		150 Tablets	NIL	
7.	Inj. Diclofenac Sodium 25mg/ml. 2 ml. Amp		150 Amp.	30 Amp.	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

HDas
Himadri [illegible]
Lab-T[illegible] Sweeper
MATE[illegible] Vivekananda Pally
MALDA.

R.M.O.
MATE[illegible]N
E[illegible]

For subsequent Quarterly Ins.

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar / Municipality

Malda.

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P.~~ / ~~O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (4th quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
8.	Chlorpheniramine Malate 4 mg. Tab.		50 Tablets.	NIL	
9.	Inj Atropine Sulphate 0.6 mg.		15 vials	NIL	
10.	Inj Diazepam 10 mg./Amp.		150 Amp.	NIL	
11.	Diazepam 5 mg. Tab. (Scored Tab.)		200 Tab.	NIL	
12.	Inj Metronidazole 100 ml. Bottles.		300 Bottles.	NIL	
13.	Amoxycillin 125 mg. Kid Tablet.		200 Tablets.	NIL	
14.	Inj. Ampicillin Sodium 250 mg. Inj. Cloxacillin 250 mg.		250 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

HDas

Lab ... eeper
MALDA.

R. M. O.
MALDA
E. B. M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

Englishbazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.F. / O.P.D.~~ / M.H. for Englishbazar ~~Municipal Corporation~~ / Municipality for (~~3rd~~ 4th quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
16.	Ciprofloxacine Hydrochloride 500 mg Tab.		300 Tab.	NIL	
16.	Tab. Norfloxcin 400 mg. Scored Tab.		200 Tab.	NIL	
17.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap		500 Tab.	NIL	
18.	Inj. Gentamycin 80 mg/2 ml. vial		300 vials	NIL	
19.	ferrous Sulphate 200 mg. Tab.		1,500 Tab.	NIL	
20.	Folic Acid 5 mg.		1,500 Tab.	NIL	
21.	Inj. vit. K 10 mg/1 ml Amp		50 Amp.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hindri
Lab. Technician-cum-Storekeeper
MATRI Sadan, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B M., Malda.

For subsequent Quarterly Ind.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Malda

No. : 389/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal~~ ~~Corporation~~ / Municipality for (~~4th~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
22.	Nifedipine 10 mg. Cap./Tab.		200 Tab.	NIL	
23.	Cresol with Soap Solution 50% NFI-111		50 bottles.	NIL	
24.	Alcoholic Solution of Iodine (NFI) 500 ml. Bott.		25 Bottles.	NIL	
25.	Iovidone Iodine 5% Solution		15 Bottles.	NIL	
26.	Frusemide 40 mg. Tab.		50 Tab.	NIL	
27.	Inj. Fursemide 20 mg./2 ml.		50 Amp.	NIL	
28.	Ranitidine 150 mg. Tab.		1,500 Tab	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hirandri [illegible]
Lab. Technician cum Storekeeper
MATRI [illegible], Vivekananda Pally
M A L D A.

R. M. O.
MATRI SADAN
E B M, Malda

OFFICE OF THE MAYOR / CHAIRMAN

EnglishBazar Municipal Corporation / Municipality

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~4th~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
29.	Metoclopramide 10 mg. Tab.		250 Tab.	NIL	
30.	Inj. Metoclopramide 10 mg./2 ml. Amp.		50 Amp.	NIL	
31.	Inj. Dexamethasone Sodium Phosphate 8 mg./2 ml. Vial		25 vial.	NIL	
32.	Prednisolone 5 mg. Tab.		250 Tab.	NIL	
33.	Inj. Synthetic Oxytocin 5 units/ml.		550 Amp.	NIL	
34.	Theophyline derivative Tab. 100 mg.		150 Tab.	NIL	
35.	Salbutamol 2 mg. Tab.		150 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Tech[illegible] e-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

EnglishBazar
Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for EnglishBazar ~~Municipal Corporation~~ / Municipality for (~~1st~~ quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
36.	Ringers Lactate Solution with Infusion Set		200 Bottles	NIL	
37.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)		20 Bottles	NIL	
38.	Inj. Sodium Bicarbonate 7.5% 10ml Amp		20 Bottles	NIL	
39.	Sterile Water for Injection (Pyrogen free)		50 vials	NIL	
40.	Liq. Paraffin (Heavy)		10 Bottles	NIL	
41.	Ergometrine Maleate 0.2 mg. Tab.		500 Tab.	NIL	
42.	Bromhexine Hydrochloride 8mg. Tab.		250 Tab.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Hiranadri Das
Lab. Technician-cum-Storekeeper
MATRI SADAN, Vivekananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M., Malda

OFFICE OF The [illegible] / Municipality

English Bazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
43.	Theophyline derivative Inj.		150 Amp.	NIL	
44.	Injection Adrenaline (1:1000)		15 Amp.	NIL	
45.	Inj. Carboprostro Methamine 250 mg./ml		25 vials.	NIL	
46.	Inj. Hydrocortisone Hemisuccinate		25 Vials.	NIL	
47.	Hypertonic Darrow's Solution 540 ml Polypack		25 Bottles	NIL	
48.	Povidone Iodine Skin ointment		10 Tubes	NIL	
49.	Inj. Succinyl Chloride		5 Vials	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri [illegible]
Lab. Technician cum Storekeeper
MATRI [illegible] Malda Fally
MALDA.

R.M.O.
MATRI SADAN
E.D.M., Malda.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar ~~Municipal Corporation~~ / Municipality

Maldaa

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar Municipal ~~Corporation~~ / Municipality for (4th quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
50.	Inj. Lorazepam 2 mg./Amp.		10 Vials	NIL	
51.	French chalk 500 gm./Pkt		20 Boxes	100 Boxes	
52.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp		250 Amp.	NIL	
53.	Inj. Ranitidine 50 mg/2 ml Amp.		500 Amp.	NIL	
54.	Inj. Dicyclomine 10 mg./ml 2 ml Amp.		150 Amp.	NIL	
55.	Tab. Dicyclomine 10 mg. Tab.		250 Tab.	NIL	
56.	Inj. Mephentine 15 mg./ml. Amp.		05 Amps.	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab T... Store-Keeper
MATRI... Vivekananda Pally
MALDA.

R.M.O.
MATRI SADAN
E.P.M. Malda.

OFFICE OF THE MAYOR / CHAIRMAN

English Bazar Municipal Corporation / Municipality

Malda

No. : 369/VIII-II/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar Municipal ~~Corporation~~ / Municipality for (4th quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
57.	Inj. Dopamine Hydrochloride 200 mg/5ml. Amp.		05 Vials	NIL	
58.	Inj. Lignocaine Hydrochloride Heavy 2 ml Amp.		50 Amp.	NIL	
59.	Inj. Cefotaxim 500 mg Vial		500 Vials.	NIL	
60.	Lignocaine Hydrochloride Jelly 2% 20 gm Tubes		15 Tubes	NIL	
61.	Cotton Absorbent in Packet of 100 gms.		500 Pieces.	NIL	
62.	Adhesive Plaster in Reel of 5cm x 10 M each.		05 Boxes	NIL	
63.	Absorbent Gauge 10 Pcs of 10 cm x 10 cm in Poly Pack		500 Pieces	NIL	

xxx

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter - 4th Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

Himadri Das
Lab T... Store-Keeper
MA... ...ananda Pally
MALDA.

R. M. O.
MATRI SADAN
E. B. M... Malda.

OFFICE OF THE MAYOR / CHAIRMAN
English Bazar Municipal Corporation / Municipality
Malda.

No. : 369/VIII-11/03-04 Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D.~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
64.	Gauge Than		25 Packets	NIL	
65.	20 c.c. Syringe Glass [illegible]		05 Pieces	NIL	
66.	Gloves 6½ No. 7 No. 7½ No.		4 Boxes in each Size	NIL	
67.	Corrogated Rubber Sheet		05 Pieces	NIL	
68.	Bandage Roller 6"		05 Packets	NIL	
69.	Bandage Roller 4"		05 Packets	NIL	
70.	Surgical Blade No. 10, 23, 24		10 Packets in each Size	NIL	

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

R. M. O.
MATRI SADAN
E. B. M., Malda

Lab Technician-cum-Store-Keeper
MATRI SADAN, Vivekananda Pally
MALDA.

English Bazar
Malda

No. : 369/VIII-11/03-04

Date : 9.6.2003

To
The Project Officer
IPP-VIII (Extn), SUDA

I am submitting herewith the indent of medicine etc. required for ~~H.P. / O.P.D~~ / M.H. for English Bazar ~~Municipal Corporation~~ / Municipality for (1st quarter) during the year 2003 - 2004 which may kindly be sanctioned early.

Sl. No.	Name of Medicine / Consumables etc.	Quantity purchased in previous quarter	Quantity required for the Qtr.	Quantity in stock	Quantity sanctioned by SUDA
71.	Sterilising Drum		6 Pieces	Nil	
72.	Stethoscope		4 Pieces	Nil	
73.	L.L. Needle 18 No. 19 No. 20 No. 21 No. 22 No. 23 No.		3 Pieces in each Size	Nil	

xxx SL NO - 61 - 73 not in Under M.H. list.

Expenditure incurred during the current financial year for purchase of medicine etc. :-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
Municipal Corporation / Municipality

R. M. O.
MATRI SADAN
E. B. M., Malda

IPP-VIII(Extn)
Raiganj Municipality.

Memo No: 374 /IPP-VIII(Extn)RM Dated: 26-05-03

From;
The Chairman
Raiganj Municipality

To; The project Officer
IPP-VIII(Extn) SUDA.

Office of Advisor 425 3 JUN 2003

I am submitteng herewith the indent of Medicine etc. Required for OPD for Raiganj Municipality for 1st quarterduring the year 2003-2004 which may kindly be sanctioned early.

SL NO.	Name of the Medicine	Quentity required for the quarter	Quentity in stock	Quentity Sanctioned by by SUDA
1.	Tab. Ferrous sulp (coated) 60 mg.	8000	Nil	
2.	do Metronidazole 200mg. (Not in OPD)	14,000	Nil	
3.	do Sulp.100mg &Trime.20mg.	8000	Nil	
4.	do Vitamin 'B' Complex.	24,000	Nil	
5.	do Amoxycillin 250 mg.	12000	2,000	
6.	do Amoxycillin 125mg.	8000	Nil	
7.	do Norfloxacin 400mg	8000	Nil	
8.	do Erythromycin 250 mg	8000	Nil	
9.	do Ranitidine 150 mg.	12,000	Nil	
10.	do oxyphenonium Bromide	4000	Nil	
11.	do Ibuprofen 400mg.	10000	Nil	
12.	Metronidazole 400mg. (Not in OPD)	24,000	Nil	

X:- Not in O.P.D. List.

Chairman
Raiganj Municipality.

26/5/03 26.5.03

IPP-VIII(Extn)

RAIGANJ MUNICIPALITY

RAIGANJ, UTTAR DINAJPUR, W.B.

Memo No: 375 /IPP-VIII(Extn)R.M. Dated: 26-05-03

From; The Chairman,
Raiganj Municipality.

TO; The project officer
IPP-VIII(Extn) SUDA.

I am submitting herewith the indent of Medicine etc.required for H.P. for Raiganj Municipality for 1st quarter during the year 2003-2004 which may kindly be sanctioned early.

Sl. No.	Name of the Medicine	Quentity required for the quarter	Quentity in stock	Quentity sanctioned by SUDA
1.	Tab.Ferrous Sulp. (coated)60mg (4)	42,000	Nil	
2.	do Metronidazole 200mg (8)	36000	Nil	
3.	do Sulp.100mg & Trime.20mg (22)	12,000	Nil	
4.	do Vita B Comx (25)	36,000	Nil	
X 5.	do Amoxycillin 250mg	18,000	3,000	
X 6.	do Amoxycillin 125mg	12,000	Nil	
X 7.	do Norfloxacine 400mg	42,000	Nil	
X 8.	do Erythromycine 250mg	12,000	Nil	
X 9.	do Ranitidine 150mg	18,000	Nil	
X 10.	do Ibuprofen 400mg	30,000	Nil	
X 11.	do Oxyphenonium Bromide	8,000	Nil	
X 12.	do Metronidazole 400mg	36,000	Nil	

X - Not in H.P. list.

Chairman
Raiganj Municipality.

26/5/03

26.5.03

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"
H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

SUDA-15/98(Pt-VI)/ **24.04.2003**

Ref No. Date .....

From : Project Officer
IPP-VIII (Extn), SUDA

To : The Mayor / Chairperson,

---------- MC / Municipality

Sub : Procurement of Medicine & Medico Surgical Requisites (MSR) for HPs, O.P.Ds. and MHs created under IPP-VIII (Extn)

Sir / Madam,

As per decision of the Competent Authority, the procurement of Medicines & MSR required for HP, O.P.D. and MH under IPP-VIII (Extn) - O & M has been decentralized and local bodies have been authorized to procure the Medicines & MSR of required quantities with the approval from this end with effect from this current financial year (2003-2004) onwards. The fund so incurred for purchase, will be reimbursed by Health Wing, SUDA.

The lists of approved medicines for HP, O.P.D. and MH are enclosed for your kind perusal. The procurement is to be done on quarterly basis for the requirement on the basis of balance held in stock for different items of medicines & MSR in respect of your Municipal Corporations / Municipality.

You are requested kindly to forward your indents as per proforma enclosed separately for HP, O.P.D. and MH. Procurement should be made on having approval from this end remaining within the financial limit as will be sanctioned.

The purchase should be made at the CMS approved rates / prevailing hospitals rates as applicable to Government Institutions and taxes applicable, from the CMS approved firms or from their authorized distributors or in case the drugs / medicines from CMS approved firms are not available and in emergency, by inviting local tenders / quotations and observing financial formalities of the Government of West Bengal. The firm should be asked to supply the drugs / medicines etc. alongwith analytical test certificate for every batch of each item. After the purchase, claim for reimbursement should be submitted to this office.

The following documents should be furnished alongwith your claim for arranging reimbursement.

a) Photocopy of the bills passed for payment by the Mayor / Chairman (in duplicate)

Contd. to P-2.

Tel/Fax No.: 359-3184

b) Photocopy of the receipted challan (in duplicate) with stock entry certificate endorsed thereon duly attested by the Health Officer / Finance Officer / Executive Officer.
c) Photocopy of the supply order issued by your municipality to the firm duly endorsed to the Project Officer, IPP-VIII (Extn), SUDA and attested by the Mayor / Chairman / Finance Officer / Executive Officer / Health Officer.
d) In case of purchase at the prevailing hospital rate applicable to Government Institutions, or by local tenders / quotations observing financial formalities of the State Government, a comparative statement of rates offered showing accepted rates duly authenticated by the Mayor / Chairman / Finance Officer / Health Officer.

The following certificate from the Mayor / Chairman should be endorsed on the body of the bill/Challan :

1) That the items of medicines etc. have been procured as per specifications of drug schedules which are well within the expiry period and within the sanctioned quantities accorded by the Competent Authority, SUDA (on the bill).
2) That drug test certificate on standard quality of each item purchased have been furnished by the supplying firm (on the bill).
3) That the items of medicines etc. have been received in full and in good condition and have been entered in the relevant stock ledgers of the H.P., O.P.D. and M.H. _____ Municipality vide page no. _____ ledger no. _____ (on the challan).
4) That the items have been procured after observing financial formalities of the State Government (on the bill).

Yours faithfully

Enclo. : As above.

Project Officer

SUDA-15/98(Pt-VI)/ **24.04.2003**

CC

The Project Director, IPP-VIII (Extn) _____ MC / Municipality

Project Officer

SUDA-15/98(Pt-VI)/ **24.04.2003**

CC

Health Officer _____ MC / Municipality.
F.O. Health Wing, SUDA.
MIES Officer, Health Wing, SUDA

Project Officer

LIST OF DRUGS & CHEMICALS FOR USE IN OPD UNDER IPP-VIII (Extn)
DURING POST PROJECT PERIOD

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrocholoride 2% without Adrenaline
2.	Inj. Lignocaine Hydrocholoride 2% with Adrenaline (1 I.U 1000.000)
3.	Paracetamol 500 mg. Tab.
4.	Paracetamol kid Tab.
5.	Ibuprofen 200 mg. Tab.
6.	Diclofenae 50 mg. Tab.
7.	Chlorpheniramine Maleate 4 mg.
8.	Promethazine Elixir 5 mg. / 5 ml.
9.	Diazepam 5 mg. Tab. (Scored Tab)
10.	Metronidazole Suspension 25 mg. / 5 ml.
11.	Inj. Atropine Sulphate 0.6 mg. / 5 ml.
12.	Folic Acid 5 mg. Tab.
13.	Furazolidone 100 mg. Tab.
14.	Furazolidone Suspension 25 mg. / 5 ml.
15.	Sulphamethoxazole 800 mg. & Trimethoprim 160 mg. combined Tab.
16.	Sulphamethoxazole 100 mg. & Trimethoprim 20 mg. combined Tab.
17.	Amoxycillin 250 mg. Cap. / Tab.
18.	Amoxycillin 125 mg. Kid Tab.
19.	Ciprofloxacine Hydrochloride 500 mg. Tab.
20.	Tab. Norfloxacin 400 mg. (Scored Tab.)
21.	Erythromycin 250 mg. Tab.
22.	Erythromycin granules equivalent to Erythromycin base 100 - 125 mg. / 5 ml. Reconstituted.
23.	Chloramphenicol 1% Eye aplicap.
24.	Choramphenicol 1% otic solution (sterile)
25.	Cloxacillin, I.P. / B.P. 250 mg. + Ampicillin 250 mg. Cap.
26.	Mebendazole 100 mg. Tab.
27.	Pyrantel I.P. 10 ml
28.	Albendazole 100 mg (scored)
29.	Diethyl carbamazine citrate 50 mg. Tab.
30.	Clotrimazole Ointment

Contd. to P- 2.

Sl. No.	Name of items of Drugs / Chemicals
31.	Clotrimazole vaginal Tab.
32.	Ferrous Sulphate 60 mg. coated Tab.
33.	Atenolol 50 mg. Tab.
34.	Isosorbide dinitrate 10 mg.
35.	Nifedipine 10 mg. Cap. / Tab.
36.	Miconazole Oint / Cream 2% in Tube pack
37.	Benzoic Acid and Salicylic Acid (6% + 3%) Ointment in tube
38.	Silver Sulphadiazine 1% Cream
39.	Potassium permanganate crystal
40.	Benzyl Benzoate I.P. 500 ml. Bot.
41.	Antiseptic lotion (2% Benzal Konium Chloride)
42.	Cresol with soap solution 50% NFH-III / I.P.
43.	Phenyl Liquid (RW 5-7) (I.S.I.) Mark
44.	Gentian Violet
45.	Mercurochrome
46.	Combined Gastric Antacid Tab. Containing Aluminium hydroxide and Magnesium hydroxide, total salts being bot less than 500 mg.
47.	Famotidine 20 mg. Tab.
48.	Ranitidine 150 mg. Tab.
49.	Metoclopramide 10 mg. Tab.
50.	Oxyphenonium Bromide 5 mg. I.P. Tab.
51.	Dexamethasone 0.5 mg. Tab.
52.	Inj. Dexamethasone sodium phosphate 8 mg. / 2 ml. vial.
53.	Chloramphenicol with corticosteroid Eye drops 5 ml. Phial
54.	Prednisolone 5 mg. Tab.
55.	Ethinyl Oestradiol 0.5 mg. Tab.
56.	Livothyroxin Sodium Tab. (0.1 mg)
57.	Atropine Sulphate Eye Ointment 1%
58.	Homatropine Hydrobromide 2% Eye drops
59.	Tetracycline 1% Eye Ointment
60.	Sulphaectamide Sodium 10% drops
61.	Ergometrine Maleate 0.2 mg. Tab.
62.	Theophylline Derivative (Single active ingredient) Tab.

Contd. to P-3.

Sl. No.	Name of items of Drugs / Chemicals
63.	Salbutamol Syrup 2 mg. / 5 ml.
64.	Salbutamol 4 mg. Tab. (as Sulphate)
65.	Oral rehydration salt I.P. as power for reconstitution containing Sodium Choloride 3.5 gm, Potasium Chloride 1.5 mg. Glucose 20 gm & Trisodium citrate dehydrant 2.9 gm (Total quality per packet 27.9 gm.)
66.	Vit. B-Complex (Prophylactic N.F.I. - III) Tab.
67.	Ascorbic Acid 500 mg. Tab.
68.	French Chalk
69.	Liquid paraffin (Light)
70.	Inj. Diazepam 10 mg. / Amp.
71.	Nitrofurazone Skin Powder
72.	Bromhexine Hydrochloride 8 mg. Tab.
73.	Cloxacillin & Amoxycillin Tab. 125 mg each
74.	Povidone Iodine skin oint 15 gm. Table
75.	Xylocaine Tropical Drop 4 % (Anaesthetic)
76.	Pilocarpine Eye Drop
77.	Norfloxacin Eye Drop 0.3 %
78.	Tab Dicyclomin 10 mg Tab
79.	Glibenclamide 5 mg Tab
80.	Amlodipine 5 mg. Tab

LIST OF DRUGS & CHEMICALS FOR USE IN H.P. UNDER IPP-VIII (Extn)
DURING POST PROJECT PERIOD

Sl. No.	Name of items of Drugs / Chemicals
1.	Combined gastric Antacid Tab. Containing Alluminium Hydroxide and Magnesium Hydroxide, total salt not less then 500 mg.
2.	Bromhexine Hydrochloride 8 mg. Tab.
3.	Chlorpheniramine maleate 4 mg. Tab.
4.	Ferrous Sulphate (Coated) 60 mg. Tab.
5.	Folic Acid 5 mg. Tab.
6.	Furazolidone - 100 mg. Tab.
7.	Mebendazole - 100 mg. Tab.
8.	Metronidazole (Film coated) - 200 mg. Tab.
9.	ORS Citrate - each sachet of 27.9 gm. Containing - Sodium Chloride 3.5 gm. Dextrose - 20 gm. Pot. Chloride - 1.5 gm. Sodium citrate - 2.9 gm.
10.	Oxyphenonium Bromide 5 mg. Tab.
11.	Paracetamol 500 mg. Tab.
12.	Sulphamethoxazole 400 mg. & Trimethoprim 80 mg. Combined Tab.
13.	Antiseptic Lotion containing 5% Povidon Iodine Solution 100 ml. bot.
14.	Mercurochrome of 20 gm. Phials (crystal)
15.	Nitro-Furazone 0.2% (W/W) skin ointment 15 gm tube
16.	Chloramphenicol 1% Eye aplicap
17.	Absorbent Gauze Sterilised in Packets each containing 10 pcs. of 10 cm x 10 cm Separately in Polypack
18.	Adhesive plaster in Reel of 5 cm x 10 M each
19.	Benzyl Benzoate application 500 ml bots (25%)
20.	Cotton absorbent in packet of 100 gm.
21.	Phenyl (RW 5-7)
22.	Suphamethoxazol 100 mg & Trimethoprim 20 mg kid Tab.
23.	Metronidazole SUSP containing 100 mg in 5 ml
24.	Salbutamol 4 mg Tab
25.	Vitamin B Complex Tab (prophylactic)
26.	Paracetamol kid tab

LIST OF DRUGS & CHEMICALS FOR USE IN M.H. UNDER IPP-VIII (Extn)
DURING POST PROJECT PERIOD

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrochloride 2% without Adrenaline
2.	Anaesthetic Ether 500 ml Bot.
3.	Inj. Thiopentone Sodium 0.5 gm.
4.	Inj. Ketamine Hydrochloride 50 mg.
5.	Halothane 200 ml.
6.	Paracetamol 500 mg. Tab.
7.	Inj. Pentazocaine 30 mg.
8.	Ibuprofen 200 mg. Tab.
9.	Inj. Diclofenac Sodium 25 mg / ml. 2 ml. Amp.
10.	Chlorpheniramine Malete 4 mg. Tab.
11.	Promethazing Elixer 100 ml. Phial
12.	Inj. Atropine Sulphate 0.6 mg.
13.	Inj. Diazepam 10 mg. / Amp.
14.	Diazepam 5 mg. Tab. (Scored Tab.)
15.	Metronidazole 400 mg. Tab.
16.	Inj. Metronidazole 100 ml. Bot.
17.	Furazolidone 100 ml. Bot.
18.	Sulphamethoxazole 800 mg. & Trimetoprim 160 mg. Comb. Scored Tab.
19.	Amoxycillin 250 mg. Cap / Tab.
20.	Amoxycillin 125 mg. Kid Tab.
21.	Inj. Ampicillin sodium 250 mg. And Inj. Cloxacillin 250 mg.
22.	Ciprofloxacine Hydrochloride 500 mg. Tab.
23.	Tab. Norfloxacin 400 mg. scored Tab.
24.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap.
25.	Inj. Gentamycin 80 mg. / 2 ml. Vial
26.	Ferrous Sulphate 200 mg. Tab.
27.	Folic Acid 5 mg.
28.	Ink. Vit. K 10 mg / 1 ml Amp
29.	Nifedipine 10 mg. Cap. / Tab.
30.	Nitro Furazone Skin Power 10 gm. Cont.

Contd. to P-2.

Sl. No.	Name of items of Drugs / Chemicals
31.	Antiseptic lotion (Benzal Konium Chloride 2%)
32.	Cresol with soap solution 50% NFI-III
33.	Phenyle Liquid (RW-5-7)(ISI Mark)
34.	Alcoholic solution of iodine (NFI) 500 ml. Bot.
35.	Mercurochrome 20 gm. Bot.
36.	Povidone Iodine 5% solution
37.	Frusemide 40 mg. Tab.
38.	Inj. Frusemide 20 mg. / 2 ml.
39.	Combined gastric Antacid Tab. containing aluminium Hydroxide and magnesium hydroxide, total salts being not less than 500 mg.
40.	Ranitidine 150 mg. Tab.
41.	Metoclopramide 10 mg. Tab.
42.	Inj. Metoclopramide 10 mg. / 2 ml. Amp.
43.	Inj. Dexamethasone Sodium Phosphate 8 mg. / 2 ml. Vial
44.	Prednisolone 5 mg. Tab.
45.	Tetracycline 1% Eye ointment 5 mg Tube
46.	Inj. Synthetic Oxytocin 5 units / ml.
47.	Theophyline derivative (single active ingredient) Tab. 100 mg.
48.	Salbutamol 2 mg. Tab.
49.	Inj. Dextrose 5% (Isotonic) with infusion set
50.	Ringers Lactate solution with infusion set
51.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)
52.	Inj. Dextrose 5% with 0.9% sodium chloride, (NA + 154 Mmol/L, Cl - 154 Mmol/L) (588 mosm/L) with infusion set
53.	Inj. Sodium Bicarbonate 7.5 % 10 ml Amp.
54.	Sterile water for injection (pyrogen free)
55.	Vitamin B Complex (prophylactic) Tab.
56.	Liq. Paraffin (Heavy)
57.	Ergometrine Maleate 0.2 mg. Tab.
58.	Bromhexine Hydrochloride 8 mg. Tab.
59.	Theophyline derivative (Single active ingredient) Inj.
60.	Injection Adrenaline (1:1000)

Contd. to P-3.

Sl. No.	Name of items of Drugs / Chemicals
61.	Inj. Carboprostro Methamine 250 mg. / ml.
62.	Inj. Hydrocortisone Hemisuccinate
63.	Hypertonic Darrow's solution 540 ml polypack
64.	Inj. Norcuron 4 mg. / Amp.
65.	Povidone Iodine skin ointment
66.	Inj. Promethazine hydrochloride 50 mg. / 2 ml.
67.	Inj. Succinyl chloride
68.	Inj. Prostigmine / Neostigmine 5 mg. / Amp.
69.	Inj. Pavulon 2 mg. / Amp.
70.	French Chalk 500 gm. / pkt.
71.	Inj. Ergometrine Maleate 0.5 mg. / ml. Amp.
72.	Inj. Ranitidine 50 mg / 2 ml Amp
73.	Inj. Dicyclomine 10 mg. / ml 2 ml Amp.
74.	Tab. Dicyclomine 10 mg. Tab.
75.	Norfloxacin Eye drop (0.3%)
76.	Inj. Mephentine 15 mg. / ml. Amp.
77.	Inj. Dopamine Hydrochloride 200 mg / 5 ml. Amp.
78.	Inj. Lignocaine Hydrochloride Heavy 2 ml Amp.
79.	Inj. Cefotaxim 500 mg. vial.
80.	Lignocaine Hydrochloride Jelly 2% 20 gm tube.

LIST OF DRUGS & CHEMICALS FOR use in HAU under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals	Appox Annual Requirement per unit	Estimated Rate (Rs.)	Estimated value (Rs.)
1.	Combined gastric Antacid Tab. Containing Alluminium Hydroxide and Magnesium Hydroxide, total salt not less then 500 mg.	56000	8.64 per 100	4838.40
2.	Bromhexine Hydrochloride 8 mg. Tab.	28000	6.55 per 100	1834.00
3.	Chlopheniramine maleate 4 mg. Tab	14000	0.61 per 10	854.00
4.	Ferrous Sulphate (Coated) 200 mg. Tab.	48000	1.62 per 10	7776.00
5.	Folic Acid 5 mg. Tab	52000	4.21 per 100	2189.20
6.	Furazolidone – 100 mg. Tab.	56000	7.77 per 100	4351.20
7.	Mebendazole – 100 mg. Tab.	28000	1.37 per 6	6393.30
8.	Metronidazole (Film coated) – 200 mg. Tab.	56000	3.82 per 10	21392.00
9.	ORS Citrate – each sachet of 27.9 gm. Containing – Sodium Chloride 3.5 gm. Dextrose – 20 gm. Pot. Chloride- 1.5 gm. Sodium citrate – 2.9 gm.	4480	2.85 per Packet	12768.00
10.	Oxyphenonium Bromide 5 mg. Tab.	7000	2.58 per 10	1806.00
11.	Paracetamol 500 mg. Tab.	5800	1.76 per 10	1020.80
12.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab	56000	4.00 per 10	22400.00
13.	Antiseptic Lotion containing 2% Benzal Konium Chloride 200 ml. Each in bot.	560	5.10 each	2836.00
14.	Mercurochrome of 20 gm phials (crystal)	4	40.50 each	162.00
15.	Nitro-Furazone 0.2% (W/W) skin ointment 15 gm tube	2800	4.10 each	11480.00
16.	Chloramphenicol 1% Eye applicap	10000	12.35 per 10	12350.00
17.	Absorbent Gauze Sterilised in Packets each containing 10 pcs. of 10 cm x 10 cm Separately in Polypack	800	5.04 per Packet	4032.00
18.	Adhesive plaster in Reel of 5 cm x 10 M each	280	357 per 6	16660.00
19.	Benzyl Benzoate application 500 ml bots (25%)	8	29.88 each	239.00
20.	Cotton absorbent in packet of 100 gm.	50	14.00 each	700.00
21.	Phenyle (RW 5-7)	20	173.00 per 5 lit.	3460.00
22.	Suphamethoxazol 100 mg & Trimethoprim 20 mg kid Tab.	6600	1.86 per 10	1227.60
23.	Metronidazole SUSP containing 100 mg in 5 ml	660	5.40 each	3564.00
24.	Salbutamol 2 mg Tab	1500	0.98 per 10	147.00
25.	Vitamin B Complex Tab (prophylactic)	15000	43.45 per 500	1303.50
26.	Paracetamol kid tab	6600	0.84 per 10	554.40

Total = 1,43,338.40

For 116 HAU – 1,43,338.40 x 116

= 1,69,75,254.40

or 1,69,75,000.00

unit cal calculated @ 35 nos of HH in 1 HAU

LIST OF DRUGS & CHEMICALS FOR use in ESOPD under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals	Appox Annual Requirement Per unit	Estimated Rate (Rs.)	Estimated Value (Rs.)
1.	Inj. Lignocaine Hydrocholoride 2% without Adrenaline	72	11.64 each	838.08
2.	Inj. Lignocaine Hydrocholoride 2% with Adrenaline (I I.U 1000.000)	120	6.84 each	820.80
3.	Paracetamol 500 mg . Tab.	11000	1.76 per 10	1936.00
4.	Paracetamol kid Tab.	7000	0.84 per 10	588.00
5.	Ibuprofen 200 mg. Tab.	10000	2.25 per 10	2250.00
6.	Diclofenac 50 mg. Tab.	2600	1.14 per 10	296.40
7.	Chlorpheniramine Maleate 4 mg.	9700	0.61 per 10	591.70
8.	Promethazine Elixir 5 mg/ 5ml	128	4.20 each	537.60
9.	Diazepam 5 mg Tab. (Scored Tab)	1280	0.79 per 10	101.12
10.	Metronidazole Suspension 25 mg/ 5ml.	520	5.40 each	2800.00
11.	Inj. Atropine Sulphate 0.6 mg/ 1ml Amp	100	1.80 each	180.00
12.	Folic Acid 5 mg. Tab.	19000	4.21 per 100	800.00
13.	Furazolidone 100 mg. Tab.	5000	1.17 per 10	585.00
14.	Furazolidone Suspension 25 mg./ 5 ml.	480	9.78 each	4694.40
15.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab.	18000	4.00 per 10	7200.00
16.	Sulphamethoxazole 100 mg & Trimethoprim 20 mg. combined Tab.	6700	1.86 per 10	1246.20
17.	Amoxycillin 250 mg. Cap./ Tab.	9700	10.47 per 10	10155.90
18.	Amoxycillin 125 mg. kid Tab.	6700	6.27 per 10	4200.90
19.	Ciprofloxacine Hydrochloride 500 mg. Tab.	3900	17.25 per 10	6727.50
20.	Tab. Norfloxacin 400 mg. (Scored Tab.)	2700	9.33 per 10	2519.00
21.	Erythromycin 250 mg. Tab.	2700	19.27 per 10	5202.90
22.	Erythromycin granules equivalent to Erythromycin base 100 –125 mg./ 5 ml. Reconstituted.	400	11.66 each	4644.00
23.	Chloramphenicol 1% Eye applicap	300	12.34 per 50	74.00
24.	Choramphenicol 1% otic solution (sterile)	100	11.07 each	1107.00
25.	Cloxacillin , I.P./B.P 250 mg + Ampicillin 250 mg. Cap.	1400	16.80 per 10	2352.00
26.	Mebendazole 100mg . Tab	2300	1.36 per 6	521.30
27.	Pyrantel I.P. 10 ml	100	6.60 each	660.00
28.	Albendazole Tab 400 mg(scored)	250	1.08 each	270.00
29.	Diethyl carbarmazine citrate 50 mg Tab.	2000	9.60 per 100	192.00
30.	Clotrimazole Ointment	420	4.74 each	9436.40

(Contd...)

LIST OF DRUGS & CHEMICALS FOR use in MATERNITY HOME under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals	Appox Annual Requirement Per unit	Estimated Rate (Rs.)	Estimated Value (Rs.)
1.	Inj. Lignocaine Hydrochloride 2% without Adrenaline	200	11.64 each	2328.00
2.	Anaesthetic Ether 500 ml Bot.	40	72.00 each	2880.00
3.	Inj. Thiopentone Sodium 0.5 gm.	500	30.00 each	15000.00
4.	Inj. Ketamine Hydrochloride 50 mg.	150	45.60 each	6840.00
5.	Halothane 200ml.	15	1476.00 each	22140.00
6.	Paracetamol 500 mg. tab.	12000	1.76 per 10	2112.00
7.	Inj. Pentazocaine 30 mg.	300	5.40 each	1620.00
8.	Ibuprofen 200 mg. Tab.	10000	2.25 per 10	2250.00
9.	Inj. Diclofenac Sodium 25 mg/ ml. 2 ml. Amp.	120	3.54 each	424.80
10.	Chlorpheniramine Maleate 4 mg tab.	3000	0.61 per 10	183.00
11.	Promethazine Elixer 100 ml. Phial	150	9.36 each	1404.00
12.	Inj. Atropine Sulphate 0.6 mg.	500	94.00 per 100	470.00
13.	Inj. Diazepam 10 mg. / Amp.	500	22.98 per 10	1149.00
14.	Diazepam 5 mg. Tab. (Scored Tab.)	1500	0.79 per 10	118.50
15.	Metronidazole 200 mg. Tab.	9000	3.82 per 10	3438.00
16.	Inj. Metronidazole 100 ml. Bot.	150	13.80 each	2070.00
17.	Furazolidone 100 mg. Tab.	1800	1.17 per 10	210.60
18.	Sulphamethoxazole 400 mg & Trimetoprim 80 mg. Comb. Scored Tab.	13000	4.00 per 10	5200.00
19.	Amoxycillin 250 mg. Cap/Tab.	8000	10.47 per 10	8376.00
20.	Amoxycillin 125 mg. Kid Tab.	1200	6.27 per 10	752.40
21.	Inj. Ampicillin sodium 250 mg. and Inj. Cloxacillin 250 mg.	500	14.40 each	7200.00
22.	Ciprofloxacine Hydrochloride 500 mg. Tab.	1800	17.83 per 10	3209.40
23.	Tab. Norfloxacin 400 mg. scored Tab.	7600	9.93 per 10	7546.80
24.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap.	8000	16.80 per 10	13440.00
25.	Inj. Gentamycin 80 mg./ 2 ml. Vial	600	40.00 per 10	2400.00
26.	Ferrous Sulphate 200 mg. Tab.	5000	1.62 per 10	810.00
27.	Folic Acid 5 mg.	8000	4.21 per 100	336.80
28.	Ink. Vit. K 10 mg/1 ml Amp	200	0.66 each	132.00
29.	Nifedipine 10 mg. Cap./ Tab.	800	1.30 per 10	104.00
30.	Nitro Furazone Skin Powder 10 gm. Cont.	500	4.50 each	2250.00
31.	Antiseptic lotion	36 x 5 lit.	744.00 each	26784.00
32.	Cresol with soap solution 50% NFI-III	24 x 5 lit.	287.04 each	6888.96
33.	Phenyle Liquid (RW-5-7) (ISI Mark)	46 x 5 lit.	173.04 each	7959.84
34.	Alcoholic solution of iodine (NFI) 500 ml. Bot.	44	82.80 each	3643.20
35.	Mercurochrome 20 gm. Bot.	12	38.40 each	460.80
36.	Povidone Iodine 5% solution	100	11.29 each	1129.00
37.	Frusemide 40 mg. Tab.	600	2.40 per 10	144.00
38.	Inj. Frusemide 20 mg./ 2 ml.	100	16.23 per 10	162.30
39.	Combined gastric Antacid Tab. containing Aluminium Hydroxide and magnesium hydroxide, total salts being not less than 500 mg.	9000	2.04 per 10	1836.00

(Contd...)

Sl. No.	Name of items of Drugs / Chemicals	Appox Annual Requirement Per unit	Estimated Rate (Rs.)	Estimated Value (Rs.)
40.	Ranitidine 150 mg. Tab.	6000	4.16 per 10	2496.00
41.	Metoclopramide 10 mg. Tab.	1200	1.80 per 10	216.00
42.	Inj. Metoclopramide 10 mg./ 2 ml. Amp.	600	1.80 each	1080.00
43.	Inj. Dexamethasone Sodium Phosphate 8 mg./ 2 ml. Vial	200	4.56 each	912.00
44.	Prednisolone 5 mg. Tab.	800	3.82 per 10	305.60
45.	Tetracycline 1% Eye ointment 5 mg Tube	100	2.98 each	298.00
46.	Inj. Synthetic Oxytocin 5 units / ml.	200	4.80 each	960.00
47.	Theophyline derivative (single active ingredient) Tab. 100 mg.	350	2.04 per 10	71.40
48.	Salbutamol 2 mg. Tab.	600	0.98 per 10	58.80
49.	Inj. Dextrose 5% (Isotonic) with infusion set	1000	13.08 each	13080.00
50.	Ringers Icatate solution with infusion set	1000	17.00 each	17000.00
51.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)	100	21.52 each	2152.00
52.	Inj. Dextrose 5% with 0.9% sodium chloride, .(NA + 154 Mmol/L, Cl – 154 Mmol/L) (588 mosm/L) with infusion set	600	13.08 each	7848.00
53.	Inj. Sodium Bicarbonate 7.5% 10 ml Amp.	50	6.00 each	300.00
54.	Sterile water for injection (pyrogen free)	2500	1.80 each	4500.00
55.	Vitamin B Complex (prophylactic) Tab.	10000	43.45 per 500	869.00
56.	Liq. Paraffin (Heavy)	12	52.56 each	630.70
57.	Ergometrine Maleate 0.2 mg. Tab.	2000	5.40 per 10	1080.00
58.	Bromhexine Hydrochloride 8 mg. Tab.	2000	6.57 per 100	131.40
59.	Theophyline derivative (Single active ingredient) Inj.	150	2.16 each	324.00
60.	Injection Adrenaline	20	2.40 each	48.00
61.	Inj. CarboprostroMethamine 250 mg/ ml.	20	156.00 each	3120.00
62.	Inj. Hydrocortisone Hemisuccinate	10	42.00 each	420.00
63.	Hypertonic Darrow's solution 540 ml polypack	20	48.00 each	960.00
64.	Inj. Norcuron 4 mg. /Amp.	20	135.60 each	2712.00
65.	Povidone Iodine skin ointment	150	10.20 each	1530.00
66.	Inj. Promethazine hydrochloride 50 mg. /2 ml.	50	4.20 each	210.00
67.	Inj. Succinyl chloride	200	12.00 each	2400.00
68.	Inj. Prostigmine/Neostigmine 5 mg/Amp.	1000	6.00 each	6000.00
69.	Inj. Pavulon 2mg./Amp.	400	17.10 each	6840.00
70.	French Chalk 500 gm/pkt.	400	6.60 each	2640.00
71.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp.	1000	4.65 each	4650.00
72.	Inj. Ranitidine 50 mg/ 2ml Amp.	500	3.60 each	1800.00
73.	Inj. Dicyclomine 10 mg./ml 2 ml Amp.	50	3.60 each	180.00
74.	Tab. Dicyclomine 10 mg. Tab	1000	1.80 per 10	180.00
75.	Norfloxacin Eye drop (0.3%)	50	12.00 each	600.00
76.	Inj. Mephentine 15 mg./ml. Amp.	50	10.80 each	540.00
77.	Inj Dopamine Hydrochloride 200 mg / 5 ml. Amp.	20	30.00 each	600.00
78.	Inj. Lignocaine Hydrochloride Heavy 2ml Amp.	20	4.80 each	96.00
79.	Inj. Cefotaxim 500 mg. vial	50	60.00 each	3000.00
80.	Lignocaine Hydrochloride Jelly 2% 20 gm tube	10	25.20 each	252.00
			TOTAL	251293.34 or 251300.00

For 23Maternity Homes – 251300 x 23 = 57,79,900.00

Or 57,80,000.00

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091

West Bengal

Ref No. SUDA-15/98(Pt-VI)/166 Date 22.05.2003

From : Project Officer
Health, SUDA

To : The Chairman
Raiganj Municipality

Sub : Indent of Medicine for HP / OPD for 1st quarter during the year 2003 - 2004.

Sir,

Reference is invited to your communication under memo no. 365/IPP-VIII (Extn)/RM dt 6th May, 2003.

You are requested kindly to submit the indent for H.P. and O.P.D. separately apropos this office communication under memo no. SUDA-15/98 (Pt. VI)/147 dt. 24.04.2003.

Yours faithfully,

Project Officer

D:\DR. Goswami\Letter Head-Raiganj doc/p-12

Tel/Fax No.: 359-3184

IPP-VIII(Extn)
Raiganj Municipality, U/D.

Memo No : 366 /IPP-VIII(Extn)R.M. Dated : 6.5.03.

From The Chairman,
Raiganj Municipality.

To The project officer
IPP-VIII(Extn).SUDA.

19 MAY 2003

I am submitting herewith the indent of Medicine etc.required for M.H. for Raiganj Municipality for 1st Quarter during the year 2003-2004 which kindly be sanctioned early.

Sl. No.	Name of the Medicine	Quantity Required for the quarter	Quantity in stock	Quantity sanction by SUDA
1.	Inj pentazocaine (30mg)	100amp	Nil	
2.	" Gentamycin (80mg)	100 vial	Nil	
3.	" Vit'K'(10 mg)	100amp	Nil	
4.	" Frusemide (20 mg)	50 amp	Nil	
5.	" Lignocaine Hydro 2% with Adrenaline	50 amp	Nil	
6.	" Metoclopramide (10mg)	100 amp	Nil	
7.	" Sodium Bicarbonati 7.5%	50 amp	Nil	
8.	" Adrenaline (1:1000)	50 amp	Nil	
9.	" Ketamine Hydrochloride (50 mg)	25 vial	Nil	
10.	" Carboprostro Methamine (25mg)	25 amp	Nil	
11.	" Hydrocortisone Hemisuccinate	25 amp	Nil	
12.	Mypertonic Darriw's solution	25 amp	Nil	
13.	Inj Norcuron 4 mg	25 amp	Nil	
14.	povidone Iodine skin ointment	100 tube	Nil	
15.	Inj promethazine Hydro.50 mg	50 amp Nil	Nil	
16.	" Succinyl Chloride		Nil	
17.	" prostigmine /Neostigmine 5mg	50 amp	Nil	
18.	" pavulon 2 mg /	50 amp	Nil	
19.	" Ergometrine Maleate 0.5 mg	100 amp	Nil	
20.	" Ranitidine 50 mg /2ml	100 amp	Nil	
21.	Tab Dicyclomine 10 mg	100tab	Nil	
22.	Inj Mephentine 15 mg	25 amp	Nil	
23.	"Dopamine Hydro 200mg	25 amp	Nil	
24.	" Lignocaine Hydro. Heavy	25 amp	Nil	
25.	" Cefotaxim 500g.	200 vil	Nil	
26.	" Lignocaine Hydrochloride jelly 2%20mgtube	50 tube	Nil	

CHAIRMAN
RAIGANJ MUNICIPALITY.

6.5.03

6/5/03

All are under the light of M.H.

20/5/03.

IPP-VIII(Extn)

RAIGANJ MUNICIPALITY, U/D.

Memo No: 365/IPP-VIII(Extn)R.M. Dated: 6th May 2003

From
Chairman
Raiganj Municipality.

19 MAY 2003

Office of Advisor

To
The project officer
IPP-VIII(Extn)
SUDA.

I am submitting herewith the indent of Medicine etc. required for H.P/OPD for Raiganj Municipality for 1st quarter during the year 2003-2004 which may kindly be sanctioned early.

Sl. No.	Name of the Medicine	Quentity Required for the quarter	Quantity in stock	Quantity sanctioned by SUDA
1.	Tab. Ferrous Sulp.(Coated) 60mg ✓ OPD	50,000.	Nil	
2.	do Metronidazole 200mg - HP	50,000.	Nil	
3.	do Sulp.100mg & Trime. 20mg ✓ OPD	20,000.	Nil	
4.	do Vitamin 'B' Complex ✓ OPD	60,000.	Nil	
5.	do Amoxycillin 250 mg ✓ OPD	30,000.	7,000.	
6.	do Amoxycillin 125 mg ✓ OPD	20,000.	Nil.	
7.	do Norfloxacine 400mg — OPD	50,000.	Nil	
8.	do Erythromycin 250 mg — OPD	20,000.	Nil	
9.	do Ranitidine 150 mg — OPD	30,000.	nil	
10.	do Oxyphenonium Bromide — OPD	12000.	Nil	
11.	do Ibuprofen 400mg — (200mg) OPD	40,000	il	
12.	do Metronidazole 400 mg - HP (200 mg) HP.	60,000	Nil	

CHAIRMAN
RAIGANJ MUNICIPALITY.

6/5/03

I.P.P. - VIII (EXTN)

KHARAGPUR MUNICIPALITY

Memo No. : 1162 I.P.P. VIII (Extn)-I-1/2003 Date 5.5.03.

8 MAY 2003

To,

The Chief Medical Officer of Health,
Paschim Medinipur.

Sub: List of Central Medical Store approved firms or their authorised distributors for Procurement of Medicine and Medico Surgical Requisites (M.S.R.) and current approvedxxxx.rate.

Sir,

The State Urban Development Agency, Kolkata desires to procure Medicine and Medico Surgical Requistes (M.S.R.) for I.P.P.-VIII(Extn) from Central Medical Store approved firms or their authorised distributors at current approved rate.

List of current rate and approved firms are available at your District Reserve Store.

I would request you kindly to issue necessary instructions to the Officer-in-charge, D.R.S. to supply a list of approved firms and current rate.

This may kindly be treated as urgent.

Thanking you,

yours faithfully,

Sd/-

(R. S. Pandey)
Chairman
Kharagpur Municipality.

NO:- 1162/1(1) I.P.P.-VIII(Extn)-I-1/2003 dt.5.5.03.

Copy forwarded to:-

The Adviser (Health), SUDA, ILGUS Bhavan, H-C Block, Sector-III, Bidhannagar, Kolkata-700091, for favour of information and necessary action in ref. your memo no.-SUDA-15/98(Pt-VI)147 dt.24.4.03.

Chairman
Kharagpur Municipality.

Subsequent action after receipt of instructions

SUDA-15/98(Pt-VI)/ 21.04.2003

From : Project Officer
IPP-VIII (Extn), SUDA

To : The Mayor / Chairperson,

---------- MC / Municipality

Sub : Procurement of Medicine & Medico Surgical Requisites (MSR) for HPs & O.P.D. cum MHs created under IPP-VIII (Extn)

Sir / Madam,

Approval is hereby accorded for purchase of Medicines and MSR for HPs & O.P.D. cum MHs created under IPP-VIII (Extn) in your Municipal Corporation / Municipality for the quantities as indicated against each item under the column of "Quantity sanctioned" in your indent bearing no. _____ dated _____ for the current financial year.

You are requested to make necessary purchase and forward your claim for reimbursement subsequently adhering to the terms and conditions as stipulated in our letter no. SUDA - 15/98 (Pt. VI)/ dt. 21.04.2003.

The purchase should be made within the ceiling limit of Rs. _____ (Rs. _____).

Yours faithfully

Enclo. : As stated above.

Project Officer

SUDA-15/98(Pt-VI)/ 21.04.2003

CC
The Project Director, IPP-VIII (Extn) _____ MC / Municipality

Project Officer

SUDA-15/98(Pt-VI)/ 21.04.2003

CC
Health Officer _____ MC / Municipality.
F.O. Health Wing, SUDA.
MIES Office, Health Wing SUDA

Project Officer

Letter Head ULBs/p-95

UHIP – SUDA

Report of the Maternity Home
Durgapur Municipal Corporation
Since inception till 31.01.2003

8.0 General

9.1 No. of sanctioned Beds -- Nil 1.2. No. of existing Beds -- Nil
1.7. Staff in position : a) G & O Specialist --Nil b) Anesthetists--Nil c) Paediatrician -- Nil
d) Medical Officer -- Nil e) Nurshing personnel -- Nil f) Lab. Technician -- Nil
g) Ancillary staff -- Nil

10 Performance

Sl. No.	Item	Performance during the reporting month January'2002			Cumulative since Inception
		B	NB	Total	
(1)	(2)	(3)	(4)	(5)	(6)
2.1.	a) Total Admissions	--	--	--	--
	b) Maternity Cases	--	--	--	--
	c) Gynae Cases	--	--	--	--
	d) MTP cases (if admitted)	--	--	--	--
2.2.	**No of admissions – parawise maternity cases**				
	a) 1st para	--	--	--	--
	b) 2nd para	--	--	--	--
	c) 3rd para	--	--	--	--
2.3.	**No. of MTP performed**				
	a) at / within 12 weeks of gestation	--	--	--	--
	b) above 12 weeks of gestation	--	--	--	--
	c) cause wise no. of MTP cases				
	i) Medical cause	--	--	--	--
	ii) Eugenic cause	--	--	--	--
	iii) Humanitarian cause	--	--	--	--
	iv) Socio economic cause	--	--	--	--
	v) Failure of contraceptive methods	--	--	--	--
2.4.	**No. of Female sterilization done**				
	a) Puerperal ligation	--	--	--	--
	b) Post Puerperal ligation–Abdominal (conventional)	--	--	--	--
	c) Post Puerperal ligation - Laparoscopic	--	--	--	--
	d) MTP with ligation	--	--	--	--
2.5.	a) Total no. of discharges	--	--	--	--
	b) Total no. of deaths	--	--	--	--
2.6.	a) No. of normal deliveries	--	--	--	--
	b) No. of assisted deliveries **	--	--	--	--
	c) No. of Caesarean sections - 1st Gravida	--	--	--	--
	2nd Gravida	--	--	--	--
	3rd Gravida & above	-	--	--	--
2.7.	a) Total no. of live births	--	--	--	--
	b) Total no. of still births	--	--	--	--

** Assisted deliveries i) Abnormal presentation (Breech, face etc.), ii) Twins,
iii) Out let Forceps, iv) Retained placenta,

Packet Cost

NO/PKt Per packet

1) Gastric Antacid (500mg) – 200 × 8 = 1600 nos. @ 8.64/100 × 16 = Rs 138.24 ×
2). Bromhexine tab 8mg – 100 × 8 = 800 nos. @ Rs 6.55/100 × 8 = Rs 52.40 ×
3) Chlorpheniramine Maleate 4mg – 50 × 8 = 400 nos @ Rs 6.10/100 × 4 = Rs 24.40 ×
4) Ferrous Sulphate tab (200mg) 300 × 8 = 2400 @ Rs 16.2/100 × 24 = Rs 388.80 ×
5) Folic Acid – (5mg) tab – 300 × 8 = 2400 @ Rs 4.21/100 × 24 = Rs 101.04 ×
6) Furazolidone (100mg) tab – 200 × 8 = 1600 @ Rs 7.77/100 × 16 = Rs 124.32 ×
7). Mebendazole (100mg) – 100 × 8 = 800 @ Rs 1.37/tab for 800 = Rs 182.66 ×
8) Metronidazole (200mg) – 200 × 8 = 1600 @ Rs 38.20/100 × 16 = Rs 611.20 ×
9) ORS citrate Sachet (27.9gm) 24 × 8 = 192 @ Rs 2.85/Pkt × 192 = Rs 547.20 ×
10) Oxyphenonium Bromide (5mg) tab – 25 × 8 = 200 @ Rs 25.8/100 × 2 = Rs 51.60 ×
11) Paracetamol tab (500mg) – 250 × 8 = 2000 @ Rs 17.6/100 × 20 = Rs 352.00 ×
12) Sulphamethoxazole (400mg) / Trimethoprim (80mg) tab } 200 × 8 = 1600 @ Rs 40/100 × 16 = Rs 640.00 ×
= Rs 81.60 ×
13. Antiseptic lotion (200ml) } 2 × 8 = 16 Btls @ Rs 5.10/btl × 16
14. Mercurochrome 20gm vial 4 vials/unit @ Rs 40.50 × 4 Rs 162.00 /HAU
15. Nitrofurazone oint 0.2% 15gm tub } 10 × 8 = 80 Tub @ Rs 4.10/tub × 80 = Rs 328.00 ×
16. Chloramphenicol % Eye Applicap = 100 applicap × 8 = 800 @ Rs 123.50/100 × 8 = Rs 988.00 ×
17 Absorbent Gauze Sterile 5 Pkt × 8 = 40 Pkt @ Rs 5.04/Pkt × 40 = Rs 201.60 ×
Paint 10 Pcs × 10 CM
18. Adhesive Plaster 5cm × 10 Mtr – 1 × 8 = 8 Reel @ Rs 357/... × 8 = Rs 476.00 ×
19. Benzyl Benzoate application 500ml } 8 Bottles @ Rs 29.88 ea × 8 = Rs 239.04
Bottle (25%)
20. Cotton Absorbent Pkt 100gm 50 Packet @ Rs 14.00 × 50 = Rs 700.00
21. Phenyle (R.W-5-7) — 20 Bottles @ Rs 173/5 dt × 20 = Rs 3460.00
22. Sulphamethoxazole Trimethoprim Kid – Rs 85.07 /HAU
23. Metronidazole Kid (100mg) — Rs 3564.00
24. Salbutamol – 2mg tab – Rs 147.00
25. Vit B complex (Prophy) tab — Rs 37.24/HAU
26. Paracetamol Kid tab. Rs 554.40 /unit

HAU (=> Rs 5361.37) Per 1 HAU (for 8 Drug Kit/yr)

Sl No	Name of Mply	No of unit	No of HHWs	Estimated Cost of Middle Estimate
1)	Garalia ✓	2	60	Rs. 339495.00
2)	Kanchapara ✓	1	30	Rs. 169667.60
3)	Hooghly Chinsura ✓	2	60	Rs. 339495.00
4)	Barrackpore ✓	1	30	Rs. 169667.60
5)	Uttarpara Kotrung ✓	2	60	Rs. 339495.00
6)	Halisahar ✓	1	30	Rs. 169667.60
7)	Baidyabati ✓	1	30	Rs. 169667.60
8)	Baraset ✓	1	30	Rs. 169667.60
9)	Naihati ✓	1	90	Rs. 116053.80
10)	Dum Dum ✓	1 ESOPD	20	Rs. 169667.60
11)	Rishra ✓ 109770	1	30	Rs. 339495.00
12)	Panihati ✓ 219570	2	60	Rs. 169667.60
13)	Rajpur-Sonarpur ✓	1 2.5.1 ESOPD	30	Rs. 169667.60
14)	Baranagar ✓	1	30	Rs. 339495.00
15)	Bhadreswar ✓	2 ESOPD	60	Rs. 169667.60
16)	Serampore ✓	1	30	Rs. 169667.60
17)	Gayeshpur ✓	1	30	Rs. 169667.60
18)	Bansberia ✓	1	30	Rs. 169667.60
19)	Konnagar ✓	1 ESOPD	30	Rs. 142860.65
20)	Barrackpur ✓	1 9[illegible]475	25	Rs. 169667.60
21)	Kalyani ✓	1	30	Rs. 169667.60
22)	Bali ✓	1 ESOPD	30	Rs. 169667.60
23)	Uluberia ✓	1	30	Rs. 339495.00
24)	North Barrackpore ✓	2 ESOPD	60	

P.T.

25)	Champdani ✓	1	30	Rs. 169667.60
26)	North Dum Dum ✓	1	30	Rs. 169667.60
27)	New Barrackpore ✓	1	20	Rs. 112053.80
28)	Budge Budge ✓	1	30	Rs. 169667.60
29)	Chandannagar M.C ✓	2	60	Rs. 339495.00
30)	Howrah M.C ✓	2	80	Rs. 446562.00
31)	Kolkata M.C	12	-	Rs. 2518593.00

Following information as ascertained from the Accounts Section of D.P.P-VIII, KMDA.

Estimated ~~Total~~ unit cost item wise.

HAU unit cost ~~for~~ Medicine = Rs 1,10,000/=

E.S.O.P.D. " " " = Rs 2,52,lakhs

Maternity Home " " = Rs. 2.80 Lakhs

For attention of Dr (Mrs) S. Goswamy, SUDA.
Please.

LIST OF DRUGS & CHEMICALS FOR use in HAU under UHIP, KMDA

Sl. No.	Name of items of Drugs / Chemicals
1.	Combined gastric Antacid Tab. Containing Alluminium Hydroxide and Magnesium Hydroxide, total salt not less then 500 mg.
2.	Bromhexine Hydrochloride 8 mg. Tab.
3.	Chlopheniramine maleate 4 mg. Tab
4.	Ferrous Sulphate (Coated) 200 mg. Tab.
5.	Folic Acid 5 mg. Tab
6.	Furazolidone – 100 mg. Tab.
7.	Mebendazole – 100 mg. Tab.
8.	Metronidazole (Film coated) – 200 mg. Tab.
9.	ORS Citrate – each sachet of 27.9 gm. Containing – Sodium Chloride 3.5 gm. Dextrose – 20 gm. Pot. Chloride- 1.5 gm. Sodium citrate – 2.9 gm.
10.	Oxyphenonium Bromide 5 mg. Tab.
11.	Paracetamol 500 mg. Tab.
12.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab
13.	Antiseptic Lotion containing 2% Benzal Konium Chloride 200 ml. Each in bot.
14.	Mercurochrome of 20 gm phials (crystal)
15.	Nitro-Furazone 0.2% (W/W) skin ointment 15 gm tube
16.	Chloramphenicol 1% Eye applicap
17.	Absorbent Gauze Sterilised in Packets each containing 10 pcs. of 10 cm x 10 cm Separately in Polypack
18.	Adhesive plaster in Reel of 5 cm x 10 M each
19.	Benzyl Benzoate application 500 ml bots (25%)
20.	Cotton absorbent in packet of 100 gm.
21.	Phenyle (RW 5-7)
22.	Suphamethoxazol 100 mg & Trimethoprim 20 mg kid Tab.
23.	Metronidazole SUSP containing 100 mg in 5 ml
24.	Salbutamol 2 mg Tab
25.	Vitamin B Complex Tab (prophylactic)
26.	Paracetamol kid tab

LIST OF DRUGS & CHEMICALS FOR use in ESOPD under UHIP, KMDA

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrocholoride 2% without Adrenaline
2.	Inj. Lignocaine Hydrocholoride 2% with Adrenaline (I.U 1000.000)
3.	Paracetamol 500 mg . Tab.
4.	Paracetamol kid Tab.
5.	Ibuprofen 200 mg. Tab.
6.	Diclofenac 50 mg. Tab.
7.	Chlorpheniramine Maleate 4 mg.
8.	Promethazine Elixir 5 mg/ 5ml
9.	Diazepam 5 mg Tab. (Scored Tab)
10.	Metronidazole Suspension 25 mg/ 5ml.
11.	Inj. Atropine Sulphate 0.6 mg/ 1ml Amp
12.	Folic Acid 5 mg. Tab.
13.	Furazolidone 100 mg. Tab.
14.	Furazolidone Suspension 25 mg./ 5 ml.
15.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab.
16.	Sulphamethoxazole 100 mg & Trimethoprim 20 mg. combined Tab.
17.	Amoxycillin 250 mg. Cap./ Tab.
18.	Amoxycillin 125 mg. kid Tab.
19.	Ciprofloxacine Hydrochloride 500 mg. Tab.
20.	Tab. Norfloxacin 400 mg. (Scored Tab.)
21.	Erythromycin 250 mg. Tab.
22.	Erythromycin granules equivalent to Erythromycin base 100 –125 mg./ 5 ml. Reconstituted.
23.	Chloramphenicol 1% Eye applicap
24.	Chloramphenicol 1% otic solution (sterile)
25.	Cloxacillin . I.P./B.P 250 mg.+ Ampicillin 250 mg. Cap.
26.	Mebendazole 100mg . Tab
27.	Pyrantel I.P. 10 ml
28.	Albendazole Tab 400 mg(scored)
29.	Diethyl carbarmazine citrate 50 mg Tab.
30.	Clotrimazole Ointment
31.	Clotrimazole vaginal Tab.
32.	Ferrous Sulphate 200 mg. coated Tab.
33.	Atenolol 50 mg. Tab.
34.	Isosorbide dinitrate 10 mg.
35.	Nifedipine 10 mg. Cap. / Tab.
36.	Miconazole Oint/Cream 2% in Tube pack
37.	Benzoic Acid and Salicylic Acid (6% + 3%) Ointment in tube
38.	Silver Sulphadiazine 1% Cream
39.	Potassium permanganate crystal
40.	Benzyl Benzoate I.P. 500 ml. Bot.
41.	Antiseptic lotion
42.	Cresol with soap solution 50% NFH-III/I.P.
43.	Phenyl Liquid (RW 5-7) (I.S.I.) Mark
44.	Gentian Violet

(Contd...)

Sl. No.	Name of items of Drugs / Chemicals
45.	Mercurochrome
46.	Combined Gastric Antacid Tab. Containing Aluminium hydroxide and Magnesium hydroxide total salts being bot less than 500 mg.
47.	Famotidine 20 mg. Tab.
48.	Ranitidine 150 mg. Tab.
49.	Metoclopramide 10 mg. Tab.
50.	Oxyphenonium Bromide 5 mg . I. P. Tab
51.	Dexamethasone 0.5 mg. Tab.
52.	Inj. Dexamethasone sodium phosphate 8 mg /2ml vial
53.	Chloramphenicol with corticoseroid Eye drops 5 ml. Phial
54.	Prednisolone 5 mg. Tab.
55.	Ethinyl Oestradiol 0.5 mg. Tab.
56.	Livothyroxin Sodium Tab. (0.1 mg)
57.	Atropine Sulphate Eye Ointment 1%
58.	Homatropine Hydrobromide 2% Eye drops
59.	Tetracycline 1% Eye Ointment
60.	Sulphacetamide Sodium 10% drops
61	Ergometrine Maleate 0.2 mg. Tab.
62.	Theophyiline Derivative (Single ative ingredient) Tab.
63.	Salbutamol Syrup 2 mg / 5 ml.
64.	Salbutamol 2 mg. Tab. (as Sulphate)
65.	Oral rehydration salt I.P. as powder for reconstitution containing Sodium Choloride 3.5 gm, Potasium Chloride 1.5 gm. Glucose 20 gm & Trisodium citrate dehydrant 2.9 gm (Total quality per packet 27.9 gm.)
66.	Vit. B- Complex (Prophylactic N.F.I. -III) Tab.
67.	Ascorbic Acid 500 mg. Tab.
68.	French Chalk
69.	Liquid paraffin (Light)
70.	Inj. Diazepam 10 mg/ Amp.
71.	Nitrofurazone Skin Pwder
72.	Bromhexine Hydrochloride 8 mg. Tab
73.	Cloxacillin & Amoxycillin Tab. 125 mg each
74.	Providone Iodine skin oint 15 gm. Table
75.	Xylocaine Tropical Drop 4% (Anaesthetic)
76.	Pilocarpine Eye Drop
77.	Norfloxacin Eye drop 0.3%
78.	Tab Dicyclomin 10 mg Tab
79.	Glibenclamide 5mg Tab
80.	Amlodipine 5 mg. Tab

LIST OF DRUGS & CHEMICALS FOR use in MATERNITY HOME under UHIP, KMDA

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrochloride 2% without Adrenaline
2.	Anaesthetic Ether 500 ml Bot.
3.	Inj. Thiopentone Sodium 0.5 gm.
4.	Inj. Ketamine Hydrochloride 50 mg.
5.	Halothane 200ml.
6.	Paracetamol 500 mg. tab.
7.	Inj. Pentazocaine 30 mg.
8.	Ibuprofen 200 mg. Tab.
9.	Inj. Diclofenac Sodium 25 mg/ ml. 2 ml. Amp.
10.	Chlorpheniramine Maleate 4 mg tab.
11.	Promethazine Elixer 100 ml. Phial
12.	Inj. Atropine Sulphate 0.6 mg.
13.	Inj. Diazepam 10 mg. / Amp.
14.	Diazepam 5 mg. Tab. (Scored Tab.)
15.	Metronidazole 200 mg. Tab.
16.	Inj. Metronidazole 100 ml. Bot.
17.	Furazolidone 100 mg. Tab.
18.	Sulphamethoxazole 400 mg & Trimetoprim 80 mg. Comb. Scored Tab.
19.	Amoxycillin 250 mg. Cap/Tab.
20.	Amoxycillin 125 mg. Kid Tab.
21.	Inj. Ampicillin sodium 250 mg. and Inj. Cloxacillin 250 mg.
22.	Ciprofloxacine Hydrochloride 500 mg. Tab.
23.	Tab. Norfloxacin 400 mg. scored Tab.
24.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap.
25.	Inj. Gentamycin 80 mg./ 2 ml. Vial
26.	Ferrous Sulphate 200 mg. Tab.
27.	Folic Acid 5 mg.
28.	Ink. Vit. K 10 mg/1 ml Amp
29.	Nifedipine 10 mg. Cap./ Tab.
30.	Nitro Furazone Skin Powder 10 gm. Cont.
31.	Antiseptic lotion
32.	Cresol with soap solution 50% NFI-III
33.	Phenyle Liquid (RW-5-7) (ISI Mark)
34.	Alcoholic solution of iodine (NFI) 500 ml. Bot.
35.	Mercurochrome 20 gm. Bot.
36.	Povidone Iodine 5% solution
37.	Frusemide 40 mg. Tab.
38.	Inj. Frusemide 20 mg./ 2 ml.
39.	Combined gastric Antacid Tab. containing Aluminium Hydroxide and magnesium hydroxide, total salts being not less than 500 mg.

(Contd...)

Sl. No.	Name of items of Drugs / Chemicals
40.	Ranitidine 150 mg. Tab.
41.	Metoclopramide 10 mg. Tab.
42.	Inj. Metoclopramide 10 mg./ 2 ml. Amp.
43.	Inj. Dexamethasone Sodium Phosphate 8 mg./ 2 ml. Vial
44.	Prednisolone 5 mg. Tab.
45.	Tetracycline 1% Eye ointment 5 mg Tube
46.	Inj. Synthetic Oxytocin 5 units / ml.
47.	Theophyline derivative (single active ingredient) Tab. 100 mg.
48.	Salbutamol 2 mg. Tab.
49.	Inj. Dextrose 5% (Isotonic) with infusion set
50.	Ringers lcatate solution with infusion set
51.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)
52.	Inj. Dextrose 5% with 0.9% sodium chloride, (NA + 154 Mmol/L, Cl – 154 Mmol/L) (588 mosm/L) with infusion set
53.	Inj. Sodium Bicarbonate 7.5% 10 ml Amp.
54.	Sterile water for injection (pyrogen free)
55.	Vitamin B Complex (prophylactic) Tab.
56.	Liq. Paraffin (Heavy)
57.	Ergometrine Maleate 0.2 mg. Tab.
58.	Bromhexine Hydrochloride 8 mg. Tab.
59.	Theophyline derivative (Single active ingredient) Inj.
60.	Injection Adrenaline
61.	Inj. CarboprostroMethamine 250 mg/ ml.
62.	Inj. Hydrocortisone Hemisuccinate
63.	Hypertonic Darrow's solution 540 ml polypack
64.	Inj. Norcuron 4 mg. /Amp.
65.	Povidone Iodine skin ointment
66.	Inj. Promethazine hydrochloride 50 mg. /2 ml.
67.	Inj. Succinyl chloride
68.	Inj. Prostigmine/Neostigmine 5 mg/Amp.
69.	Inj. Pavulon 2mg./Amp.
70.	French Chalk 500 gm/pkt.
71.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp.
72.	Inj. Ranitidine 50 mg/ 2ml Amp.
73.	Inj. Dicyclomine 10 mg./ml 2 ml Amp.
74.	Tab. Dicyclomine 10 mg. Tab
75.	Norfloxacin Eye drop (0.3%)
76.	Inj. Mephentine 15 mg./ml. Amp.
77.	Inj Dopamine Hydrochloride 200 mg / 5 ml. Amp.
78.	Inj. Lignocaine Hydrochloride Heavy 2ml Amp.
79.	Inj. Cefotaxim 500 mg. vial
80.	Lignocaine Hydrochloride Jelly 2% 20 gm tube

Calcutta Metropolitan Development Authority

Unnayan Bhavan, Bidhan Nagar, Kolkata-700 091

No.: 242 /KMDA/Health/2A-70 February 21, 2003

From: The Director,
Health Programme Unit, KMDA

To: The Mayor / ~~Chairman~~,
Chandannagore Municipal Corporation / ~~Municipality~~
Dist. Hooghly

Sub: Procurement of Medicine and Medico Surgical Requisites (MSR) for HAUs and ESOPDs created under CUDP-III and CSIP-1(a)&1(b) Health programmes.

Sir / Madam,

As per decision of the competent authority, the procurement of medicines and MSR required for HAUs and ESOPDs of all the assisted programmes under O&M has been decentralized and the Local Bodies have been authorized to procure the medicine and MSR of required quantities with the approval of the Director, HPU, KMDA for CUDP-III and CSIP-1(a)&1(b) Health programmes from this current financial year onwards and the fund so incurred for purchase, will be reimbursed by the HPU, KMDA.

The lists of approved medicines both for HAUs and ESOPDs are enclosed for your kind perusal. The procurement is required to be done quarterly every year. However, for the current financial year, procurement may be done for the requirement on the basis of balance held in stock for different municipalities.

You are requested kindly to forward your indents as per proforma enclosed. The indents should reach this office by 28th February. The short notice is regretted. Procurement should be made on having approval from this end remaining within the financial limit as will be sanctioned.

The purchase should be made at the CMS approved rates / prevailing hospital rates as applicable to Government Institutions and taxes applicable, from the CMS approved firms or from their authorized distributors or incase the drugs / medicines from CMS approved firms are not available and there is emergency by inviting local tenders / quotations and observing financial formalities of the Government of West Bengal. The firm should be asked to supply the drugs/medicines etc. alongwith analytical test certificate for every batch of each item.

After the purchase, claim for reimbursement should be submitted to this office preferably within 25th March 2003 but not later than 28th March 2003.

The following documents should be furnished alongwith your claim for arranging reimbursement.

a) Photocopy of the bills passed for payment by the Mayor / Chairman (in duplicate)

Contd....P/2

KMDA

Calcutta Metropolitan Development Authority

- 2 -Unnayan Bhavan, Bidhan Nagar, Kolkata-700 091

b) Photocopy of the receipted challan (in duplicate) with stock entry certificate endorsed thereon duly attested by the Health Officer / Finance Officer / Executive Officer.

c) Photocopy of the supply order issued by your municipality to the firm duly endorsed to the Director, HPU, KMDA and attested by the Mayor / Chairman / Finance Officer / Executive Officer / Health Officer.

d) In case of purchase at the prevailing hospital rate applicable to Government Institutions, or by local tenders/quotations observing financial formalities of the State Government, a comparative statement of rates offered showing accepted rates duly authenticated by the Mayor/Chairman/Finance Officer/Health Officer.

The following certificates from the Mayor/Chairman should be endorsed on the body of the bill/challan:

1) That the items of medicines etc. have been procured as per specifications of drug schedules which are well within the expiry period and within the sanctioned quantities accorded by the Director, HPU, KMDA (on the bill).

2) That drug test certificate on standard quality of each item purchased have been furnished by the supplying firm (on the bill)

3) That the items of medicines etc. have been received in full and in good condition and entered in the relevant stock ledgers of the HAU/ESOPD, _____ Municipality vide page no. _____ ledger no. _____ (on the challan)

4) That the items have been procured after observing financial formalities of the State Government (on the bill).

Yours faithfully,

Encl. as above

Director, HPU, KMDA 21/2/03

No.: 242/163 /KMDA/Health/2A-70

February 21, 2003

Copy forwarded for information and taking necessary action to:

1) The Health Officer, Chakdaha Municipal Corporation / ~~Municipality~~
2) Programme Administration, HPU, KMDA
3) ACFA, HPU, KMDA

Director, HPU, KMDA

CUDP

LIST OF DRUGS & CHEMICALS FOR use in HAU under ~~UHIP~~, KMDA

Sl. No.	Name of items of Drugs / Chemicals
1.	Combined gastric Antacid Tab. Containing Alluminium Hydroxide and Magnesium Hydroxide, total salt not less then 500 mg.
2.	Bromhexine Hydrochloride 8 mg. Tab.
3.	Chlopheniramine maleate 4 mg. Tab
4.	Ferrous Sulphate (Coated) 200 mg. Tab.
5.	Folic Acid 5 mg. Tab
6.	Furazolidone – 100 mg. Tab.
7.	Mebendazole – 100 mg. Tab.
8.	Metronidazole (Film coated) – 200 mg. Tab.
9.	ORS Citrate – each sachet of 27.9 gm. Containing – Sodium Chloride 3.5 gm. Dextrose – 20 gm. Pot. Chloride- 1.5 gm. Sodium citrate – 2.9 gm.
10.	Oxyphenonium Bromide 5 mg. Tab.
11.	Paracetamol 500 mg. Tab.
12.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab
13.	Antiseptic Lotion containing 2% Benzal Konium Chloride 200 ml. Each in bot.
14.	Mercurochrome of 20 gm phials (crystal)
15.	Nitro-Furazone 0.2% (W/W) skin ointment 15 gm tube
16.	Chloramphenicol 1% Eye applicap
17.	Absorbent Gauze Sterilised in Packets each containing 10 pcs. of 10 cm x 10 cm Separately in Polypack
18.	Adhesive plaster in Reel of 5 cm x 10 M each
19.	Benzyl Benzoate application 500 ml bots (25%)
20.	Cotton absorbent in packet of 100 gm.
21.	Phenyle (RW 5-7)
22.	Suphamethoxazol 100 mg & Trimethoprim 20 mg kid Tab.
23.	Metronidazole SUSP containing 100 mg in 5 ml
24.	Salbutamol 2 mg Tab
25.	Vitamin B Complex Tab (prophylactic)
26.	Paracetamol kid tab

For initial Indent

OFFICE OF THE MAYOR / CHAIRMAN

_____ Municipal Corporation / Municipality

_____

_____ Date: _____

No.: _____

To
The Director, Project Officer
Health Programme Unit, KMDA
IPP-VIII Extn, SUDA

Sir,

I am submitting herewith the indent of medicine etc. required for ~~HAU/ESOPD~~ HP/OPD/MH for _____ Municipal Corporation / Municipality for the year 2002 – 2003 which may kindly be sanctioned early.

Sl. No.	Name of Medicine/Consumables etc.	Date of previous receipt	Quantity in stock	Quantity required	Quantity sanctioned

Yours faithfully,

Mayor / Chairman
_____ Municipal Corporation / Municipality

For subsequent Quarterly Indent

OFFICE OF THE MAYOR / CHAIRMAN

_____ Municipal Corporation / Municipality

_____

Date: _____

No.:_____

To
The ~~Director~~,
~~Health~~ Programme Unit, KMDA

Sir,

I am submitting herewith the indent of medicine etc. required for ~~HAU~~/ ESOPD for _____ Municipal Corporation / Municipality for ~~three months~~ from _____ 200_3 to _____ 200_4 which may kindly be sanctioned early.

Sl. No.	Name of Medicine/Consumables etc.	Quantity purchased in previous quarter	Date of purchase	Quantity in stock	Quantity required	Quantity sanctioned

Expenditure incurred during the current financial year for purchase of medicine etc.:-

1. 1st Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

Yours faithfully,

Mayor / Chairman
_____ Municipal Corporation / Municipality

KMDA

Calcutta Metropolita Developmen Authority

Unnayan Bhavan, Bidhan Nagar, Kolkata-700 0

No:_____/KMDA/Health/2A-70 March 6, 2003

From: The Director
Health Programme Unit, KMDA

To: The Mayor / Chairman
_____ Municipal Corporation / Municipality
District: _____

Subject: Procurement of Medicines and Medical Surgical Requisites (MSR) for HAUs and ESOPDs created under CUDP-III and CSIP-1(a)&1(b) Health Programmes

Sir / Madam,

Approval is hereby accorded for purchase of Medicines and MSR for HAUs / ESOPDs created under CUDP-III / CSIP-1(a)&1(b) Health Programme in your Municipal Corporation/ Municipality for the quantities as indicated against each item under the column of "Quantity sanctioned" in your indent bearing no._____ dated _____ for the current financial year.

You are requested to make necessary purchase and forward your claim for reimbursement subsequently adhering to the terms and conditions as stipulated in our letter no.242/KMDA/Health/2A-70 dated February 21, 2003.

The purchase should be made within the ceiling limit of Rs._____ (Rupees_____).

Yours faithfully,

Encl. Approved indent as stated above.

Director, HPU/KMDA

No:_____/KMDA/Health/2A-70 March 6, 2003

Copy forwarded for information and necessary action to:

1) The Health Officer, _____ Municipal Corporation / Municipality
2) Programme Administrator, HPU, KMDA
3) ACFA, HPU, KMDA

Director, HPU/KMDA 6/3/03

LIST OF DRUGS & CHEMICALS FOR use in HAU under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals
1.	Combined gastric Antacid Tab. Containing Alluminium Hydroxide and Magnesium Hydroxide, total salt not less then 500 mg.
2.	Bromhexine Hydrochloride 8 mg. Tab.
3.	Chlopheniramine maleate 4 mg. Tab
4.	Ferrous Sulphate (Coated) 60 mg. Tab.
5.	Folic Acid 5 mg. Tab
6.	Furazolidone – 100 mg. Tab.
7.	Mebendazole – 100 mg. Tab.
8.	Metronidazole (Film coated) – 200 mg. Tab.
9.	ORS Citrate – each sachet of 27.9 gm. Containing – Sodium Chloride 3.5 gm. Dextrose – 20 gm. Pot. Chloride- 1.5 gm. Sodium citrate – 2.9 gm.
10.	Oxyphenonium Bromide 5 mg. Tab.
11.	Paracetamol 500 mg. Tab.
12.	Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab
13.	Antiseptic Lotion containing 5% Povidon Iodine Solution 100 ml. bot.
14.	Mercurochrome of 20 gm phials (crystal)
15.	Nitro-Furazone 0.2% (W/W) skin ointment 15 gm tube
16.	Chloramphenicol 1% Eye applicap
17.	Absorbent Gauze Sterilised in Packets each containing 10 pcs. of 10 cm x 10 cm Separately in Polypack
18.	Adhesive plaster in Reel of 5 cm x 10 M each
19.	Benzyl Benzoate application 500 ml bots (25%)
20.	Cotton absorbent in packet of 100 gm.
21.	Phenyle (RW 5-7)
22.	Suphamethoxazol 100 mg & Trimethoprim 20 mg kid Tab.
23.	Metronidazole SUSP containing 100 mg in 5 ml
24.	Salbutamol 4 mg Tab
25.	Vitamin B Complex Tab (prophylactic)
26.	Paracetamol kid tab

LIST OF DRUGS & CHEMICALS FOR use in MATERNITY HOME under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrochloride 2% without Adrenaline
2.	Anaesthetic Ether 500 ml Bot.
3.	Inj. Thiopentone Sodium 0.5 gm.
4.	Inj. Ketamine Hydrochloride 50 mg.
5.	Halothane 200ml.
6.	Paracetamol 500 mg. tab.
7.	Inj. Pentazocaine 30 mg.
8.	Ibuprofen 200 mg. Tab.
9.	Inj. Diclofenac Sodium 25 mg/ ml. 2 ml. Amp.
10.	Chlorpheniramine Maleate 4 mg tab.
11.	Promethazine Elixer 100 ml. Phial
12.	Inj. Atropine Sulphate 0.6 mg.
13.	Inj. Diazepam 10 mg. / Amp.
14.	Diazepam 5 mg. Tab. (Scored Tab.)
15.	Metronidazole 400 mg. Tab.
16.	Inj. Metronidazole 100 ml. Bot.
17.	Furazolidone 100 mg. Tab.
18.	Sulphamethoxazole 800 mg & Trimetoprim 160 mg. Comb. Scored Tab.
19.	Amoxycillin 250 mg. Cap/Tab.
20.	Amoxycillin 125 mg. Kid Tab.
21.	Inj. Ampicillin sodium 250 mg. and Inj. Cloxacillin 250 mg.
22.	Ciprofloxacine Hydrochloride 500 mg. Tab.
23.	Tab. Norfloxacin 400 mg. scored Tab.
24.	Cloxacillin 250 mg + Ampicillin 250 mg. Cap.
25.	Inj. Gentamycin 80 mg./ 2 ml. Vial
26.	Ferrous Sulphate 200 mg. Tab.
27.	Folic Acid 5 mg.
28.	Ink. Vit. K 10 mg/1 ml Amp
29.	Nifedipine 10 mg. Cap./ Tab.
30.	Nitro Furazone Skin Powder 10 gm. Cont.
31.	Antiseptic lotion(Benzal Konium Chloride 2%)
32.	Cresol with soap solution 50% NFI-III
33.	Phenyle Liquid (RW-5-7) (ISI Mark)
34.	Alcoholic solution of iodine (NFI) 500 ml. Bot.
35.	Mercurochrome 20 gm. Bot.
36.	Povidone Iodine 5% solution
37.	Frusemide 40 mg. Tab.
38.	Inj. Frusemide 20 mg./ 2 ml.
39.	Combined gastric Antacid Tab. containing Aluminium Hydroxide and magnesium hydroxide, total salts being not less than 500 mg.

(Contd...)

Sl. No.	Name of items of Drugs / Chemicals
40.	Ranitidine 150 mg. Tab.
41.	Metoclopramide 10 mg. Tab.
42.	Inj. Metoclopramide 10 mg./ 2 ml. Amp.
43.	Inj. Dexamethasone Sodium Phosphate 8 mg./ 2 ml. Vial
44.	Prednisolone 5 mg. Tab.
45.	Tetracycline 1% Eye ointment 5 mg Tube
46.	Inj. Synthetic Oxytocin 5 units / ml.
47.	Theophyline derivative (single active ingredient) Tab. 100 mg.
48.	Salbutamol 2 mg. Tab.
49.	Inj. Dextrose 5% (Isotonic) with infusion set
50.	Ringers lcatate solution with infusion set
51.	Inj. Dextrose 10% (560 Mosm/L Hypertonic)
52.	Inj. Dextrose 5% with 0.9% sodium chloride, (NA + 154 Mmol/L, Cl – 154 Mmol/L) (588 mosm/L) with infusion set
53.	Inj. Sodium Bicarbonate 7.5% 10 ml Amp.
54.	Sterile water for injection (pyrogen free)
55.	Vitamin B Complex (prophylactic) Tab.
56.	Liq. Paraffin (Heavy)
57.	Ergometrine Maleate 0.2 mg. Tab.
58.	Bromhexine Hydrochloride 8 mg. Tab.
59.	Theophyline derivative (Single active ingredient) Inj.
60.	Injection Adrenaline (1: 1000)
61.	Inj. CarboprostroMethamine 250 mg/ ml.
62.	Inj. Hydrocortisone Hemisucctinate
63.	Hypertonic Darrow's solution 540 ml polypack
64.	Inj. Norcuron 4 mg. /Amp.
65.	Povidone Iodine skin ointment
66.	Inj. Promethazine hydrochloride 50 mg. /2 ml.
67.	Inj. Succinyl chloride
68.	Inj. Prostigmine/Neostigmine 5 mg/Amp.
69.	Inj. Pavulon 2mg./Amp.
70.	French Chalk 500 gm/pkt.
71.	Inj. Ergometrine Maleate 0.5 mg./ml. Amp.
72.	Inj. Ranitidine 50 mg/ 2ml Amp.
73.	Inj. Dicyclomine 10 mg./ml 2 ml Amp.
74.	Tab. Dicyclomine 10 mg. Tab
75.	Norfloxacin Eye drop (0.3%)
76.	Inj. Mephentine 15 mg./ml. Amp.
77.	Inj Dopamine Hydrochloride 200 mg / 5 ml. Amp.
78.	Inj. Lignocaine Hydrochloride Heavy 2ml Amp.
79.	Inj. Cefotaxim 500 mg. vial
80.	Lignocaine Hydrochloride Jelly 2% 20 gm tube

LIST OF DRUGS & CHEMICALS FOR use in ESOPD under IPP-VIII, KMDA during Post Project Period

Sl. No.	Name of items of Drugs / Chemicals
1.	Inj. Lignocaine Hydrocholoride 2% without Adrenaline
2.	Inj. Lignocaine Hydrocholoride 2% with Adrenaline (I I.U 1000.000)
3.	Paracetamol 500 mg . Tab.
4.	Paracetamol kid Tab.
5.	Ibuprofen 200 mg. Tab.
6.	Diclofenac 50 mg. Tab.
7.	Chlorpheniramine Maleate 4 mg.
8.	Promethazine Elixir 5 mg/ 5ml
9.	Diazepam 5 mg Tab. (Scored Tab)
10.	Metronidazole Suspension 25 mg/ 5ml.
11.	Inj. Atropine Sulphate 0.6 mg/ 1ml Amp
12.	Folic Acid 5 mg. Tab.
13.	Furazolidone 100 mg. Tab.
14.	Furazolidone Suspension 25 mg./ 5 ml.
15.	Sulphamethoxazole 800 mg & Trimethoprim 160 mg. combined Tab.
16.	Sulphamethoxazole 100 mg & Trimethoprim 20 mg. combined Tab.
17.	Amoxycillin 250 mg. Cap./ Tab.
18.	Amoxycillin 125 mg. kid Tab.
19.	Ciprofloxacine Hydrochloride 500 mg. Tab.
20.	Tab. Norfloxacin 400 mg. (Scored Tab.)
21.	Erythromycin 250 mg. Tab.
22.	Erythromycin granules equivalent to Erythromycin base 100 –125 mg./ 5 ml. Reconstituted.
23.	Chloramphenicol 1% Eye applicap
24.	Choramphenicol 1% otic solution (sterile)
25.	Cloxacillin , I.P./B.P 250 mg + Ampicillin 250 mg. Cap.
26.	Mebendazole 100mg . Tab
27.	Pyrantel I.P. 10 ml
28.	Albendazole Tab 400 mg(scored)
29.	Diethyl carbarmazine citrate 50 mg Tab.
30.	Clotrimazole Ointment
31.	Clotrimazole vaginal Tab.
32.	Ferrous Sulphate 60 mg. coated Tab.
33.	Atenolol 50 mg. Tab.
34.	Isosorbide dinitrate 10 mg.
35.	Nifedipine 10 mg. Cap. / Tab.
36.	Miconazole Oint/Cream 2% in Tube pack
37.	Benzoic Acid and Salicylic Acid (6% + 3%) Ointment in tube
38.	Silver Sulphadiazine 1% Cream
39.	Potassium permanganate crystal
40.	Benzyl Benzoate I.P. 500 ml. Bot.
41.	Antisetic lotion (2% Benzal Konium Chloride)

(Contd...)

Sl. No.	Name of items of Drugs / Chemicals
42.	Cresol with soap solution 50% NFH-III/I.P.
43.	Phenyl Liquid (RW 5-7) (I.S.I.) Mark
44.	Gentian Violet
45.	Mercurochrome
46.	Combined Gastric Antacid Tab. Containing Aluminium hydroxide and Magnesium hydroxide total salts being bot less than 500 mg.
47.	Famotidine 20 mg. Tab.
48.	Ranitidine 150 mg. Tab.
49.	Metoclopramide 10 mg. Tab.
50.	Oxyphenonium Bromide 5 mg . I. P. Tab
51.	Dexamethasone 0.5 mg. Tab.
52.	Inj. Dexamethasone sodium phosphate 8 mg /2ml vial
53.	Chloramphenicol with corticoseroid Eye drops 5 ml. Phial
54.	Prednisolone 5 mg. Tab.
55.	Ethinyl Oestradiol 0.5 mg. Tab.
56.	Livothyroxin Sodium Tab. (0.1 mg)
57.	Atropine Sulphate Eye Ointment 1%
58.	Homatropine Hydrobromide 2% Eye drops
59.	Tetracycline 1% Eye Ointment
60	Sulphaectamide Sodium 10% drops
61.	Ergometrine Maleate 0.2 mg. Tab.
62.	Theophyiline Derivative (Single ative ingredient) Tab.
63.	Salbutamol Syrup 2 mg / 5 ml.
64.	Salbutamol 4 mg Tab. (as Sulphate)
65.	Oral rehydration salt I.P. as powder for reconstitution containing Sodium Choloride 3.5 gm, Potasium Chloride 1.5 gm. Glucose 20 gm & Trisodium citrate dehydrant 2.9 gm (Total quality per packet 27.9 gm.)
66.	Vit. B- Complex (Prophylactic N.F.I. –III) Tab.
67.	Ascorbic Acid 500 mg. Tab.
68.	French Chalk
69.	Liquid paraffin (Light)
70.	Inj. Diazepam 10 mg/ Amp.
71.	Nitrofurazone Skin Pwder
72.	Bromhexine Hydrochloride 8 mg. Tab
73.	Cloxacillin & Amoxycillin Tab. 125 mg each
74.	Providone Iodine skin oint 15 gm. Table
75.	Xylocaine Tropical Drop 4% (Anaesthetic)
76.	Pilocarpine Eye Drop
77.	Norfloxacin Eye drop 0.3%
78.	Tab Dicyclomin 10 mg Tab
79.	Glibenclamide 5mg Tab
80.	Amlodipine 5 mg. Tab