



Kerala State Drugs and Pharmaceuticals Ltd
(A Govt. of Kerala Enterprise)
KALAVOOR, ALAPPUZHA

Phone :0477-2258184 (Extn:207) ; Email :ksdprmqt@gmail.com

Web :ksdp.co.in

KSDP/PS/EQ/2023-24/20000134/T-25

31-1-2024

Notice Inviting Email Quotation for the Supply of Karunya Labels- 9 items

Quotations are invited for the supply of undermentioned goods/ services as per the attached specifications on FOR destination basis at our factory site at Kalavoor,Alapuzha, Kerala state

SI No.	ITEM CODE & DESCRIPTION	UNIT	QUANTITY	EMD	TENDER FEES
1	43000008 Product Label Karunya Diazepam Tab IP 5mg	Numbers	2,000 NOS	Not Applicable	Not Applicable
2	43000011 Product :abel Karunya Amlodipine Tab Ip 5mg	Numbers	3,500 NOS		
3	43000022 Product Label karunya Levetiracetam Tab IP 500mg	Numbers	2,000 NOS		
4	43000023 Product Label Karunya Folic Acid Tab IP 5mg	Numbers	2,000 NOS		
5	43000025 Product label karunya Glimipride Tab IP 2mg	Numbers	10,000 NOS		
6	43000027 Product label Karunya Metformin SR tab IP 1gm	Numbers	10,000 NOS		
7	43000033 Product Label Kar Chlorpromazine Tab IP 50mg	Numbers	2,000 NOS		
8	43000044 Product Label Karunya Indomethacin Cap IP 25mg	Numbers	2,000 NOS		
9	43000042 Product Label Karuny Salbatamol Sulphate Tab IP 4mg	Numbers	2,000 NOS		

Quotations should be submitted as per the Proforma given below on your letter head.

SI No.	Name of item	Make	Rate per unit (including freight, if any)	GST %	Offer validity	Remarks, if any
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Due Date/Time : 3-Feb-24 / 12pm

Opening Date/Time: 3-Feb-24 / 1pm

Continued...

Offer validity*: Minimum 7 days offer validity from the date of closure of bid submission. Quotation received with offer validity less than 7 days from the date of closure of bid submission will be entirely rejected.

Please send your Lowest offers of the item to our e-mail ksdptender@gmail.com before 12.00 PM, 03/2 /2024.

The Quotation should be submitted through a password protected excel sheet. Please share your password to ur email ksdptender@gmail.com @01.00 PM, 03.02.2024

TERMS & CONDITIONS

- 1.Payment terms :- 30 days after the receipt of the material along with documents, subject to QC approval.**
- 2.Mode of payment:- E-Payment.**
- 3.Delivery Period:- Supply should be effected within 15 days on award of PO**

HOD - Purchase

Rx

25 x10

INDOMETHACIN CAPSULES I.P. 25mg.

Each capsule contains:

Indomethacin I.P. 25mg.

Approved colours used in empty gelatin capsule

Storage: Store protected from moisture

Dosage: As directed by the Physician

Capsule should be swallowed whole and not opened, chewed or crushed.



Manufactured in India by:

**Kerala State Drugs and
Pharmaceuticals Ltd.**

Kalavoor P.O., Alappuzha,
Kerala - 688 522

**SCHEDULE H PRESCRIPTION
DRUG-CAUTION:**

Not to be sold by retail without the
prescription of a Registered
Medical Practitioner.

Mfg. Lic. No. 9/25/74

Batch No.

Mfd.

Exp.

MRP Rs.

(Incl. of all taxes)



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/47
Effective date:	29/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	INDOMETHACIN CAPSULES I.P. 25 MG.	9.5 X5.5 cm	4	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
Date: 25/01/24	Date: 25/01/24	Date: 29/01/24	Date: 29/01/24	Date: 29/01/24	

50 x10

METFORMIN HYDROCHLORIDE SUSTAINED RELEASE TABLETS I.P. 1gm.

Each uncoated sustained release tablet contains
Metformin Hydrochloride I.P. 1gm.

Excipients : q.s.

**SCHEDULE G PRESCRIPTION DRUG -
CAUTION:**

It is dangerous to take this preparation
except under medical supervision

Storage: Store in a cool dry place,
protected from light and moisture.
Keep medicine out of reach of children

Dosage: As directed by the Physician

Mfg. Lic. No. 9/25/74

Batch No.

Mfd.

Exp.

MRP Rs.
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Kalavoor P.O., Alappuzha, Kerala - 688 522



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/22
Effective date:	29/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	METFORMIN HYDROCHLORIDE SUSTAINED RELEASE TABLETS I.P. 1g.	9.5 X5.5 cm	4	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
Date: 25/01/24	Date: 25/01/24	Date: 29/01/24	Date: 29/01/24	Date: 29/01/24	

Rx

180 x 10

SALBUTAMOL SULPHATE TABLETS I.P. 4mg.

Each tablet contains:
Salbutamol Sulphate I.P.
equivalent to Salbutamol 4 mg.

Storage:
Store protected from light.
Dosage: As directed by the Physician.



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Kerala - 688 522

**SCHEDULE H PRESCRIPTION
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Mfg. Lic. No. 9/25/74

Batch No.

Mfd.

Exp.

MRP Rs.
(Incl. of all taxes)



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

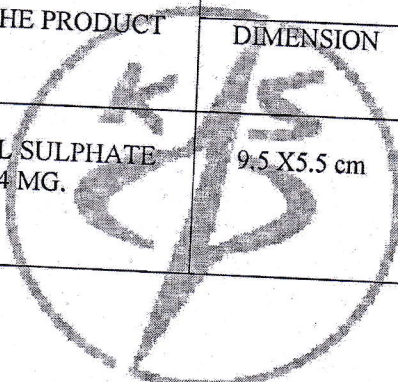
KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/51
Effective date:	31/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	SALBUTAMOL SULPHATE TABLETS I.P. 4 MG.	9.5 X5.5 cm	4	70



Prepared by Officer QA	Checked by Production Officer	Reviewed by Production Head	Approved by QC Head	Authorised by QA Head	MASTER COPY UNCONTROLLED COPY
Date: 31/01/24	Date: 31/01/2024	Date: 31/01/2024	Date: 31/01/2024	Date: 31/01/2024	

Rx

100 x 10

GLIMEPIRIDE TABLETS I.P. 2mg.

Each uncoated tablet contains:

Glimepiride I.P. 2mg.

Excipients: q.s.

Storage:

Store protected from light and moisture,
at a temperature not exceeding 30°C.

Dosage: As directed by the Physician.

Keep the medicine out of reach of children.

Manufactured in India by:



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Kalavoor P.O., Alappuzha,
Kerala-688 522

SCHEDULE H PRESCRIPTION
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Mfg. Lic. No. 9/25/74

Batch No.

Mfd.

Exp.

MRP Rs.
(Incl. of all taxes)



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/50
Effective date:	30/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	GLIMEPIRIDE TABLETS I.P. 2 MG.	9.5 X5.5 cm	4	.70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
Date: 29/01/24	Date: 29/01/2024	Date: 30/01/2024	Date: 30/01/2024	Date: 30/01/2024	

Rx

180 x 10

AMLODIPINE TABLETS I.P. 5mg.

**SCHEDULE H PRESCRIPTION
DRUG-CAUTION :**
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without the prescription of a
Registered Medical Practitioner.

Storage:
Store protected from light
& moisture

Dosage:
As directed by the Physician


Each film coated tablet contains:

Amlodipine Besilate I.P.
equivalent to
Amlodipine 5mg.



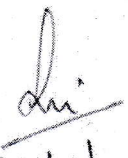
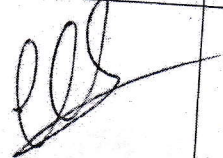
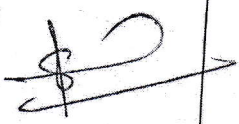


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Kalavoor P.O., Alappuzha,
Kerala- 688522

Mfg. Lic. No. 9/25/74
Batch No.
Mfd.
Exp.
MRP Rs.
(Incl. of all taxes)

	KERALA STATE DRUGS AND PHARMACEUTICALS LTD. KALAVOOR PO, ALAPPUZHA, KERALA-688522
	PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)			
SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/31
Effective date:	30/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	AMLODIPINE TABLETS I.P. 5 MG.	9.5 X 5.5 cm	3	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
					
Date: 29/01/24	Date: 29/01/2024	Date: 30/01/2024	Date: 30/01/2024	Date: 30/01/2024	

Rx

180 x 10

DIAZEPAM TABLETS I.P. 5mg.

Each tablet contains:

Diazepam I.P. 5 mg.

Dosage: As directed by the Physician

Storage: Store protected from light.



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Kerala-688 522

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Mfg. Lic. No. 9/25/74

Batch No.

Mfd.

Exp.

MRP Rs.

(Incl. of all taxes)



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPÉC02	Spec. No:	KARUNYA/OPEN/PL/37
Effective date:	29/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	DIAZEPAM TABLETS LP 5 MG.	9.5 X5.5 cm	3	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
Date: 25/01/24	Date: 25/01/24	Date: 29/01/24	Date: 29/01/24	Date: 29/01/24	

Rx

70 x10

LEVETIRACETAM TABLETS I.P. 500mg.

Each film coated tablet contains:
Levetiracetam I.P. 500mg.
Excipients : q.s.
Colour: Sunset Yellow
Storage:
Store protected from moisture,
at a temperature not exceeding 30°C.
Dosage: As directed by the Physician.



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Kerala-688 522

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Mfg. Lic. No. 9/25/74
Batch No.
Mfd.
Exp.
MRP Rs.
(Incl. of all taxes)



KERALA STATE DRUGS AND PHARMACEUTICALS LTD.

KALAVOOR PO, ALAPPUZHA, KERALA-688522

PACKING SPECIFICATION

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)

SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/49
Effective date:	30/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	LEVETIRACETAM TABLETS I.P. 500 MG.	9.5 X5.5 cm	4	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
Date: 29/01/24	Date: 29/01/2024	Date: 30/01/2024	Date: 30/01/2024	Date: 30/01/2024	

180 x10

FOLIC ACID TABLETS I.P. 5mg.

Each tablet contains:

Folic Acid I.P. 5 mg.

Storage : Store protected from light

Dosage: As directed by the Physician



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Kalavoor P.O., Alappuzha, Kerala - 688 522.

Mfg. Lic. No. 10/28/74


Batch No.

Mfd.

Exp.




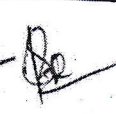

MRP Rs.

(Incl. of all taxes)

	KERALA STATE DRUGS AND PHARMACEUTICALS LTD. KALAVOOR PO, ALAPPUZHA, KERALA-688522	
	PACKING SPECIFICATION	

LABEL SPECIFICATION FOR PRODUCT LABEL- (OPEN MARKET/KARUNYA)			
SOP No:	KSDP/SOP/SPEC02	Spec. No:	KARUNYA/OPEN/PL/38
Effective date:	30/01/2024	Revision No:	00

Sl.No.	NAME OF THE PRODUCT	PRODUCT LABEL		
		DIMENSION	COLOUR	PAPER GSM
1	FOLIC ACID TABLETS I.P. 5 MG.	9.5 X 5.5 cm	3	70

Prepared by	Checked by	Reviewed by	Approved by	Authorised by	MASTER COPY UNCONTROLLED COPY
Officer QA	Production Officer	Production Head	QC Head	QA Head	
					
Date: 29/01/24	Date: 29/01/2024	Date: 30/01/2024	Date: 30/01/2024	Date: 30/01/2024	

Rx

75 x10

CHLORPROMAZINE TABLETS I.P. 50mg.

Each tablet contains:
Chlorpromazine Hydrochloride I.P. 50mg.
Excipients : q.s.

Storage: Store protected from light
Dosage: As directed by the Physician



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Pharmaceuticals Ltd.**
Kalavoor P.O., Alappuzha,
Kerala - 688 522

SCHEDULE H PRESCRIPTION
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Exp.
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