



**ODISHA STATE MEDICAL CORPORATION LTD.**  
(A Govt. of Odisha Undertaking)  
(Assuring Quality, Saving Lives)

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Notification No. 1100

Date: 22-02-2022

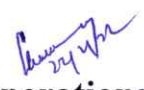
**NOTICE**

**Sub : OSMCL –E- Tender for Supply of Anti Cancer Items (Group-II) for the year 2022-23– Technical Bid Evaluation –status– Published – regarding.**

**Bid Ref. No. OSMCL/2022-23/DRUGS-DHS-ACD-GR-II/02 dtd. 14.12.2021**

Technical bids submitted in response to the e-tender referred above for **Supply of Anti Cancer Items for the year 2022-23** were opened on 24.01.2022 and scrutinized. The **provisional** list of eligible and rejected bidders with their items after technical bid evaluation is published at Annex – I. Representations, if any, on this notice should be submitted to the Tender Inviting Authority within 3 days from the publication of this notice i.e on or before **Dt: 24.02.2022, 5.00PM** through e-mail to General Manager Operation D&S, OSMCL [logistics.osmcl.od@nic.in](mailto:logistics.osmcl.od@nic.in), after that no representation from any bidder will be taken for consideration.

**Encl: Annex – I**

  
**GM Operations (D & S)**  
**OSMC Ltd., Odisha**

**Provisional list of Eligible and Rejected Bidders with their items  
for Anti Cancer Items (Group-II) 2022 - 23 after Technical Bid Evaluation.**

**Bid Reference No. : OSMCL/2022-23/DRUGS-DHS-ACD-GR-II/02**

**Annexure I**

Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
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**1 M/s. DR. REDDYS LABORATORIES LTD. ,Hyderabad**

1	D33122 Inj. Filgrastim	300mcg/ Vial		Qualified.
2	D33123 Inj. Filgrastim peg	6mg/ PFS		Qualified.
3	D33152 Inj. Oxaliplatin	50 mg / Vial		Qualified.
4	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
5	D33164 Inj. Rituximab	100 mg / Vial		Qualified.
6	D33165 Inj. Rituximab	500 mg / Vial		Qualified.
7	D33210 Inj. Denosumab	120mg		Qualified.
8	D33214 Inj. Bevacizumab (with diluents in plastic container)	25mg/ml		Qualified.
9	D33215 Inj. Bevacizumab (with diluents in plastic container)	25mg / ml		Qualified.

**2 M/s. CONCORD BIOTECH LTD. ,Ahmedabad**

1	D33067 Cap. Cyclosporine(Aluminium foil/Blister pack)	100 mg/Cap.	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.
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**3 M/s. NATCO PHARMA LTD. ,Hyderabad**

1	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab		Qualified.
2	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
3	D33132 Cap. Lenalidomide (Aluminium foil/Blister pack)	10mg/ Cap		Qualified.
4	D33134 Cap. Lenalidomide (Aluminium foil/Blister pack)	5mg/ Cap		Qualified.
5	D33161 Inj. Pemetrexed	100 mg / Vial		Qualified.
6	D33162 Inj. Pemetrexed	500 mg / Vial		Qualified.
7	D33195 Inj. Azacitidine (with diluents)	100 mg/Vial		Qualified.
8	D33208 Tab. Lapatinib (Aluminium foil/Blister pack)	250mg/Tab		Qualified.



Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
4	<b>4 M/s. ZUVIUS LIFESCIENCES PVT. LTD. ,Mumbai</b>			
1	D33015 Inj. Doxorubicin HCl	2 mg / ml	Less Turnover as per clause No. 5.2.5.	Not Qualified.
2	D33023 Inj. Cisplatin	10 mg/Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
3	D33024 Inj. Cisplatin	50 mg / vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
4	D33032 Inj. Vinblastine	10 mg / Vial	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
5	D33041 Tab. Tamoxifen (Aluminium foil/Blister pack)	20 mg/ Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.
6	D33053 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	10,000 IU / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
7	D33055 Inj. Carboplatin	10 mg / ml	Less Turnover as per clause No. 5.2.5.	Not Qualified.
8	D33056 Inj. Carboplatin	10 mg / ml	Less Turnover as per clause No. 5.2.5.	Not Qualified.
9	D33059 Inj. Epirubicin	10mg / Vial	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
10	D33060 Inj. Epirubicin	50mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
11	D33061 Inj. Epirubicin	100mg / Vial	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
12	D33064 Inj. Daunorubicin	20mg/vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
13	D33071 Inj. Etoposide (with diluents in plastic container)	100mg/Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
14	D33072 Inj. Gemcitabine (with diluents in plastic container)	200mg/vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
15	D33073 Inj. Gemcitabine (with diluents in plastic container)	1gm/vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
16	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
17	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.
18	D33077 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	5,000 IU / Vial	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
19	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg	Less Turnover as per clause No. 5.2.5.	Not Qualified.
20	D33087 Inj. Bortezomib	2mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
21	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.
22	D33098 Inj. Cytarabine (with diluents)	1GM / VIAL	Less Turnover as per clause No. 5.2.5.	Not Qualified.
23	D33100 Tab. Dasatinib (Aluminium Foil/Blister Pack)	50 mg/ Tab.	No Market Standing as per clause No. 5.2.9.	Not Qualified.
24	D33102 Inj. Dacarbazine	200mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
25	D33103 Inj. Dacarbazine	500mg/ Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
26	D33107 Inj. Docetaxel (with diluents)	20mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
27	D33108 Inj. Docetaxel (with diluents)	80mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
28	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
29	D33116 Tab. Erlotinib (Aluminium foil/Blister pack)	150mg/ Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.
30	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.

Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
31	D33132 Cap. Lenalidomide (Aluminium foil/Blister pack)	10mg/ Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
32	D33134 Cap. Lenalidomide (Aluminium foil/Blister pack)	5mg/ Cap	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
33	D33135 Tab. Letrozole (Aluminium foil/Blister pack)	2.5mg/ Tab	Less Turnover as per clause No. 5.2.5.	Not Qualified.
34	D33146 Inj. Methotrexate	50 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
35	D33152 Inj. Oxaliplatin	50 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
36	D33153 Inj. Oxaliplatin	100 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
37	D33156 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene (PVC and DEHP free) 500 ml bottle )	100 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
38	D33161 Inj. Pemetrexed	100 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
39	D33162 Inj. Pemetrexed	500 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
40	D33170 Cap. Temozolamide (Aluminium foil/Blister pack)	100mg/ Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
41	D33171 Cap. Temozolamide (Aluminium foil/Blister pack)	20mg / Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
42	D33172 Cap. Temozolamide (Aluminium foil/Blister pack)	250mg/ Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
43	D33174 Cap. Thalidomide (Aluminium foil/Blister pack)	100mg / Cap	Less Turnover as per clause No. 5.2.5.	Not Qualified.
44	D33181 Inj. Zoledronic Acid	4 mg / Vial	Less Turnover as per clause No. 5.2.5.	Not Qualified.
45	D33198 Tab. Dasatinib (Aluminium Foil/Blister Pack)	70mg / Tab.	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
46	D33201 Tab. Methotrexate (Aluminium foil/Blister pack)	7.5 mg / Tab.	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
47	D33209 Tab. Abiraterone (Aluminium foil/Blister pack)	250 mg / Tab.	Less Turnover & No Market Standing as per clause No. 5.2.5. & 5.2.9. respectively.	Not Qualified.
48	D33211 inj. Irinotecan	100 mg	Less Turnover as per clause No. 5.2.5.	Not Qualified.
49	D33213 Tab. Dasatinib (Aluminium Foil/Blister Pack)	20 mg/ Tab.	No Market Standing as per clause No. 5.2.9.	Not Qualified.

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SI No.	Name of the Item	Specification	Reason for Rejection	Remarks
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5 **M/s. INTAS PHARMACEUTICALS LTD. ,Ahmedabad**

1	D33085	Tab. Bicalutamide (Aluminium Foil/Blister Pack)	50mg/Tab	Qualified.
2	D33091	Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab	Qualified.
3	D33122	Inj. Filgrastim	300mcg/ Vial	Qualified.
4	D33123	Inj. Filgrastim peg	6mg/ PFS	Qualified.
5	D33135	Tab. Letrozole (Aluminium foil/Blister pack)	2.5mg/ Tab	Qualified.
6	D33164	Inj. Rituximab	100 mg / Vial	Qualified.
7	D33165	Inj. Rituximab	500 mg / Vial	Qualified.
8	D33177	Inj. Trastuzumab (with diluents)	440mg	Qualified.
9	D33195	Inj. Azacitidine (with diluents)	100 mg/Vial	Qualified.
10	D33214	Inj. Bevacizumab (with diluents in plastic container)	25mg/ml	Qualified.
11	D33215	Inj. Bevacizumab (with diluents in plastic container)	25mg / ml	Qualified.

6 **M/s. NOVARTIS HEALTHCARE PVT. LTD. ,Mumbai**

1	D16040	Tab. Eltrombopag (Aluminium foil/Blister pack)	25 mg/Tab	Qualified.
2	D33150	Tab./Cap. Nilotinib (Aluminium foil/Blister pack)	200 mg/Tab./Cap	Qualified.
3	D33160	Tab. Pazopanib (Aluminium foil/Blister pack)	200mg/ Tab	Qualified.
4	D33208	Tab. Lapatinib (Aluminium foil/Blister pack)	250mg/Tab	Qualified.

7 **M/s. SUN PHARMA LABORATORIES LTD. ,Mumbai**

1	D33100	Tab. Dasatinib (Aluminium Foil/Blister Pack)	50 mg/ Tab.	No Market Standing as per clause No. 5.2.9.	Not Qualified.
2	D33105	Inj. Decitabine	50mg / Vial	No GMP Certificate as per clause No.5.2.2.	Not Qualified.
3	D33160	Tab. Pazopanib (Aluminium foil/Blister pack)	200mg/ Tab	No Market Standing as per clause No. 5.2.9.	Not Qualified.
4	D33168	Cap. Sunitinib (Aluminium foil/Blister pack)	12.5mg / Cap	Invalid Mfg. License, No GMP Certificate and No Market Standing as per clause No. 5.2.1. , 5.2.2. & 5.2.9. respectively.	Not Qualified.
5	D33169	Cap. Sunitinib (Aluminium foil/Blister pack)	25mg/ Cap	Invalid Mfg. License, No GMP Certificate and No Market Standing as per clause No. 5.2.1. , 5.2.2. & 5.2.9. respectively.	Not Qualified.
6	D33192	Buprenorphine Patch	5mcg/hour, 7 days patch	No Market Standing & Non Conviction certificate not submitted as per clause No. 5.2.9. & 5.2.10. respectively.	Not Qualified.
7	D33193	Buprenorphine Patch	10mcg/hour, 7 days patch	No Market Standing & Non Conviction certificate not submitted as per clause No. 5.2.9. & 5.2.10. respectively.	Not Qualified.
8	D33198	Tab. Dasatinib (Aluminium Foil/Blister Pack)	70mg / Tab.	No Market Standing as per clause No. 5.2.9.	Not Qualified.
9	D33220	Inj. Liposomal Doxorubicin	20 mg /vial		Qualified.

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Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
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8 M/s. KHANDELWAL LABORATORIES PVT. LTD. ,Mumbai

1	D33015 Inj. Doxorubicin HCl	2 mg / ml		Qualified.
2	D33023 Inj. Cisplatin	10 mg/Vial		Qualified.
3	D33024 Inj. Cisplatin	50 mg / vial		Qualified.
4	D33035 Tab./Cap. Etoposide(Aluminium foil/Blister pack)	50 mg/Tab./Cap		Qualified.
5	D33040 Tab. Tamoxifen (Aluminium foil/Blister pack)	10 mg/ Tab.		Qualified.
6	D33041 Tab. Tamoxifen (Aluminium foil/Blister pack)	20 mg/ Tab		Qualified.
7	D33054 Inj. Doxorubicin HCl	2mg/ ml		Qualified.
8	D33055 Inj. Carboplatin	10 mg / ml		Qualified.
9	D33056 Inj. Carboplatin	10 mg / ml		Qualified.
10	D33059 Inj. Epirubicin	10mg / Vial		Qualified.
11	D33060 Inj. Epirubicin	50mg / Vial		Qualified.
12	D33069 Inj. Bleomycin (with diluents in plastic container)	15 IU/vial		Qualified.
13	D33071 Inj. Etoposide (with diluents in plastic container)	100mg/Vial		Qualified.
14	D33072 Inj. Gemciatbine (with diluents in plastic container)	200mg/vial		Qualified.
15	D33073 Inj. Gemciatbine (with diluents in plastic container)	1gm/vial		Qualified.
16	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap		Qualified.
17	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab	No Drug Endorsement and No Market Standing as per clause No. 5.2.9.	Not Qualified.
18	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg		Qualified.
19	D33081 Tab Aprepetant	Each Kit contain ( 125 mg - 1 Tab. And 80 mg - 2 Tab.)	No Drug Endorsement and No Market Standing as per clause No. 5.2.9.	Not Qualified.
20	D33087 Inj. Bortezomib	2mg / Vial		Qualified.
21	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
22	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
23	D33108 Inj. Docetaxel (with diluents)	80mg / Vial		Qualified.
24	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial		Qualified.
25	D33116 Tab. Erlotinib (Aluminium foil/Blister pack)	150mg/ Tab		Qualified.
26	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
27	D33135 Tab. Letrozole (Aluminium foil/Blister pack)	2.5mg/ Tab		Qualified.
28	D33146 Inj. Methotrexate	50 mg / Vial		Qualified.
29	D33152 Inj. Oxaliplatin	50 mg / Vial		Qualified.
30	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
31	D33161 Inj. Pemetrexed	100 mg / Vial		Qualified.
32	D33162 Inj. Pemetrexed	500 mg / Vial		Qualified.
33	D33170 Cap. Temozolamide (Aluminium foil/Blister pack)	100mg/ Cap		Qualified.
34	D33171 Cap. Temozolamide (Aluminium foil/Blister pack)	20mg / Cap		Qualified.
35	D33172 Cap. Temozolamide (Aluminium foil/Blister pack)	250mg/ Cap		Qualified.



Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
36	D33181 Inj. Zoledronic Acid	4 mg / Vial		Qualified.

9 **9 M/s. BDR PHARMACEUTICALS & INTERNATIONAL PVT. LTD. ,New Delhi**

1	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap		Qualified.
2	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab	No Market Standing as per clause No. 5.2.9.	Not Qualified.
3	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg		Qualified.
4	D33083 Inj. Bendamustine	100mg		Qualified.
5	D33087 Inj. Bortezomib	2mg / Vial		Qualified.
6	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
7	D33100 Tab. Dasatinib (Aluminium Foil/Blister Pack)	50 mg/ Tab.		Qualified.
8	D33105 Inj. Decitabine	50mg / Vial		Qualified.
9	D33116 Tab. Erlotinib (Aluminium foil/Blister pack)	150mg/ Tab		Qualified.
10	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
11	D33161 Inj. Pemetrexed	100 mg / Vial		Qualified.
12	D33162 Inj. Pemetrexed	500 mg / Vial		Qualified.
13	D33167 Tab. Sorafenib (Aluminium foil/Blister pack)	200mg/ Tab	Less Market Standing as per clause No. 5.2.9.	Not Qualified.
14	D33195 Inj. Azacitidine (with diluents)	100 mg/Vial		Qualified.
15	D33208 Tab. Lapatinib (Aluminium foil/Blister pack)	250mg/Tab		Qualified.
16	D33209 Tab. Abiraterone (Aluminium foil/Blister pack)	250 mg / Tab.		Qualified.
17	D33212 Inj. Nab Paclitaxel (with diluents)	100 mg		Qualified.

10 **10 M/s. PFIZER PRODUCTS INDIA PVT. LTD. ,Mumbai**

1	D33168 Cap. Sunitinib (Aluminium foil/Blister pack)	12.5mg / Cap		Qualified.
2	D33169 Cap. Sunitinib (Aluminium foil/Blister pack)	25mg/ Cap		Qualified.

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Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
11	<b>11 M/s. FRESENIUS KABI ONCOLOGY LTD. ,Pune</b>			
1	D33015 Inj. Doxorubicin HCl	2 mg / ml		Qualified.
2	D33054 Inj. Doxorubicin HCl	2mg/ ml		Qualified.
3	D33055 Inj. Carboplatin	10 mg / ml		Qualified.
4	D33056 Inj. Carboplatin	10 mg / ml		Qualified.
5	D33072 Inj. Gemciabine (with diluents in plastic container)	200mg/vial		Qualified.
6	D33073 Inj. Gemciabine (with diluents in plastic container)	1gm/vial		Qualified.
7	D33079 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	260mg /Vial (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml) I.P.		Qualified.
8	D33083 Inj. Bendamustine	100mg		Qualified.
9	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
10	D33108 Inj. Docetaxel (with diluents)	80mg / Vial		Qualified.
11	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial		Qualified.
12	D33152 Inj. Oxaliplatin	50 mg / Vial		Qualified.
13	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
14	D33156 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene (PVC and DEHP free) 500 ml bottle )	100 mg / Vial		Qualified.
15	D33211 inj. Irinotecan	100 mg		Qualified.

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Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
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12 **12 M/s. COSMAS RESEARCH LAB LTD. ,Ludhiana (Punjab)**

1	D33015 Inj. Doxorubicin HCl	2 mg / ml		Qualified.
2	D33017 Inj. Vincristine Sulphate	1mg / ml		Qualified.
3	D33023 Inj. Cisplatin	10 mg/Vial		Qualified.
4	D33024 Inj. Cisplatin	50 mg / vial		Qualified.
5	D33032 Inj. Vinblastine	10 mg / Vial		Qualified.
6	D33053 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	10,000 IU / Vial		Qualified.
7	D33054 Inj. Doxorubicin HCl	2mg/ ml		Qualified.
8	D33055 Inj. Carboplatin	10 mg / ml		Qualified.
9	D33056 Inj. Carboplatin	10 mg / ml		Qualified.
10	D33059 Inj. Epirubicin	10mg / Vial		Qualified.
11	D33060 Inj. Epirubicin	50mg / Vial		Qualified.
12	D33061 Inj. Epirubicin	100mg / Vial		Qualified.
13	D33064 Inj. Daunorubicin	20mg/vial		Qualified.
14	D33069 Inj. Bleomycin (with diluents in plastic container)	15 IU/vial		Qualified.
15	D33071 Inj. Etoposide (with diluents in plastic container)	100mg/Vial		Qualified.
16	D33072 Inj. Gemciatbine (with diluents in plastic container)	200mg/vial		Qualified.
17	D33073 Inj. Gemciatbine (with diluents in plastic container)	1gm/vial		Qualified.
18	D33074 Inj. Ifosfamide (with diluents in plastic container)	1gm/vial		Qualified.
19	D33077 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	5,000 IU / Vial		Qualified.
20	D33079 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	260mg /Vial (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml) I.P.		Qualified.
21	D33097 Inj. Cytarabine (with diluents)	100mg 5ml / vial		Qualified.
22	D33098 Inj. Cytarabine (with diluents)	1GM / VIAL		Qualified.
23	D33102 Inj. Dacarbazine	200mg / Vial		Qualified.
24	D33103 Inj. Dacarbazine	500mg/ Vial		Qualified.
25	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
26	D33108 Inj. Docetaxel (with diluents)	80mg / Vial		Qualified.
27	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial		Qualified.
28	D33152 Inj. Oxaliplatin	50 mg / Vial		Qualified.
29	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
30	D33156 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene (PVC and DEHP free) 500 ml bottle )	100 mg / Vial		Qualified.
31	D33158 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	300mg /vial (with 500ml Normal Saline in glass bottle and transfusion set)		Qualified.
32	D33181 Inj. Zoledronic Acid	4 mg / Vial		Qualified.
33	D33211 inj. Irinotecan	100 mg		Qualified.

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SI No.	Name of the Item	Specification	Reason for Rejection	Remarks
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13 **13 M/s. CIPLA LTD. ,Mumbai**

1	D33064 Inj. Daunorubicin	20mg/vial		Qualified.
2	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
3	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
4	D33167 Tab. Sorafenib (Aluminium foil/Blister pack)	200mg/ Tab		Qualified.

14 **14 M/s. RELIANCE LIFE SCIENCES PVT. LTD. ,Mumbai**

1	D33122 Inj. Filgrastim	300mcg/ Vial		Qualified.
2	D33123 Inj. Filgrastim peg	6mg/ PFS		Qualified.
3	D33164 Inj. Rituximab	100 mg / Vial		Qualified.
4	D33165 Inj. Rituximab	500 mg / Vial		Qualified.
5	D33177 Inj. Trastuzumab (with diluents)	440mg		Qualified.
6	D33210 Inj. Denosumab	120mg		Qualified.
7	D33214 Inj. Bevacizumab (with diluents in plastic container)	25mg/ml		Qualified.
8	D33215 Inj. Bevacizumab (with diluents in plastic container)	25mg / ml		Qualified.

15 **15 M/s. CADILA HEALTHCARE LIMITED ,Ahmedabad (GJ)**

1	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.
2	D33122 Inj. Filgrastim	300mcg/ Vial		Qualified.
3	D33123 Inj. Filgrastim peg	6mg/ PFS		Qualified.
4	D33177 Inj. Trastuzumab (with diluents)	440mg		Qualified.
5	D33214 Inj. Bevacizumab (with diluents in plastic container)	25mg/ml	No Mfg. License & No Market Standing as per clause No. 5.2.1. & 5.2.9. respectively.	Not Qualified.
6	D33215 Inj. Bevacizumab (with diluents in plastic container)	25mg / ml	No Mfg. License & No Market Standing as per clause No. 5.2.1. & 5.2.9. respectively.	Not Qualified.

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Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
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16

16 M/s. HETERO HEALTHCARE LTD. ,Hyderabad

1	D33023 Inj. Cisplatin	10 mg/Vial	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.
2	D33024 Inj. Cisplatin	50 mg / vial	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.
3	D33040 Tab. Tamoxifen (Aluminium foil/Blister pack)	10 mg/ Tab.		Qualified.
4	D33041 Tab. Tamoxifen (Aluminium foil/Blister pack)	20 mg/ Tab		Qualified.
5	D33055 Inj. Carboplatin	10 mg / ml	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.
6	D33056 Inj. Carboplatin	10 mg / ml	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.
7	D33072 Inj. Gemciatbine (with diluents in plastic container)	200mg/vial	No GMP Certificate, No Market Standing & Non Conviction certificate not submitted as per clause No. 5.2.2., 5.2.9. & 5.2.10. respectively.	Not Qualified.
8	D33073 Inj. Gemciatbine (with diluents in plastic container)	1gm/vial	No GMP Certificate, No Market Standing & Non Conviction certificate not submitted as per clause No. 5.2.2., 5.2.9. & 5.2.10. respectively.	Not Qualified.
9	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap		Qualified.
10	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab		Qualified.
11	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg		Qualified.
12	D33081 Tab Aprepetant	Each Kit contain ( 125 mg - 1 Tab. And 80 mg - 2 Tab.)	No Mfg. License ,No GMP Certificate, No Market Standing & Non Conviction certificate not submitted as per clause No. 5.2.1., 5.2.2., 5.2.9. & 5.2.10. respectively.	Not Qualified.
13	D33085 Tab. Bicalutamide (Aluminium Foil/Blister Pack)	50mg/Tab		Qualified.
14	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
15	D33100 Tab. Dasatinib (Aluminium Foil/Blister Pack)	50 mg/ Tab.	No Market Standing as per clause No. 5.2.9.	Not Qualified.
16	D33116 Tab. Erlotinib (Aluminium foil/Blister pack)	150mg/ Tab		Qualified.
17	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
18	D33132 Cap. Lenalidomide (Aluminium foil/Blister pack)	10mg/ Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
19	D33134 Cap. Lenalidomide (Aluminium foil/Blister pack)	5mg/ Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
20	D33135 Tab. Letrozole (Aluminium foil/Blister pack)	2.5mg/ Tab		Qualified.
21	D33152 Inj. Oxaliplatin	50 mg / Vial	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.

Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
22	D33153 Inj. Oxaliplatin	100 mg / Vial	No GMP Certificate & Non Conviction certificate not submitted as per clause No. 5.2.2. & 5.2.10. respectively.	Not Qualified.
23	D33164 Inj. Rituximab	100 mg / Vial	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.
24	D33165 Inj. Rituximab	500 mg / Vial	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.
25	D33167 Tab. Sorafenib (Aluminium foil/Blister pack)	200mg/ Tab	No Market Standing as per clause No. 5.2.9.	Not Qualified.
26	D33170 Cap. Temozolamide (Aluminium foil/Blister pack)	100mg/ Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
27	D33171 Cap. Temozolamide (Aluminium foil/Blister pack)	20mg / Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
28	D33172 Cap. Temozolamide (Aluminium foil/Blister pack)	250mg/ Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
29	D33174 Cap. Thalidomide (Aluminium foil/Blister pack)	100mg / Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
30	D33208 Tab. Lapatinib (Aluminium foil/Blister pack)	250mg/Tab	No Market Standing as per clause No. 5.2.9.	Not Qualified.
31	D33209 Tab. Abiraterone (Aluminium foil/Blister pack)	250 mg / Tab.		Qualified.
32	D33214 Inj. Bevacizumab (with diluents in plastic container)	25mg/ml	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.
33	D33215 Inj. Bevacizumab (with diluents in plastic container)	25mg / ml	Invalid GMP Certificate as per clause No 5.2.2.	Not Qualified.



Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
17	<b>17 M/s. UNITED BIOTECH PVT. LTD. ,New Delhi (DL)</b>			
1	D33002 Inj. Cyclophosphamide	200mg/Vial		Qualified.
2	D33004 Inj. Cyclophosphamide	1gm/Vial		Qualified.
3	D33015 Inj. Doxorubicin HCl	2 mg / ml		Qualified.
4	D33017 Inj. Vincristine Sulphate	1mg / ml		Qualified.
5	D33023 Inj. Cisplatin	10 mg/Vial		Qualified.
6	D33024 Inj. Cisplatin	50 mg / vial		Qualified.
7	D33029 Inj. Mesna	200 mg/Vial	No Mfg. License, No GMP Certificate & No Market Standing as per clause No. 5.2.1. , 5.2.2., 5.2.9. respectively.	Not Qualified.
8	D33032 Inj. Vinblastine	10 mg / Vial		Qualified.
9	D33053 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	10,000 IU / Vial	No Drug Endorsement.	Not Qualified.
10	D33054 Inj. Doxorubicin HCl	2mg/ ml		Qualified.
11	D33057 Inj. 5 Fluorouracil	250 mg / 5ml		Qualified.
12	D33058 Inj. 5 Fluorouracil	500 mg / 10ml		Qualified.
13	D33059 Inj. Epirubicin	10mg / Vial		Qualified.
14	D33060 Inj. Epirubicin	50mg / Vial		Qualified.
15	D33064 Inj. Daunorubicin	20mg/vial		Qualified.
16	D33067 Cap. Cyclosporine(Aluminium foil/Blister pack)	100 mg/Cap.	No Market Standing as per clause No. 5.2.9.	Not Qualified.
17	D33071 Inj. Etoposide (with diluents in plastic container)	100mg/Vial		Qualified.
18	D33072 Inj. Gemciatbine (with diluents in plastic container)	200mg/vial		Qualified.
19	D33073 Inj. Gemciatbine (with diluents in plastic container)	1gm/vial		Qualified.
20	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
21	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab	No Market Standing as per clause No. 5.2.9.	Not Qualified.
22	D33077 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	5,000 IU / Vial		Qualified.
23	D33079 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	260mg /Vial (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml) I.P.		Qualified.
24	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg		Qualified.
25	D33081 Tab Aprepetant	Each Kit contain ( 125 mg - 1 Tab. And 80 mg - 2 Tab.)		Qualified.
26	D33085 Tab. Bicalutamide (Aluminium Foil/Blister Pack)	50mg/Tab		Qualified.
27	D33087 Inj. Bortezomib	2mg / Vial		Qualified.
28	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
29	D33097 Inj. Cytarabine (with diluents)	100mg 5ml / vial		Qualified.
30	D33098 Inj. Cytarabine (with diluents)	1GM / VIAL		Qualified.
31	D33102 Inj. Dacarbazine	200mg / Vial		Qualified.
32	D33103 Inj. Dacarbazine	500mg/ Vial	No Market Standing as per clause No. 5.2.9.	Not Qualified.
33	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
34	D33108 Inj. Docetaxel (with diluents)	80mg / Vial		Qualified.

SI No.	Name of the Item	Specification	Reason for Rejection	Remarks
35	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial		Qualified.
36	D33116 Tab. Erlotinib (Aluminium foil/Blister pack)	150mg/ Tab		Qualified.
37	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
38	D33132 Cap. Lenalidomide (Aluminium foil/Blister pack)	10mg/ Cap		Qualified.
39	D33134 Cap. Lenalidomide (Aluminium foil/Blister pack)	5mg/ Cap		Qualified.
40	D33135 Tab. Letrozole (Aluminium foil/Blister pack)	2.5mg/ Tab		Qualified.
41	D33136 Inj. Leucovorin Calcium	50mg/vial	No Market Standing as per clause No. 5.2.9.	Not Qualified.
42	D33152 Inj. Oxaliplatin	50 mg / Vial		Qualified.
43	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
44	D33156 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene (PVC and DEHP free) 500 ml bottle )	100 mg / Vial		Qualified.
45	D33161 Inj. Pemetrexed	100 mg / Vial		Qualified.
46	D33162 Inj. Pemetrexed	500 mg / Vial		Qualified.
47	D33170 Cap. Temozolamide (Aluminium foil/Blister pack)	100mg/ Cap		Qualified.
48	D33171 Cap. Temozolamide (Aluminium foil/Blister pack)	20mg / Cap		Qualified.
49	D33172 Cap. Temozolamide (Aluminium foil/Blister pack)	250mg/ Cap		Qualified.
50	D33174 Cap. Thalidomide (Aluminium foil/Blister pack)	100mg / Cap		Qualified.
51	D33175 Cap. Thalidomide (Aluminium foil/Blister pack)	200mg/ Cap		Qualified.
52	D33181 Inj. Zoledronic Acid	4 mg / Vial		Qualified.
53	D33211 inj. Irinotecan	100 mg		Qualified.
54	D33220 Inj. Liposomal Doxorubicin	20 mg /vial		Qualified.
55	D33227 Inj. Methotrexate	500 mg / Vial		Qualified.

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Sl No.	Name of the Item	Specification	Reason for Rejection	Remarks
18	<b>18 M/s. NAPROD LIFE SCIENCE PVT. LTD. ,Mumbai (MH)</b>			
1	D33053 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	10,000 IU / Vial		Qualified.
2	D33055 Inj. Carboplatin	10 mg / ml		Qualified.
3	D33056 Inj. Carboplatin	10 mg / ml		Qualified.
4	D33059 Inj. Epirubicin	10mg / Vial		Qualified.
5	D33060 Inj. Epirubicin	50mg / Vial		Qualified.
6	D33061 Inj. Epirubicin	100mg / Vial	No Market Standing as per clause No. 5.2.9.	Not Qualified.
7	D33069 Inj. Bleomycin (with diluents in plastic container)	15 IU/vial		Qualified.
8	D33072 Inj. Gemciatbine (with diluents in plastic container)	200mg/vial		Qualified.
9	D33073 Inj. Gemciatbine (with diluents in plastic container)	1gm/vial		Qualified.
10	D33075 Tab./Cap. Imatinib (Aluminium foil/Blister pack)	100 mg/Tab./Cap	No Market Standing as per clause No. 5.2.9.	Not Qualified.
11	D33076 Tab. Imatinib(Aluminium foil/Blister pack)	400 mg/Tab		Qualified.
12	D33077 Inj. L-Asperginase (Powder form) (with diluents in plastic container)	5,000 IU / Vial		Qualified.
13	D33079 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	260mg /Vial (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml) I.P.		Qualified.
14	D33080 Tab Anastrozole (Aluminium Foil/Blister Pack)	1 Mg	No Market Standing as per clause No. 5.2.9.	Not Qualified.
15	D33083 Inj. Bendamustine	100mg		Qualified.
16	D33087 Inj. Bortezomib	2mg / Vial		Qualified.
17	D33091 Tab. Capecitabine (Aluminium Foil/Blister Pack)	500mg/ Tab		Qualified.
18	D33107 Inj. Docetaxel (with diluents)	20mg / Vial		Qualified.
19	D33108 Inj. Docetaxel (with diluents)	80mg / Vial		Qualified.
20	D33109 Inj. Docetaxel (with diluents)	120 mg / Vial		Qualified.
21	D33127 Tab. Gefitinib (Aluminium foil/Blister pack)	250mg/ Tab		Qualified.
22	D33132 Cap. Lenalidomide (Aluminium foil/Blister pack)	10mg/ Cap		Qualified.
23	D33134 Cap. Lenalidomide (Aluminium foil/Blister pack)	5mg/ Cap		Qualified.
24	D33152 Inj. Oxaliplatin	50 mg / Vial	No Market Standing as per clause No. 5.2.9.	Not Qualified.
25	D33153 Inj. Oxaliplatin	100 mg / Vial		Qualified.
26	D33156 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene (PVC and DEHP free) 500 ml bottle )	100 mg / Vial		Qualified.
27	D33158 Inj. Paclitaxel (with transfusion set (PVC and DEHP free) and NS Glass Bottle of 500 ml./ Polyethylene(PVC and DEHP free) 500 ml bottle )	300mg /vial (with 500ml Normal Saline in glass bottle and transfusion set)		Qualified.
28	D33162 Inj. Pemetrexed	500 mg / Vial		Qualified.

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