

PT. B.D.SHARAMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES  
ROHTAK

E-mail:- [equotations.pgims@uhsr.ac.in](mailto:equotations.pgims@uhsr.ac.in) Invitation of e-quotations for

Department Name: Medicine

Demand No: 04.

Demand Date: 23.02.26

Last Date (Closing Date) of Submission of Quotation: 26.02.26

Rate quotation in sealed envelope/Password protected quotation are hereby invited from the valid firms and suppliers by the undersigned on behalf of the Director, PGIMS, Rohtak for supply of consumables as per Annexure-I for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (**Password protected**) on or before 26.02.26 at 3.00 PM & quotation opened on 26.02.26 at 3.30PM

**1. Terms & Conditions:-**

- a. The quotations received sealed/ online after the deadline shall not be entertained under any circumstances whatsoever. In case of any delay this institute will not be responsible.

**The online submission though password protected mode will be restricted**

- b. Quotations must be in online prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director of their authorized representative. In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- c. Quotations must be submitted in the office of the undersigned before deadline of submitting the quotation.
- d. Rates must be quoted in Indian Rupees and as per the format specified taxes extra if any must be written separately.
- e. Rates must be quoted F.O.R. basis (including Freight charges).
- f. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- g. The rates quoted must be valid for 90 days minimum or as per State Govt. instructions issued from time to time from the date of opening and silence of any tendered on this issue shall be treated as agreed with this condition.
- h. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified
- i. Any conditional quotations shall be rejected summarily.
- j. **Delivery period – As per supply order on issuing by the office.**
- k. **Liquidated Damages:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5% per week of the total order values shall be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.
- l. **Payment terms:** - Payment will be only after satisfactorily complete delivery/ commissioning of material and after inspection by Inspection committee.

- m. Pt. BDS PGIMS, Rohtak reserves the right to increase or decrease quantity and / or amount of work. Decision of quantity of material in the Pt. BDS PGIMS, Rohtak will be final in this regard.
- n. Pt. BDS PGIMS, Rohtak reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the Pt. BDS PGIMS, Rohtak will be final in this regard.
- o. The Sealed Quotation on the envelop due date & product name mandatory. If not mention on the envelop. The quotation will be rejecting.

**Special Terms and Conditions:-**

1. Bidder must quote the product as per specifications provided in Annexure-1.
2. The supplier may be asked to submit the sample of quoted make for technical evaluation, to the Pt. BDS PGIMS, Rohtak , if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
3. Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product ( final product should be same as reviewed ones at the institution) then Pt. BDS PGIMS, Rohtak has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.
4. Jurisdiction: The jurisdiction will be district Rohtak only.
5. It is directed to IT Cell that requisition of above item may also be placed on website of Pt. BDS PGIMS, Rohtak for vide publicity to invite a competitive manner of purchase.
6. Samples will be provided by the firm with quotations, otherwise quotation not accepted for the institute.

Encl: Annexure-I (Specification)

Annexure –II (Format of Quotation)

Committee

  
\_\_\_\_\_  
**Dr. SANDEEP GOYAL**  
Sr. Professor & Unit Head-IV  
Dept. of Medicine  
PGIMS, Rohtak

(To be signed by concerned Department)

**Annexure-I**

Sr. No.	Name of the items	Req. Qty.	Specification	Remarks
1.	EAD Booklet	200	1. It should have the printed pages (Attached)	See Attached file
2.				
3.				
4.			2. It should have at least 8 blank sheets additionally.	
5.				

**Annexure-II**

(On the letter head of the firm)

**Price Bid Form**

**To**

**The Director,  
Pt. BDS PGIMS, Rohtak.**

1. I/ We \_\_\_\_\_ submitted the quotation for Demand No \_\_\_\_\_ Dated \_\_\_\_\_ "quotation for supply at Pt. BDS PGIMS, Rohtak.
2. I/ We thoroughly examined, understood and accepted terms and conditions given in the enquiry document, failing which my quotation will be rejected our rightly.
3. **The Vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufactures and lowest market rates.**
4. I/ We hereby offer to supply at the following rates .

Sr. No.	Name of Items	Rate of each Quantity	Quoted make If any	Price/ inclusive Tax/GST	Unit of
1.					
2.					

**Date** \_\_\_\_\_

**Place** \_\_\_\_\_

**Phone** \_\_\_\_\_

**(Signature of Authorized Person )**

**Name** \_\_\_\_\_

# **GIT AND LIVER CLINIC**

## **PGIMS, ROHTAK**

**(R. No. 139, Ch. Ranbir Singh OPD Block)**

**UHID OPD SLIP**

**IBD No.** : \_\_\_\_\_

**Name** : \_\_\_\_\_

**AGE/Sex** : \_\_\_\_\_

**Diagnosis** : \_\_\_\_\_

**PH NO.** : \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

**Dr. Sandeep Goyal**  
**DM (Gastroenterology)**  
**Sr. Professor**  
**Department of Medicine**  
**PGIMS, Rohtak**

## IBD- UC/CD/Indeterminate or ITB

Date : \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Phenotype : \_\_\_\_\_

Ulcerative Colitis : E1/E2/E3

Crohn's Disease : A \_\_\_/B \_\_\_/L \_\_\_/ P

Duration : \_\_\_\_\_

EIM : \_\_\_\_\_

### **Steroid Courses:**

#### • **Last Steroid Course:**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

Response : Dependent/ Refractory

#### • **Azathioprine:**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

Response to AZA : \_\_\_\_\_

Tolerance to AZA : \_\_\_\_\_

#### • **Infliximab/Adalimumab/ Vedolizumab/Ustekinumab:**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

#### • **Methotrexate:**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

#### • **ATT:**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

#### • **Jak Inhibitors ( Tofacitinib/ Upadacitinib)**

Date Start : \_\_\_\_\_

Date Stop : \_\_\_\_\_

Other Medication : \_\_\_\_\_

## DIAGNOSIS: UC/CD/INDETERMINATE

Disease characteristics (Montreal classification)		
<b>Ulcerative colitis</b>	E1: Ulcerative proctitis E2: Left sided UC: Distal colitis E3: Extensive UC: Pancolitis	
<b>Crohn's disease</b>	<b>Age at diagnosis</b>	A1: <17 years A2: 17- 40 years A3: > 40 years
	<b>Location</b>	L1: Terminal Ileum L2: Colon L3: Ileocolic L4: Upper GI modifier: proximal disease with distal, L1+L4, L2+L4 and L3+L4
	<b>Behaviour</b>	B1: Non-stricturing non-penetrating B2: Stricturing B3: Penetrating
	<b>Perianal disease</b> (Yes/No)	

Note -

# Ulcerative Colitis

## TRUE LOVE & WITTS SEVERITY INDEX

Criteria	Mild	Moderate	Severe
Bowel Movements/day	<4	4-6	>6
Blood in Stool	Small amounts	Moderate amounts	Large amounts
Temperature (°C)	Normal	Up to 37.8	>37.8
Pulse (bpm)	Normal (<90)	90-100	>100
Hemoglobin (g/dL)	>11.5	10.5-11.5	<10.5
ESR (mm/hr)	<20	20-30	>30

## UCEIS (Ulcerative Colitis Endoscopic Index of Severity)

Variable	0	1	2	3
Vascular Pattern	Normal	Patchy loss	Obliterated	-
Bleeding	None	Mucosal spots	Luminal mild/moderate	Luminal severe/spontaneous
Erosions/Ulcers	None	Erosions	Superficial ulcers	Deep ulcers

UCEIS : \_\_\_\_/8

## SCCAI (Simple Clinical Colitis Activity Index)

Symptom	0	1	2	3
Bowel Frequency (day)	0-3	4-6	7-9	>9
Bowel Frequency (night)	0	1	2	-
Urgency	None	Hurry	Urgency	Incontinence
Blood in Stool	None	Trace	Occasionally frank	Usually frank
General Wellbeing	Very well	Slightly below par	Poor	Very poor/Awful
Extra-intestinal Manifestation	None	1 present	>1 present	-

## MAYO Score

Parameter	0	1	2	3
<b>Stool Frequency</b>	Normal number of stools	1-2 stools more than normal	3-4 stools more than normal	5 or more stools more than normal
<b>Rectal bleeding</b>	None	Streaks of blood with stool less than half the time	Obvious blood with stool most of the time	Blood alone passes
<b>Endoscopic Findings</b>	Normal or inactive disease	Mild disease (erythema, decreased vascular pattern, mild friability)	Moderate disease (marked erythema, loss of vascular pattern, friability, erosions)	Severe disease (spontaneous bleeding, ulcerations)
<b>Physician's Global Assessment</b>	Normal	Mild disease	Moderate disease	Severe disease

0-2 : Remission ; 3-5 : Mild ; 6-10 :Moderate ; >10 : Severe

## HBI (Harvey-Bradshaw Index)

Parameter	Points
<b>General Wellbeing</b>	0 = very well to 4 = terrible
<b>Abdominal Pain</b>	0 = none to 3 = severe
<b>Number of Liquid Stools/day</b>	
<b>Abdominal Mass</b>	0 = none to 3 = definite/tender
<b>Complications</b>	1 point each

<5: Remission; 5-7: Mild; 8-16: Moderate; >16: Severe Disease

# Crohn's Disease

## CDAI (Crohn's Disease Activity Index)

VARIABLE	DESCRIPTION							SCORE
No of liquid stools in 7 days x 2								
Abdominal pain rating in 7 days x 5 (0- None, 1- Mild, 2- Moderate, 3- Severe)								
General well being rating in 7 days x 7 (0- Generally well, 1- Slightly below par, 2- Poor, 3- Very poor, 4- Terrible)								
Extraintestinal complications x 20	Arthritis/Arthralgia							
	Iritis/Uveitis							
	Erythema Nodosum							
	Pyoderma Gangrenosum							
	Apthous Stomatitis							
	Anal fissure/Fistula /Abscess							
	Fever >100.04°F/37.8°C							
Anti diarrheal drugs use in 7 days x 30 (0- No, 1-Yes)								
Abdominal mass x 10 (0- No, 2- Questionable, 5- Definite)								
Hematocrit (Expected- observed) x 6 ( Men- 47, Women -42)								
Body weight = [1-(observed/ideal)] x 100								

<150-Remission; 150-219:Mild; 220-450-Moderate; >450 -Severe

## Patient Clinical Information

Name :	Age:	Gender:	Rural/Urban:
Marital status:	Religion:		
Address:	Phone:		
Diet: Veg/Non veg			
Age at Diagnosis:	Year of disease onset:		
Duration of illness:			
Marital status: Single / Married / Widowed / Separated			
Occupation:	Socio-economic status:		
Income per month:			
Height (in cms ):	Weight (In Kg):	BMI: _____	

1.	Smoking	Yes/No	Cigarette/ Beedi/ other	No. per day	No. of years
2.	Tobacco chewing	Yes/No	No. of times/day		No. of years
3.	Alcohol	Never	Yes	Quantity / week	
4.	Oral contraceptive pills	Yes/No			
5.	NSAID use	Yes/No			
6.	Appendicectomy	Yes/No			
7.	Were anti-tubercular drugs ever given	Yes/No	Duration	Response	Recurrence
8.	Interval between onset of symptoms and diagnosis	Yes/No			

Family History:

**In Women:**

Did disease antedate pregnancy

Obstetric history

Course of disease during pregnancy

<b>Symptoms at onset</b>
Diarrhea = - Yes/No
Constipation: Yes / No :
Blood in stools - Yes / No
Mucus in stools - Yes / No
Tenesmus - Yes / No
Urgency - Yes/No
Abdominal pain - Yes / No
Anorectal pain - Yes / No
Intestinal obstruction - Yes /No
Weight loss - Yes / No
Fever - Yes / No
Thromboembolism- Yes / No

<b>Extra Intestinal Manifestations</b>
Erythema Nodosum
Pyoderma Gangrenosum
Aphthous ulcers
Episcleritis
Iritis
Uveitis
Peripheral arthralgias
Central arthralgias
Ankylosing spondylitis
Steatosis
Hepatitis
Primary sclerosing cholangitis
Pancreatic abnormalities

**Physical Examination:**

Pulse:

BP :

Pallor :

Icterus:

Lymphadenopathy:

Clubbing:

Oedema:

Abdominal Examination:

Other systems

Perianal lesions: Fissure/ Fistula/Haemorrhoids

**COLONOSCOPY :**

Initial visit:

Length examined:

Extent:

Severity :

**Colonoscopy Report:**

Pseudopolyps: Yes/No

Rectal sparing: Yes/No

Stricture: Yes/No

Skip Lesion : Yes/No

Perianal fistula: Yes/No

**Biopsy report:**

**Ultrasound:**

**CT abdomen:**

**MRI/MRCP:**

**Colonoscopy examinations (after initial visit):**

<b>Date</b>	<b>Findings</b>

**COMPLICATIONS**

Abscess  Perforation  Toxic Megacolon  Fistula  Stricture

Surgery: Yes  / No

Hospitalization: Yes  / No

GENOTYPE: TPMT: Wild  Heterozygous  Homozygous

## VACCINATION

	Vaccine	Age	Schedule	Dates					
Live vaccine	MMR		0,1m						
	Varicella		0,2m						
Inactivated Vaccine	HAV		0,6m						
	HBV		0, 1m,6m						
	HPV	11-26yrs	0,2m,6m						
	Recomb. Herpes Zoster		0, 2m, 1y(PPSv23)						
	Pneumococcal	<65yrs	0, 2m, 5y,10y						
	Pneumococcal	>65yrs	0,1y,2y,3y,4y,5y						
	Influenza		0,1y,2y,3y,4y,5y						

\* Live vaccine should be given at baseline or 6 weeks prior to starting immunosuppression.



## Medications

Therapy received	Never	Previously only	Current
Mesalamine			
Sulfasalazine			
Prednisolone			
Budesonide			
Azathioprine 6-MP Methotrexate Tofacitinib Upadacitinib Any Other			
Infliximab Adalimumab Vedolizumab Ustekinumab Any Other			
Steroid Enema			
Mesalamine Enema Tacrolimus Enema			
Mesalamine suppositories			
Any other Medicines			



## FOLLOW-UP (ULCERATIVE COLITIS)

### Simple clinical colitis activity index (SCCAI)

Symptom	Score						
Stool Frequency/day	0 if 1 - 3 1 if 4 - 6 2 if 7 - 9 3 if > 9						
Stool frequency/night	0 if none 1 if 1 - 3 2 if 4 - 6						
Urgency	0 if none 1 if Hurry 2 if Immediately 3 if Incontinence						
Rectal bleeding	0 if none 1 if Trace 2 if occasionally frank 3 if usually frank						
General well being	0 if very well 1 if slightly below par 2 if Poor 3 if very poor 4 if Terrible						
Extracolonic Features (1 per item) Arthritis/ Skin manifestation/ Eye redness/ other							
Total score							

