

**SASSOON GENERAL HOSPITAL PUNE-1  
QUOTATION**

Sr.No.	Dosage	Quotation No.:-	Dt :-
11	Inj.	1034	19-11-19
		Succinyl Choline Chloride 50mg/ml,10 ml vial	
12	Liq	Sevoflurane 250 ml.	
13	Liq	Isoflurane 100 ml Bottle	
14	Liq	Desflurane 240 ml Bottle	
15	Syp	Paracetamol 125mg/ 5ml, 60 ml Bottle	
16	Tab	Paracetamol 500 mg	
17	Tab	Clonazepam 0.5 mg	
18	TAB.	Clozapine 50 mg	
19	TAB.	Propranolol 40 mg	
20	TAB.	Imipramine 25 mg	
<b>Terms &amp; Conditions</b>			
<b>Note:-1)Rate Should be quoted inclusive of All Tax &amp; rates Valid Upto six Months</b>			
1	Liq	Strength of Drug ,MRP,Cost & Mfg Company , Packing must be mentioned	
2	Liq	The Delivery Of the Material must be at Medical Store at Office Time	
3	Syp	The Envelop &Quotation Should be addressed on name Of DEAN SASSOON GENERAL OSPITAL PUNE-1 (Attention Medical Store ) & it Should be submitted stipulated time at Administrative Office before 5=00 P.M.	
4	Tab	Delivery Period 24 Hours From the Date Of Receipt of the Order	
5	Tab	The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug	
6	TAB	Rates must be mentioned in figure as well as in words	
7	TAB	Rates should be quoted as per official PHARMACOPEAL STANDARDS.	
8	TAB	Conditional Quotations will not be accepted	
9		Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL HOSPITALS,PUNE	
10		Rates For Tablets should Be quoted for Strip packing Only All Tax & rates Valid Upto six Months	
11		If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoted rate then the claim for the purchase by this qtn. Will become invalid	
<b>LAST DATE OF SUBMISSION OF QUOTATION 30/11/19 BEFORE 5=00P.M.</b>			

**Your's Faithfully**

  
**DEAN**

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