

SASSOON GENERAL HOSPITAL PUNE-1
QUOTATION (SECTION -C)

MS/MED/ QTN/C/ 1039

/19 DT 22 / 11 /2019

Ophthalmic Medicine (Drop)

- 1 Soln. Pilocarpine Nitrate 0.5 %w/V 1ml Amp
- 2 Soln. Trypan Blue 0.6mg/ml 1ml Amp
- 3 Soln. Povidone Opth.Soln. 50mg/ml 5ml vial
- 4 Soln. Prednisolon E/D 10mg/ml 5ml Vial
- 5 Oint. Chloro Eye Applicap 1% 200mg Cap
- 6 Oint. Betamthasone 0.1% 20gm Tube
- 8 Oint. Flucinolone 0.025%15gm tube
- 9 Oint. Benzyl Peroxide 2.5% Gel 20gm Tube
- 10 Oint. Dinoprostone Gel 0.5mg 3gm Tube
- 11 Soln. Budesonide Respules 0.5mg/ml 2ml Respules
- 12 Oint. White Soft Paraffin 500gm/ 1Kg Jar

Terms & Conditions

- 1 Strength of Drug ,MRP,Cost & Mfg Company , Packing must be mentioned
- 2 The Delivery Of the Material must be at Medical Store at Office Time
- 3 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 DEAN
- 5 The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug
- 6 Rates must be mentioned in figure as well as in words
- 7 Rates should be quoted as per official PHARMACOPEAL STANDARDS.
- 8 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
- 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 atn. Will become invalid

LAST DATE OF SUBMISSION OF QUOTATION 29/11/19 BEFORE 5=00P.M.

extended upto 5/12/19
 extended upto 15/12/19

Your's Faithfully

J. Banner
 DEAN