

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 quoaed 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 quoaed for Strip packing Only
 - 11 If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoaed rate then the claim for the purchas by this qtn. Will become invalid
- LAST DATE OF SUBMISSION OF QUOTATION 29/11/19 BEFORE 5=00P.M.**

Your's Faithfully

J. Banner
DEAN

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