

SASSOON GENERAL HOSPITAL PUNE-1


QUOTATION (SECTION -C)

MS/MED/ QTN/C/ 1040 /19 DT 22/11 /2019

1 Inj.	Caffine Citreate 20mg/ml 1ml ,1.5ml, 2ml , 2.5ml , 3ml Amp. (Rate comparison will be as per 1ml rate)
2 Inj.	Oxytocin 5 LU. .ml 1ml Amp
3 Inj.	Sodium Nitroprusside 50mg Vial
4 I.V	Amino Acid 10% 500ml Bottle (without Glutamine)
5 I.V	Fat Emulsion 20% 250ml Bottle
6 I.V	Omega Fatty Acid 50ml Bottle
7 Tab.	Carbimazole 5mg
8 Tab.	Duphastone 10mg(Dydrogestron)

Terms & Conditions

- 1
 - 2 The Delivery Of the Material must be at Medical Store at Office Time 9 DT / /2019
 - 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 Delivery Period 24 Hours From the Date Of Receipt of the Order
 - 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 PHAPMACOPEAL 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 qtn. Will become invalid
- LAST DATE OF SUBMISSION OF QUOTATION 29/11/19 BEFORE 5=00P.M.**

Your's Faithfully

DEAN

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