

Sassoon General Hospital, Pune Quotation Form (MJPJAY)

Dt. :- 22.11.19

MS/MED/ 1044 / 19

Sub: Quotation For Drug as Given Below
Sir, You are Requested to furnish your Quotation for the following items
to the DEAN SASSOON GENERAL HOSPITAL PUNE.

| Sr. No. | Name Of Drug | Sr. No. | Name Of Drug |
|---------|---|---------|--|
| 1 | Inj Cerebroprotein Hydrolysate 60mg | 13 | Tab Mycophenolate mofetil 500mg |
| 2 | Inj Arsenic Trioxide | 14 | Cap Tacrolimus 1mg |
| 3 | Inj Epirubicin 50 | 15 | Cap Tacrolimus 0.5mg |
| 4 | Inj Epirubicin 10mg | 16 | Cap Tacrolimus 2mg |
| 5 | Inj Methorexate 1000mg (Iv,Im,Intrathecal use) | 17 | Tab Hydroxyurea 500mg |
| 6 | Inj Methorexate 500mg (Iv,Im,Intrathecal use) | 18 | Cap. All trans Retinoic Acid 10mg |
| 7 | Inj Sodium Chloride 0.9% 500ml In glass bottle | 19 | Tab Piracetam with Citicolin |
| 8 | Inj Sodium Chloride 0.9% 500ml in container suitable for Inj Paclitaxel | 20 | Tab Diclofenac sodium 50mg +paracetamol 325mg +Seretiopeptidase 15mg |
| 9 | Inj Sodium Chloride 0.45% 500ml | 21 | Tab Rifaximine 550mg |
| 10 | Inj Terlipressin 100mcg/ml 10ml | 22 | Cynoacrylate Glue |
| 11 | Inj L-Ornithine L-Aspartate 5gm/10ml | 23 | Fibrin Glue |
| 12 | Influenza Vaccine 0.5ml | 24 | Syrup Lactulose 100ml |

Terms & Conditions

Note:- 1)Rate Should be quoted inclusive of All Taxes (Goods & Service Tax & all other taxes if any) & Rates Valid Up to six Months

2. Strength of Drug ,MRP, Cost & Mfg Company , Packing must be mentioned

3. The Delivery Of the Material must be at Medical Store at Office Time

4. The Envelop & Quotation Should be addressed on name Of DEAN SASSOON GENERAL HOSPITAL PUNE-1 (Attention Medical Store) & it Should be submitted in stipulated time at Administrative Office before 5=00 P.M.

5. Delivery Period 24 Hours From the Date Of Receipt of the Order

6. The Envelope Of Quotation Should be mention Quotation. Ref. No. Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.

7. Rates must be mentioned in figure as well as in words

8. Conditional Quotations will not be accepted

9. Rates For Tablets/ Capsules should Be quoted for Strip packing Only

10. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital, PUNE

11. If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 02.12.2019 BEFORE 5=00P.M.

Last date 02-12-2019 before 5:pm

Your's Faithfully

[Signature]
22-11-19

Dean Sassoon General Hospital Pune