

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/

108

/ 2020

Dt. :- 29/5/2020

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.	Name Of Drug	Sr.	Name Of Drug
1	Inj Heparin 25000IU 5ml vial	13	Inj Caffeine Citrate 20mg/ml 3ml
2	Inj Daunorubicin 20mg	14	Syrup Caffeine Citrate 20mg/ml 1ml
3	Inj. Ifosfamide 1gm with 3 ampoules of Inj Mesna 200mg	15	Syrup Caffeine Citrate 20mg/ml 2ml
4	Inj Mesna 200mg	16	Syrup Caffeine Citrate 20mg/ml 3ml
5	Inj Vinblastin 10mg	17	Syrup Caffeine Citrate 20mg/ml 1.5ml
6	Tab Imatinib 100mg	18	Inj Dextrose 50% 100ml
7	Tab Imatinib 400mg	19	Distilled Water 1 liter
8	Tab deferiprone 500mg	20	Inj Prostaglandin 500mcg
9	Tab deferiprone 250mg	21	Inj Multivitamin 10 ml
10	Inj Sodium Chloride 0.9% 500ml in Glass Bottle	22	Inj Concentrated Ringer lactate 20ml
11	Hypertonic Saline 100 ml Bottle	23	Inj. Erythropoetin 2000IU
12	Inj Sodium Chloride 3% 100 ml	24	Inj. Erythropoetin 3000IU

25. Inj. Erythropoetin 4000IU.

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 31/6/2020

BEFORE 5=00P.M.

Your's Faithfully

(Signature)

Dean Sassoon General Hospital Pune