

Sassoon General Hospital ,Pune (Section B) Urgent Quotation Form

ED/8/1146

/ 2020

Dt. :- 11/11/2020

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.

S.r .	Name Of Drug
1	Inj.Sodium Hyaluronate 48 mg (Intra articular)
2	Inj.Sodium Hyaluronate 25 mg(Intraarticular)

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 in submitted stipulated time at
Administrative Office before 3=00 P.M.

5.Delivery Period :- Should me made within 1 hour from order placed . ★

6.The Envelope Of Quotation Should be mention Qtn. Ref. No. Along with Generic name & strength of Drug

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

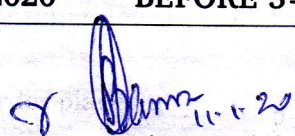
8.Rates should be quoted as per official PHARMACOPEAL STANDARDS ,in figures and words

9.Conditional Quotations will not be accepted

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

11.Rates For Tablets should Be quoted for Strip packing Only

LAST DATE OF SUBMISSION OF QUOTATION 13.01.2020 BEFORE 3=00P.M.


Your's Faithfully

Dean Sason General Hospital Pune