

SASSOON GENERAL HOSPITAL PUNE-1 QUOTATION (SECTION -C)

MS/MED/ QTN/C/ 1195 /2020 DT 3 / 2 /2020

1 Inj.	Aminophyllin 25mg/ml 10ml Amp
2 Inj.	Etophyllin 84.7mg + Theophyllin 25.3mg/ml 2ml Amp
3 Inj.	Human Insulin Isophane (NPH) 40 I.U./ml 10ml Vial
4 Inj.	Human Insulin Plain (Regular) 40 I.U./ml 10ml Vial
5 Inj.	Human Insulin Mixed (30%+70%) 40 I.U./ml 10ml Vial
6 Inj.	Hyoscine Butyl Bromide 20mg/ml 1ml Amp
7 Inj.	Methyl Prednisolone 1gm Vial
8 Inj.	Methyl Prednisolone 500mg Vial
9 Inj.	Ondansetron 2mg/ml 4ml Amp
10 Inj.	Hyoscine Butyl Bromide 20mg /ml 2mlAmp
11 Inj.	Hydrocortisone Sodium Succinate 100mg Vial
12 Inj.	Protamine Sulphate 10mg/ml 5ml Amp
13 Inj.	Sodium Nitroprusside 50mg Vial
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	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 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 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 11.2.2020 BEFORE 5=00P.M.	

Your"s Faithfully


DEAN

SASSOON GENERAL HOSPITAL PUNE-1