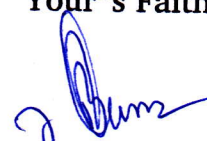


**SASSOON GENERAL HOSPITAL PUNE-1
QUOTATION (SECTION -C)**

MS/MED/ QTN/C/ **1196** /2020 DT **3 / 2 /2020**

1 Soln.	Hydroxy Methyl Propyl Cellulose 2% 2ml
2 Soln.	Hydroxy Methyl Propyl Cellulose 2% 3ml
3 Soln.	Hydroxy Methyl Propyl Cellulose 2% 5ml
4 Inj.	Caffine Citreate 20mg/ml 1ml
5 Inj.	Caffine Citreate 20mg/ml 1.5 ml,
6 Inj.	Caffine Citreate 20mg/ml 2ml
7 Inj.	Caffine Citreate 20mg/ml 2.5ml Amp.
8 Inj.	Caffine Citreate 20mg/ml 3ml Amp.
9 Soln.	Trypan Blue 0.6 mg/ml 1ml Amp
10 Soln.	Prednisolon E/D 10mg/ml 5ml Vial
11 Oint.	Chloro Eye Applicap 1% 200mg Cap
12 Oint	Betamthasone Dipropionate 0.05 % 15gm Tube
13 Oint	Benzyl Peroxide 2.5% Gel 20gm Tube
14 Oint	White Soft Paraffin 500gm Jar
15 Oint	White Soft Paraffin 1Kg Jar
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 quouted 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 quouted for Strip packing Only
11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quouted rate then the claim for the purchase by this atn. Will become invalid
LAST DATE OF SUBMISSION OF QUOTATION 11.02.2020 BEFORE 5=00P.M.	

Your's Faithfully


DEAN

SASSOON GENERAL HOSPITAL PUNE-1

