

Sassoon General Hospital, Pune - 1
Tel : 26128000 Medical Store Ext : 2361,2356
Quotation Form (Section A)

MS/MED/A/ 122 /2020

Date :- 11/6/2020

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

1	Inj. Piperacillin+Tazobactum 4.5gm Vials
2	Inj. Teicoplanin 400mg/ml Vials
3	Inj. Tranexamic Acid 500mg
4	Inj. Vancomycin 1gm
5	Inj. Vancomycin 500mg
6	Inj. Vasopressin 20IU
7	Inj. Ethasylate 125mg
8	Inj. Diltazime 30mg
9	Tab. Labetalol 100mg
10	Tab. Linezolid 600mg
11	Inj. Ampicillin 500mg
12	Inj. Cefotaxime 1gm
13	Inj. Ceftriaxone 1gm
14	Inj. Digoxin 0.25mg/ml 2ml Amp.

TERMS & CONDITIONS

Note :-

- 1) Rate should be quoted inclusive of all Tax & 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 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 should mention the Quotation no. of the Quotation call.
- 7) Rates must be mentioned in figure as well as in words.
- 8) Rates should be quoted as per official PHARMACOPEAL STANDARDS.
- 9) Conditional Quotations will not be accepted.
- 10) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune
- 11) If it is noticed that the mentioned drug is available in local market at lower rate than that quoted then the claim for the purchase by this quotation will become invalid.

Last Date Of Submission For Quotation :- 9/6/2020 Before 5.00pm

Extended up to 30/06/2020

Yours Faithfully,

[Signature]

Dean

Sassoon General Hospital, Pune-1

[Signatures]
25/5/2020