

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

MS/MED/A/ 123 /2020

Date :- 1/6/2020

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. Frusemide 10mg/ml 2ml Amp.
2	Inj. Heparine 2500IU
3	Inj. Nitroglycerine
4	Inj.Streptomycin 0.75gm
5	Inj. Ciprofloxacin 200mg/100ml
6	Inj.Linezolid 2mg/ml 300ml Bottle
7	Inj.Levofloxacin 5mg /ml 100ml
8	Tab. Digoxin0.25mg
9	Tab. Enalapril 5mg
10	Tab. Erythromycin250mg
11	Tab. Frusemide 40mg
12	Tab. Isosorbide dinitrate 10mg
13	Cap. Nifedipine5mg
14	Syp. Azithromycin100mg/5ml
15	Syp. Amoxycillin& potassium Clavulanate 60ml

**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

Yours Faithfully,

*Yanku*  
Dean

Sassoon General Hospital, Pune-1