

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/ 1266 / 2020

Dt. :- 24/2/2020

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.

Sr. No.	Name Of Drug	Sr. No.	Name Of Drug
1	Inj Cefotaxime 500mg	6	20% Human Albumin 100ml
2	Inj Cefotaxime 1gm	7	20% Human Albumin 50ml
3	Inj Cefotaxime 1.5gm	8	Intravenous Immunoglobulin 5gm 100ml (IVIG)
4	Inj Cefotaxime 2gm	9	Haemophilus Influenzae type b Vaccine 0.5ml
5	Tab Voriconazole 200mg	10	Intravenous Immunoglobulin 25gm bottle

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 submitted in 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 Of Quotation Should be mention Quotation. Ref. No. Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.

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

8.Conditional Quotations will not be accepted

9.Rates For Tablets/ Capsules should Be quoted for Strip packing Only

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

11.If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 3 . 3.2020

BEFORE 5=00P.M.

Your's Faithfully

Dean Sassoon General Hospital Pune