

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

MS/MED/ QTN/C/ 142 /20

DT 9/6 /2020

	Name Of Drug
	Salbutamol Inhaler
	Duolin Inhaler
Tab	soda mint
Tab	Cal Acetate (low Phos-Hyohophas)
Tab	Udiliv 300mg
In j	Tocilizumab 400mg/20ml
Tab	Hydroxyurea 500mg
Tab	Ivermectin 6mg
Oint	Betamethasone 0.05% w/w 15gm
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 HOSPITAL 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 24-6-2020 BEFORE 5=00P.M.	

Your's Faithfully



DEAN

SASSOON GENERAL HOSPITAL PUNE-1