

**SASSOON GENERAL HOSPITAL PUNE-1****QUOTATION ( SECTION -C)**MS/MED/ QTN/C/ 143 /20DT 9/6 /2020

	Name Of Drug
1 Inj.	Aminophyllin 25mg/ml 10ml Amp
2 Inj.	<u>Acyclovir 500mg</u>
3 Inj.	<u>Acyclovir 250mg</u>
4 Inj.	Adrenalin1:1000 1mg/ml 1ml Amp
5 inj.	Caffine Citreate 20mg/ml 3ml Amp.
6 inj.	Caffine Citreate 20mg/ml 2ml Amp.
7 Inj.	Dexamethasone 4mg/ml 2ml Amp
8 Inj.	Etophyllin 84.7mg + Theophyllin 25.3mg/ml 2ml Amp
9 Inj.	Human Insulin Isophane ( NPH) 40 I.U./ml 10ml Vial
10 Inj.	Human Insulin Mixed ( 30%+70%) 40 I.U./ml 10ml Vial
11 Inj.	Hyoscine Butyl Bromide 20mg/ml 1ml Amp
12 Inj.	Methyl Prednisolone 500mg Vial
13 Inj.	Methyl Prednisolone 40mg Vial

**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**