

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

S/MED/

156

/ 2021

Dt. :- 27-5-21

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 Ifosfamide 1gm with 3 ampoules of 200mg Inj mesna	10	Inj Cyclophosphamide 1gm
2	Inj Ifosfamide 2gm with 6 ampoules of 200mg Inj mesna	11	Inj Methotrexate 50mg(IV,IM,Intrathecal use)
3	Inj Mesna 200mg	12	Inj Methotrexate 50mg(IV,IM,use)
4	Inj Doxorubicin 10mg	13	Inj Methotrexate 15mg(IV,IM,Intrathecal use)
5	Inj Doxorubicin 50mg	14	Inj Methotrexate 500mg(IV,IM,use)
6	Inj 5-Fluorouracil 250mg	15	Inj Methotrexate 500mg(IV,IM,Intrathecal use)
7	Inj 5-Fluorouracil 500mg	16	Inj Methotrexate 1gm(IV,IM,use)
8	Inj Cyclophosphamide 200mg	17	Inj Methotrexate 1gm(IV,IM,Intrathecal use)
	Inj Cyclophosphamide 500mg	18	<u>Inj Leucovorin 50mg</u>

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 4.6 .2021

BEFORE 5=00P.M.

Handwritten Signature
Dean

Sassoon General Hospital Pune