

Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 361,356

Quotation Form Section-C

MS / MED / 1644 /15

Date :- 21-5-2015

Sub:- Quotation for Medicine as given below.

Sir,

You are requested to furnish your quotation for the following items to the DEAN ,
SASSOON GENERAL HOSPITAL, PUNE -1

Flubiprofen Eye Drop 0.3 %

Atropin Eye Ointment 1 %

Moxifloxacin Eye Drop 0.5%

Inj.Adrenaline acid tartrate 1: 1000

Pilocarpine(0.5%), Nitrate /HCL sterile Ophthalmic Solution

Ciprofloxacin (0.3%) & Dexamethasone (0.1%) Eye Drop (Ciprofloxacin 0.3% , Dexamethasone
0.1%,benzalalkonium chloride

0.01%)

Cyclopentolate 1 Eye Drop

Polymyxin-B Sulphate 10000 IU, Chloramphenicol 10 mg, Dexamethasone Sodium Phosphate 1 mg Eye
Ointment

Note :- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.

2) Strength of Drug ,MRP Price Cost , Packing & Name of the manufacturer must be mentioned

3)The delivery of the material must be at MEDICAL STORE.

4) Delivery period 24 hours from the date of receipt of the order.

5)The quotation and envelope should be addressed on the name of (Attention Medical Store) DEAN, SASSOON
GENERAL HOSPITAL, PUNE -1 and it should be submitted with in stipulate time at Administrative Office SGH
Pune-1

6) Quotation envelope should mention Quotation Reference No. along with name & strength of Drug..

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

8) Rates should be quoted for, & Material should be supplied 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

Yours Faithfully,

for Sabhade

For Dean

Sassoon General Hospital, Pune-1

Last Date Of Submission For Quotation -28.05.2015