Sassoon General Hospital,Pune – 1

Tel : 26128000 Medical Store Ext : 361,356

Quotation Form Section-C

MS / MED / 1726 /15 Date :- 24-6-2015

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

Inj. Acyclovir 500 mg vial/amp
Inj. Acyclovir 250 mg vial/amp
Inj. Magnesium sulphate 50% w/v 2 ml amp
Inj. Oxytocin 5 iu/ml 1 ml amp.
Inj. Protamine sulphate 10 mg/ ml ,5 ml amp.
Tab. Bisacodyl 5 mg
Tab. Cetrizine 10 mg
Tab. Glimepiride 1 mg
Tab. Salbutamol 4 mg
Tab. Hydroxyzine HCL 25 mg
Tab. Metformin 500 mg
Tab. Levocetrizine 5 mg

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,

MP-Sles2
24/6/15

For Dean
Sassoon General Hospital, Pune-1

Last Date Of Submission For Quotation – 3 /07/2015