

Sassoon General Hospital, Pune -1

Tel : 26128000 Medical Store Ext : 361,356

Quotation Form (RGJAY)

MS/MED/ 1745

/15

Date :- 6-7-2015

Sub:- Quotation for Drug as given below.

Sir,

You are requested to furnish your quotation for the following items to the
DEAN SASSOON GENERALHOSPITAL, PUNE

Sr.No.	Name Of Drug	Strength
1	Tab Capecitabine	500mg
2	Tab Thalidomide	100mg
3	Inj. Arsenic Trioxide	10mg/10ml
4	Inj. Vincristine	1mg ,2mg
5	Inj. Filgrastim	300mcg,150mcg
6	Inj. Cyterabine	1gm Vial ,100mg
7	Inj. Doxorubicin	50mg,10mg
8	Inj. L -Asparaginase	10000 I.U. ,5000 I.U. Vial
9	Inj. Docetaxel	20mg,80mg,120mg

Note :- 1) Rate should be quoted inclusive of all taxes & valid upto 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.

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)

6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted within stipulated time at Administrative Office

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

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

9) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.

10) Conditional Quotations will not be accepted.

11) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune

Last Date Of Submission

For Quotation :- 14.07.2015 upto 5 pm.

21/7/15

Yours Faithfully,

For Dean

Sassoon General Hospital, Pune-1