

# Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 361,356

## Quotation Form

MS/MED/ 179 /20

Date :- 29 / 6 / 2020

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

SrNo	Name of Drug
1.	Inj.Toclizumab 200 mg
2	Inj.Toclizumab 400 mg
3	Inj.Remedesivir 100 mg
4	Tab. Favipiravir 200 mg

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 stipulated time at Administrative Office before 5=00 PM

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, 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 :- Urgent

1 03-07-2020

Yours Faithfully,

  
Dean

Sassoon General Hospital, Pune-1