

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION

Sr.No.	Dosage	Quotation No.:-	Dt.:-
		ms/sgh/189	8/7/2020
1	Inj.	Rocuronium Br. 10mg/ml,5ml Vial	MSLEM No. 907
2	Inj.	Inj.Drotavarine 20 mg/ml,2 ml amp	SGLEM No. 57
3	Inj.	Inj.Dexamethomidine 20mcg/ml,2ml amp	SGLEM No. 56
4	Inj.	Inj.Tramadol 50mg/ml,2 ml amp	MSLEM No. 045
5	Inj.	inj.Atracurium 10mg/2.5ml amp	MSLEM No. 622
6	Inj.	Inj.ketamine 50 mg/ml,10 ml Vial	MSLEM No. 3
7	Inj.	inj.Midazolam 1mg/ml,10ml Vial	MSLEM No. 25 per 5ml vial
8	Inj.	Inj.Succinyl Choline 50mg/ml,10 ml Vial	MSLEM No. 626
9	Inj.	inj.Potassium Chloride 150 mg/ml,10 ml Amp	MSLEM No. 695
10	Tab.	Paracetamol 500 mg	MSLEM No. 38

Terms & Conditions

Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months

- 1 Strength of Drug ,MRP, Cost & Mfg Company , Packing must be mentioned
- 2 The Delivery Of the Material must be at Medical Store at Office Time
- 3 The Envelop & Quotation Should be addressed on name Of DEAN SASSOON GENERAL OSPITAL PUNE-1 (Attention Medical Store) & it should be submitted stipulated time at Administrative Office before 5=00 P.M.
- 4 Delivery Period 24 Hours From the Date Of Receipt of the Order
- 5 The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug
- 6 Rates must be mentioned in figure as well as in words
- 7 Rates should be quoted as per official PHARMACOPEAL STANDARDS.
- 8 Conditional Quotations will not be accepted
- 9 Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL HOSPITALS,PUNE
- 10 Rates For Tablets should Be quoted for Strip packing Only
- 11 If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoted rate then the claim for the purchase by this qtn. Will become invalid

LAST DATE OF SUBMISSION OF QUOTATION 20/7/2020 BEFORE 5=00P.M.

Your's Faithfully

DEAN

SASSOON GENERAL HOSPITAL PUNE-1

189चे डोक्षण घालनाही

21/7/2020

मान सर्वोपचार रुग्णालय

MC
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Handwritten signature

Handwritten signature and date: 6/7/20