

Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

Quotation Form

SGH/SUR/MJPJAY/LP/2197 /19

Date : 8/3/19

Sub:- Quotation for Surgical Item Dept of Medicine as given below.

Sir,

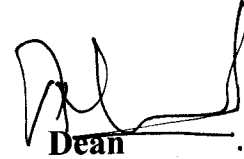
You are requested to furnish your quotation for the following items to the
DEAN SASSOON GENERAL HOSPITAL, PUNE

Sr No	Name of the item
1	Inflation Device (Survival Kit)
2	Guide Catheter (All Size)
3	PTCA Wire (B M W)
4	PTCA Wire - Whisper
5	PTCA Wire - Cross IT 100 XT/200 XT
6	PTCA Wire - fielder FCJ
7	PTCA Wire - sion blue ,soin black
8	PTCA Wire - Runthrough
9	PTCA Wire - Miracle

- Note :-**
- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
 - 2) Strength of Surgical Item MRP Cost & Mfg Company Packing must be mentioned
 - 3) The delivery of the material must be at surgical 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 Surgical Store)
 - 6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
 - 7) Quotation envelope should mention Quotation Reference No.along with name & strength of material.
 - 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: 27-26-3-19
5:00 PM

Yours Faithfully,



Dean

Sassoon General Hospital, Pune-1