

# SASSOON GENERAL HOSPITAL PUNE-1

## QUOTATION

Sr.No.	Dosage	Quotation No.:- <b>245</b>	Dt :- <b>5/8/2020</b>
1	Inj.	Artesunate 60 mg	
2	Inj.	Paracetamol 150 mg/ml, 2 ml	
3	Inj.	Leviteracetam 100 mg/ml, 5ml Vial	
4	Inj.	Dobutamine HCL 50 mg/ml, 5ml amp	
5	Inj.	Ketamine Sulphate 50 mg/ml, 10 ml Vial	
6	Tab.	Lorazepam 2mg	
7	Inj.	Anti Gas Gangrene 10,000 I.U/ml, 10 ml Vial	
8	Inj.	Midazolam 1mg/ml, 5 ml	
9	Inj.	Midazolam 1mg/ml, 10 ml	
10	Tab.	<del>Paracetamol 500mg</del> <b>PARACETAMOL 500mg</b>	

### 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 PHARMACOEPEAL 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 **18/8/2020** BEFORE 5=00P.M.**

Your's Faithfully

*Yash*  
DEAN

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