

Sassoon General Hospital, Pune - 1
 Tel : 26128000 Medical Store Ext : 361,356
 Quotation Form (Section A)

MS/MED/A/ 2541 /18

Date :- 24/10/18

Sub:- Quotation for Drug as given below.

Sir,

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

1	Inj. Isoprenaline 2mg/ml	MSLEM 788
2	Inj.Low molecular wt Heparine 60mg/0.6ml pfs	MSLEM 426
3	Tab Frusemide 40mg	MSLEM 536
4	Inj.Frusemide 10mg/ml 2ml amp.	MSLEM 538
5	Cap.Nifedipin 5mg	MSLEM 556
6	Metoprolol 1mg/ml Amp.	SGH 82
7	Inj.Diltiazem 5mg/ml 5ml Vials	NOT in SGH & MSLEM
8	Inj Gentamicin 40mg/ml 2ml vial	MSLEM 185

Note :- 1) Rate should be quoted inclusive of GST & valid up to 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 Inward Clark on same day

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 :- 21/11/2018 Before 5.00pm

Quotation not received ³⁰ here extension
 given upto 17/11/18

Yours Faithfully,

Dean

Sassoon General Hospital, Pune-1

Handwritten signature
 23/11/18

Handwritten signature

Handwritten signature
 Associate Professor,
 Dept. of Pharmacology,
 Incharge, Medical Store,
 Sassoon General Hospitals, Pune

2541 कोटेशन प्रालिकादी

Handwritten signature
 23/11/2018
 लिपिक