

# Sassoon General Hospital ,Pune

## Quotation Form (Section B )

IS/MED/ 2605 /18

Dt. :- 01 /11 /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.

Sr. No.	Name Of Drug	Sr. No.	Name Of Drug
1	Typhoid Vaccine Conjugate Vaccine(TCU)	8	Inj. AntiRabies PCECR Rabies vaccine0.5&1ml MSLEM No.621
2	Ty21a(A Live Vaccine)	9	Tab.Paracetamol 500mg MSLEM No.38
3	Vi-Capsular Polysaccharide Vaccine(Vips)	10	Tab. Calcium lactate 300 mg
4	Inj.Succinyl Choline Cholride 50mg/ml.10ml	11	Tab. Acetylsalicylic Acid150 mg MSLEM NO.446
5	Inj.Bupivacaine 0.5%5mg/ml 20ml	12	Tab. Artemeter 80mg+Lumifantrine 480mg MSLEM No.299
6	Inj.Thiopentone Sodium 1gm	13	Tab.Phenobarbitone 60mg
7	Tab.Phenobarbitone 30 mg	14	Inj. Theophyllin Sodium 5mg/ml (MSLEM-120)

### Terms & Conditions

Note:-1)Rate Should be quoted inclusive of All Taxes ( Goods & Service Tax & all other taxes if any) & Rates 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 at Office Time

4.The Envelop &Quotation Should be addressed on name Of DEAN SASSOON GENERAL HOSPITAL PUNE-1 (Attention Medical Store ) & it should be in submitted stipulated time "at Administrative Office" before 5=00 P.M.

5.Delivery Period 24 Hours From the Date Of Receipt of the Order

6.The Envelope Of Quotation Should be mention Quotation. Ref. No.

7.Rates must be mentioned in figure as well as in words

8.Rates should be quoted as with Generic name & strength of Drugs per official PHARMACOPEAL STANDARDS.

9.Conditional Quotations will not be accepted

10.Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital,PUNE

11.Rates For Tablets should Be quoted for Strip packing Only

LAST DATE OF SUBMISSION OF QUOTATION 12 .11.2018 BEFORE 5=00P.M.

12.11.18

Your's Faithfully

Dean Sasoon General Hospital Pune