

Sassoon General Hospital, Pune

Quotation Form (MJPJAY)

MS/MED/

279

/ 20

Dt. :- 17-08-2020

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. N.	Name Of Drug	Sr. N.	Name Of Drug
1	Inj Cerebroprotein Hydrolysate 60mg	14	Sterile water for Injection 1 liter
2	Tab Cerebroprotein Hydrolysate 90mg	15	Sterile water for Injection 500ml
3	Inj Protamine Sulphate 10mg/ml 5ml	16	Inj Cefepime 250mg
4	Inj Levofloxacin 500mg	17	Inj Cefepime 500mg
5	Inj Citicholin 250mg/ml	18	Tab Piracetam 400mg with Citicoline 500mg
6	Inj Sodium Chloride 0.45% 500ml	19	Tab Rifaximin 400mg tab
7	Inj Levetiracetam 500mg	20	Inj Tigecycline 50mg
8	Inj Caffeine Citrate 20mg/ml (lowest rate will be calculated on per ml basis)	21	Inj Iohexol /Omnipaque 350mg/ml 100ml
9	Syrup Caffeine Citrate 20mg/ml (lowest rate will be calculated on per ml basis)	22	Inj Iohexol /Omnipaque 350mg/ml 90ml
10	Inj Dextrose 50% 100ml	23	Inj Iohexol /Omnipaque 350mg/ml 50ml
11	Inj Sodium Chloride 0.3% 100ml	24	Inj Terlipressin 100mcg/ml 10ml
12	Inj Multivitamin 10 ml	25	Inj L-Ornithine L-Aspartate 5gm/10ml
13	Inj Concentrated Ringer lactate 20ml	26.	Inj. Cefepime 1gm

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 submitted in 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.** Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.
 7. Rates must be mentioned in figure as well as in words
 8. Conditional Quotations will not be accepted
 9. Rates For Tablets/ Capsules should Be quoted for Strip packing Only
 10. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital, PUNE
 11. If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 28. 8 .2020

BEFORE 5=00P.M.

Your's Faithfully

(Signature)

Dean Sassoon General Hospital Pune