

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION -C)

MS/MED/ QTN/C/ 28 /21

DT 20 / 4 /2021

	Name Of Drug	Aprox.qty.
1 Tab.	Favipiravir 200mg	
2 Inj.	Remdesivir 100mg Vial	
3 Inj.	Tocilizumab 400mg vial	
4 Inj.	Tocilizumab 80mg vial	
5 Inj.	Tocilizumab 200mg vial	
Terms & Conditions		
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 quoated 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 quoated for Strip packing Only	
11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoated rate then the claim for the purchase by this qtn. Will become invalid	
	LAST DATE OF SUBMISSION OF QUOTATION 27/04/21 BEFORE 5=00P.M.	

Handwritten Signature
DEAN

SASSOON GENERAL HOSPITAL PUNE-