

Sassoon General Hospital ,Pune

Quotation Form (Section B)

B2

MS/MED/ 2970 / 18

Dt. :- 12/12/18

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
1	Tab.Acetazolamide 250mg MSLEM No. 638
2	Tab.Acetylsalicylic Acid 75 mg MSLEM No. 445
3	Tab. Artemether80mg+Lumifantrine480mg MSLEM No. 299
4	Tab. B-complex(Prophylactic) MSLEM No. 846
5	Tab. Calcium lactate 300 mg MSLEM No. 62
6	Tab.Chloroquine 250 mg
7	Tab.Hydroxy chloroquine 200 mg MSLEM No. 53
8	Tab.Diazepam 5mg MSLEM No. 388
9	Tab.Ferrous sulphate 200mg
10	Tab.Alprazolam 0.25 mg MSLEM No. 787.

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 Qtn. Ref. No. Along with Generic name & strength of Drug

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

8.Rates should be quoted as 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 . .2018 BEFORE 5=00P.M.

27/12/18

Your's Faithfully

Dean Sasoon General Hospital Pune

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27/12/18

[Signature]