

SASSOON GENERAL HOSPITAL PUNE-1		
QUOTATION (Section C)		
Sr.No.	Dosage	Quotation No.:- 2971 Dt:- 12/12/18
49	Betamthasone 0.1% 20gm Tube	MSLEM 500
50	Clotrimazole Oint. 1% 15gm tube	MSLEM - 494
51	Flucinolone 0.025%15gm tube	SUHEM 35
52	Miconazole 2%w/w	MSLEM 868
53	Benzyl Peroxide 2.5% Gel	MSLEM 502
54	Lignocain 2% Jelly 30gm Tube	SUHEM 37
55	Dinoprostone Gel 0.5mg 30gm Tube	MSLEM 848
56	Permethrin Cream 5% 30gm Tube	MSLEM 506 507
57	Albendazole 200mg/5ml 10ml Bottle	MSLEM 127
58	Cough Expectorant (Dectromethorphane)	MSLEM 726.
59	Salbutamol Resp. Soln. 5mg/ml in 15ml Bottle	
60	Ipratropium Resp. Soln. 5mg/ml in 15ml Bottle	
Terms & Conditions		
Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months		
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 HOSPITAL 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 quoted as per official PHARMACOPEAL 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 quoted for Strip packing Only	
11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoted rate then the claim for the purchase by this qtn. Will become invalid	
LAST DATE OF SUBMISSION OF QUOTATION 27/12/18 BEFORE 5=00P.M.		

Your's Faithfully

DEAN

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