

SASSOON GENERAL HOSPITAL PUNE-1		
QUOTATION (Section-C)		
Sr.No.	Dosage	Quotation No.:- 2973 Dt:- 12/12/18
21		Duphastone 10mg(Dydrogestron)
22		Etophyllin 231mg + Theophyllin 69mg
23		Fluconazole 150mg
24		Formalin 1gm
25		Glimepride 1mg
26		Glimepride 2mg
27		Glibenclamide 5mg
28		Hyoscine Butyl Bromide 10mg
29		Metformin 500mg
30		Metoclopramide 10mg
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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