

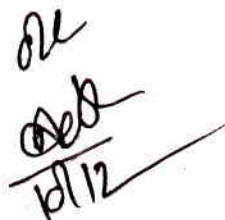
SASSOON GENERAL HOSPITAL PUNE-1		
QUOTATION (Section-C)		
Sr.No.	Dosage	Quotation No.:- 2975 Dt :- 12/12/18
1	Inj.	Aminophyllin 25mg/ml 10ml Amp MSLEM 878
2	Inj.	Carboprost 250mcg/ml 1ml amp MSLEM 813
3	inj.	Dexamethasone 4mg/ml 2ml Amp MSLEM 67
4	inj.	Etophyllin 84.7mg+ Theophyllin 25.3mg/ml 2ml Amp SHLEM 23
5	inj.	Human Insulin Isophane (NPH)40 I.U.ml 10ml Vial MSLEM 595
6	inj.	Human InsulinPlaine (Regular)40 I.U.ml 10ml Vial MSLEM 594
7	inj.	Human Insulin Mixed(30%+70%)40 I.U.ml 10ml Vial MSLEM 597
8	inj.	Lung Surfactant 4ml , 8ml Vial MSLEM 630
9	inj.	Magnesium Sulphate 50% 2ml Amp MSLEM 109
10		Metoclopramide 5mg/ml 2ml Amp MSLEM 399
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 OSPITAL PUNE-1 (Attention Medical Store) & it should be submitted stipulated time at Administretive 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 PHARMACOPREAL 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

SASSOON GENERAL HOSPITAL PUNE-1

BT/12