

		<b>SASSOON GENERAL HOSPITAL PUNE-1</b>	
		<b>QUOTATION</b> (Section-C)	
Sr.No.	Dosage	Quotation No.:-	Dt.:-
		2978	12/12/18
40		Ciprofloxacin-D E/D 0.3% 5ml Bottle	MSLEM 855
41		Pilocarpine Nitrate 0.5 %w/v	
42		Trypan Blue 0.6mg/ml 1ml Amp.	MSLEM NO. 34
43		Pilocarpine Nitrate 0.5 %w/V	MSLEM 639
44		Povidone Iodine 5% 5ml Vial Opth.Soln.	MSLEM 635
45		Proparacaine E/D 0.5 % /ml 5ml Vial E/D	MSLEM 637
46		Prednisolon E/D 5ml Vial 0.10%	MSLEM 636
47		Hydroxy Methyl propyl Cellulose 2% Pfs 5ml Vial	MSLEM 645
48		Tropicamide & Phenylphirine E/D	MSLEM 886
<b>Terms &amp; Conditions</b>			
<b>Note:-1)Rate Should be quoted inclusive of All Tax &amp; rates Valid Upto six Months</b>			
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 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		
<b>LAST DATE OF SUBMISSION OF QUOTATION 27/12/18 BEFORE 5=00P.M.</b>			

Your's Faithfully


  
DEAN

SASSOON GENERAL HOSPITAL PUNE-1

ole  
AEB  
10/12

