

# Sassoon General Hospital, Pune

## Quotation Form (Section B)

MS/MED/

2981

/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.

S.r No.	Name Of Drug
1	Tab.Amitriptylline 25 mg
2	Tab.Diclofenac sodium 50 mg
3	Tab.Haloperidol 5 mg
4	Diclofenac Gel 20gm Tube
5	Oseltamivir Syrup
6	Syrup Potassium Chloride
7	Sodalime Indicator
8	Liquid Desflurane
9	Inj.Bupivacaine 0.5% 4 ml(heavy)
10	Inj.Midazolam 1mg/ml 5ml amp

### 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.

29/12/18

Your's Faithfully

Dean Sassoon General Hospital Pune