

## SASSOON GENERAL HOSPITAL PUNE-1 QUOTATION

Quotation No.:- 303

Dt :- 29-8-2020

Sl. No.	Dosage	Description
1	Tab.	Ivermectin 6 mg
2	Tab.	Ivermectin 12 mg
3	Inj.	Insulin Plain (40 I.U./10 ml)
4		
5		
6		
7		
8		
9		
10	98	

### 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 ) & 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 29/8/2020 BEFORE 5=00P.M.**

Your's Faithfully

*(Signature)*

DEAN

SASSOON GENERAL HOSPITAL PUNE-1