

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/ 334

/ 2020

Dt. :- 14/9/2020

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.

Sr.	Name Of Drug	Sr.	Name Of Drug
1	Inj Bleomycin 15 IU	15	HIB Vaccine (Influenza vaccine Type B)
2	Inj Pemetrexed 100mg	16	Meningococcal Vaccine
3	Inj Pemetrexed 500mg	17	Syrup Caffeine citrate 20mg/ml 1ml
4	Inj Cytarabine 1gm	18	Syrup Caffeine citrate 20mg/ml 1.5ml
5	Inj Etoposide 100mg	19	Syrup Caffeine citrate 20mg/ml 3ml
6	Tab Etoposide 50mg	20	Inj Dextrose 50% 100ml
7	Tab Voriconazole 200mg	21	Inj Multivitamin 10ml
8	Chlorambucil 5mg cap	22	Inj Concentrated Ringer lactate 20ml
9	Inj Cladiribine 10mg	23	Inj Caffeine citrate 20mg/ml 1ml
10	Inj Mesna 200mg	24	Inj Caffeine citrate 20mg/ml 3ml
11	Inj Tirofiban Hydrochloride 5mg/100ml (50mcg/ml)	25	Inj Caffeine citrate 20mg/ml 2ml
12	<u>Inj Sodium Chloride 3% 100ml</u>	26	Inj Protamine Sulphate 10mg/ml 5ml
13	<u>Inj Levetiracetam 500mg</u>	27	Inj Cerebroprotein Hydrolysate 60mg
14	<u>Inj Citicolin 250mg/ml 2ml</u>	28	Tab Piracetam 400mg with citicolin 500mg

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 submitted in 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 **Quotation. Ref. No.** Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.

7.Rates must be mentioned in figure as well as in words

8.Conditional Quotations will not be accepted

9.Rates For Tablets/ Capsules should Be quoted for Strip packing Only

10.Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital,PUNE

11.If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 23/9/2020 BEFORE 5=00P.M.

Your's Faithfully

Vantu

Dean Sassoon General Hospital Pune