

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION-C)

MS/MES/ C/ Qtn./ 366 /21 Dt 14/7 / 2021

Name Of Drug

Aprox. Qty.

Inj. Acyclovir 500mg Vial

Inj. Hydrocortisone Sod. Succinate 100mg Vial

Oth. Glycerine I.P. 450gm Bottle

Oth. Magnesium Sulphate Powder 400gm Pkt.

Tab. Misoprostol 200mcg

Terms & Conditions

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) & 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 HOSPITAL PUNE-1, 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 2/08/2021 BEFORE 5=00 P.M.

Handwritten Signature
DEAN

Handwritten Signature
SASSOON GENERAL HOSPITAL PUNE-1