

Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

Quotation Form

SGH/SUR/MJPJAY/LP / 309 / 2021

Date 30/9 / 2021

Sub:- Quotation for Surgical Item Paediatric dept. as given below.

Sir,

You are instructed to furnish your quotation for the following items to the

DEAN SASSOON GENERAL HOSPITAL, PUNE

Sr No	Name of the item
1	UVC no. 3.5 (umbilical venous catheter)
2	UAC no. 3.5 (umbilical arlerial catheter)

- Note :-**
- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
 - 2) Strength of **Surgical Item** MRP Cost & Mfg Company Packing must be mentioned
 - 3) The delivery of the material must be at Surgical Store of this hospital
 - 4) Delivery period 24 hours from the date of receipt of the order.
 - 5) The quotation and envelope should be addressed in the name of (Attention Surgical Store)
DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
 - 6) Quotation envelope should mention Quotation Reference along with name & strength of material.
 - 7) Rates must be mentioned in figure as well as in words.
 - 8) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
 - 09) Conditional quotations will not be accepted.
 - 10) Right to accept, recall or reject above quotations lies solely with Dean, Sassoon General Hospitals Pune

Last Date Of Submission: 30-1-2021
5:00 PM

[Signature]

Dean

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