

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/

380

/ 2020

Dt. :- 3/10/2020

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 Bortezomib 2mg	13	HIB Vaccine (Influenza vaccine Type B)
2	Cap Lenalidomide 25mg	14	Meningococcal Vaccine
3	Cap Lenalidomide 5mg	15	Syrup Caffeine citrate 20mg/ml 1ml
4	Cap Lenalidomide 10mg	16	Syrup Caffeine citrate 20mg/ml 1.5ml
5	Tamoxifen 20mg tab	17	Syrup Caffeine citrate 20mg/ml 3ml
6	Syrup Levetiracetam	18	Inj Dextrose 50% 100ml
7	Inj Protamine Sulphate 10mg/ml 5ml	19	Inj Multivitamin 10ml
8	Inj Cerebroprotein Hydrolysate 60mg	20	Inj Concentrated Ringer lactate 20ml
9	Tab Piracetam 400mg with citicolin 500mg	21	Inj Caffeine citrate 20mg/ml 1ml
10	<u>Inj Sodium Chloride 3% 100ml</u>	22	Inj Caffeine citrate 20mg/ml 3ml
11	<u>Inj Levetiracetam 500mg</u>	23	Inj Caffeine citrate 20mg/ml 2ml
12	<u>Inj Citicolin 250mg/ml 2ml</u>	24.	<u>T. Dasatinib 20mg</u>

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 14. 10 .2020

BEFORE 5=00P.M.

Your's Faithfully

Yanku

Dean Sasoon General Hospital Pune