

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/

463 / 2020

Dt. :- 12/11/20

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. No.	Name Of Drug	Sr. No.	Name Of Drug
1	Inj Oxaliplatin 100mg	17	Inj Caffeine Citrate 20mg/ml 1ml
2	Inj Oxaliplatin 50mg	18	Inj Caffeine Citrate 20mg/ml 2ml
3	Inj Paclitaxel 100mg	19	Inj Caffeine Citrate 20mg/ml 3ml
4	Inj Paclitaxel 260mg	20	Syrup Caffeine Citrate 20mg/ml 1ml
5	Inj Paclitaxel 30mg	21	Syrup Caffeine Citrate 20mg/ml 2ml
6	Inj Leucovorin 50mg	22	Syrup Caffeine Citrate 20mg/ml 3ml
7	Inj Rituximab 500mg	23	Syrup Caffeine Citrate 20mg/ml 1.5ml
8	Inj Rituximab 100mg	24	Inj Dextrose 50% 100ml Bottle
9	Tab Mercaptopurine 50mg	25	Sterile water for Injection 1 liter
10	Inj Granisetron 1mg/ml 3ml	26	Inj Concentrated Ringer lactate 20ml
11	Inj Cefepime 1gm	27	Inj Sodium Chloride 3% 100 ml
12	HIB Vaccine/ H. Influenza vaccine (Influenza vaccine Type B)	28	Inj Multivitamin 10 ml
13	<u>Meningococcal Vaccine 0.5ml</u>	29	Fibrin Glue
14	Pneumococcal vaccine 0.5ml	30	Inj Cyanoacrylate Glue
15	Inj Sodium Chloride 0.9% 100ml in Glass Bottle	31	Insulin Glargin
16	Inj Sodium Chloride 0.9% 500ml in Glass Bottle	32	Cardioplegia Inj.

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 24. 11 .2020

BEFORE 5=00P.M.

Your's Faithfully

(Signature)