

Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 2361,2356

Quotation Form (Section A)

MS/MED/A/ 480 /2020

Date :- 20/11/20

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

1	Inj. Heparine 2500IU	MSLEM 428
2	Inj. Diltiazem 30mg	-11- 449
3	Inj. Nitroglycerine 5mg/ml	-11- 451
4	Inj. Streptomycin 0.75gm	-11- 233
5	Inj. Cardioplegia 20ml Amp.	SGH 14
6	Inj. Levofloxacin 5mg /ml 100ml	-11- 45
7	Tab. Digoxin 0.25mg	MSLEM 479
8	Cap. Nifedipine 5mg	-11- 556
9	Syp. Azithromycin 100mg/5ml	-11- 120
10	Syp. Amoxycillin & potassium Clavulanate 60ml	= 139

TERMS & CONDITIONS Note :-

- 1) Rate should be quoted inclusive of all Tax & 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 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 should mention the Quotation no. of the Quotation call.
 - 7) Rates must be mentioned in figure as well as in words.
 - 8) Rates should be quoted as per official PHARMACOPEAL STANDARDS.
 - 9) Conditional Quotations will not be accepted.
 - 10) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune
- If it is noticed that the mentioned drug is available in local market at lower rate than that quoted then the claim for the purchase by this quotation will become invalid.

Last Date Of Submission For Quotation :- 27/11/20 Before 5.00pm

Yours Faithfully,

Yashu

Dean

Sassoon General Hospital, Pune-1

Shubh
17/11/2020

Aditya
17/11/2020

Devesh
17/11/2020

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