

Sassoon General Hospital, Pune - 1
Tel : 26128000 Medical Store Ext : 2361,2356
Quotation Form (Section A)

MS/MED/A/ 506 /2020

Date :- 5/12/2020

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

1	Inj. Piperacillin+Tazobactum 4.5gm Vials	MSLEM No. 147
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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
- 11) 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.

Ⓛ Date Of Submission For Quotation :- 15/12/20 Before 5.00pm

Yours Faithfully,

(Signature)

Dean

Sassoon General Hospital, Pune-1