

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION -C)

MS/MED/ QTN/C/ 525 /20

DT 15/12/2020

	Name Of Drug
1	Inj. Acyclovir 500mg Vial
2	Inj. Hydrocortisone Sod. Succinate 100mg Vial
3	Inj. Protamine Sulphate 10mg/ml 5ml Amp
4	Inj. Sodium Nitroprusside 50mg Vial
5	Tab. Bisacodyl 5mg
6	Tab. Duphastone 10mg(Dydrogestron)
7	Tab. Misoprostol 200mcg
8	Tab. Mifepristone 200mg
9	Tab. Mifepristone 200mg (1tab) + Misoprostol 200mcg(3 Tabs) (MTP kit)
10	E/D Pilocarpine Nitrate 0.5 %w/V
11	Tab soda mint
12	Tab Cal Acetate (low Phos-Hyohophas)
13	Tab Udiliv 300mg
14	Tab Metformin 500mg
15	Inj. Pantoprazole 40mg Vial

Terms & Conditions

1	Strength of Drug ,MRP, Cost & Mfg Company , Packing must be mentioned
2	The Delivery Of the Material must be at Medical Store at Office Time
3	The Envelop & Quotation Should be addressed on name Of DEAN SASSOON GENERAL OSPITAL PUNE-1 (Attention Medical Store) & it Should be submitted stipulated time at Administrative Office before 5=00 P.M.
4	Delivery Period 24 Hours From the Date Of Receipt of the Order
5	The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug
6	Rates must be mentioned in figure as well as in words
7	Rates should be quoted as per official PHARMACOPAL STANDARDS.
8	Conditional Quotations will not be accepted
9	Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL HOSPITALS,PUNE
10	Rates For Tablets should Be quoted for Strip packing Only
11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoted rate then the claim for the purchase by this qtn. Will become invalid
	LAST DATE OF SUBMISSION OF QUOTATION 23/12/2020 BEFORE 5=00P.M.

Your's Faithfully


 DEAN

SASSOON GENERAL HOSPITAL PUNE-