

# Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

## Quotation Form

SGH/SUR/MJPJAY/LP/5322/19

Date : 29 / 7 / 19

Sub:- Quotation for Surgical Item Medicine Dept as given below.

Sir,

You are requested to furnish your quotation for the following items to the

### DEAN SASSOON GENERAL HOSPITAL, PUNE

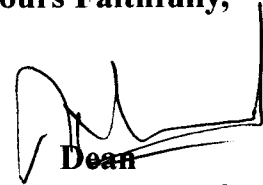
(Package no.M8T2.5 for chronic kidney disease)

- 1) Bilumen Hemo dialysis catheter No. 8 , 8.5 , 9 Fr
- 2) F4 dialyser and Tubing

- Note :-**
- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
  - 2) Strength of Surgical Item MRP Cost & Mfg Company Packing must be mentioned
  - 3) The delivery of the material must be at surgical Store.
  - 4) Delivery period 24 hours from the date of receipt of the order.
  - 5) The quotation and envelope should be addressed on the name of Attention Surgical Store with order number Quotation Ref. no. mentioned with date.
  - 6) Envelope & Quotation Should be addressed to The Dean, Sassoon General Hospital ,Pune & Should be Submitted at Administrative office of Sassoon General Hospital ,Pune
  - 7) Rates must be mentioned in figure as well as in words.
  - 8) Rates should be quoted for, & Material should be supplied 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

**Last Date Of Submission:** 21-8-19  
5:00 PM

Yours Faithfully,



**Dean**  
Sassoon General Hospital, Pune-1