Sassoon General Hospital,Pune – 1

Tel : 26128000 Medical Store Ext : 2361,2356

Quotation Form (Section D)

MS/MED/ D/ 568/2021. **Date :- 7 / 4 / 2021**

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	IV Sodium Chloride 0.45 % 500 ml Bott.	
2	Plaster Of Paris Powder 20 kg	(SGHLEM –75)
3	Plaster Of Paris Powder 50 kg	(SGHLEM – 75)

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 of quotation Should be be mention Qtn. Ref NO. Along with name of strength of DrugDEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted within stipulated time at Administretive Office Inward Clark on same day7)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 Pune11) 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 :- 16/4/21 **Before 5.00pm**

Dean
Sassoon General Hospital, Pune-1