

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

MS/MED/A/

607/2021

Date :- 08/01/21

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 | Tab. Rifaximin 400mg |
| 2 | Cap. Nifedipine 5mg |
| 3 | Inj. Diltiazem 25mg |
| 4 | Inj. Labetalol 5mg/ml 4ml Amp. |
| 5 | Inj. Metronidazole 0.5gm/100ml Bottle |
| 6 | Tab.Azithromycin 250mg |

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.

Last Date Of Submission For Quotation :- 19/01/21 Before 5.00pm



Dean

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