

**SASSOON GENERAL HOSPITAL PUNE-1**

MS/SGH/63/ Dt - 28/4/2020 **QUOTATION**

| Sr.No. | Dosage | Quotation No.:-  | Dt :-                          |
|--------|--------|--|--------------------------------|
| 1      | Inj.   | Bupivacaine 0.5% ,20 ml vial                                 | MSLEM No. 11                   |
| 2      | Inj.   | Inj.Anti Gas Gangrene 10,000 I.U./ml,10 ml vial              |                                |
| 3      | Inj.   | Immunoglobulin Intravenous 5 gm                              | MSLEM No. 611                  |
| 4      | Inj.   | Lignocaine with Adrenaline,30 ml                             | MSLEM No. 17                   |
| 5      | Inj.   | Lignocaine 2% 30 ml  | MSLEM No. 15                   |
| 6      | Inj.   | Lignocaine 2% 21.3 mg/ml Preservative Free (50 ml vial Only) | MSLEM No. 18 (for Cardiac Use) |
| 7      | Inj.   | Lorazepam 2mg/ml,2 ml  | MSLEM No. 108                  |
| 8      | Inj.   | Omnipaque 350 mg/ml,100 ml                                   | MSLEM No. 515                  |
| 9      | Inj.   | Omnipaque 350 mg/ml,50 ml                                    | -                              |
| 10     | Inj.   | Soda Bicarbonate 7.5%w/v,10 ml                               | MSLEM No. 698                  |

**Terms & Conditions**

**Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months**

- 1 Strengh 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 Administretive 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 PHARMACOPEAL 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 8/5/2020 BEFORE 5=00P.M.**

Extended till 27/05/2020.

*Handwritten signature*

Your's Faithfully

*Handwritten signature*

DEAN

SASSOON GENERAL HOSPITAL PUNE-1

*Handwritten initials*

*Handwritten signatures and dates*