

Sassoon General Hospital, Pune – 1

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

Quotation Form

SGH/SUR/MJPJAY/LP/6356 /19

Date : 13/9 / 19

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

Sir,

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

DEAN SASSOON GENERAL HOSPITAL, PUNE

- 1) ASD Closure Devices
- 2) PDA Closure Devices

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)
- 6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
- 7) Quotation envelope should mention Quotation Reference No. along with name & strength of material.
- 8) Rates must be mentioned in figure as well as in words.
- 9) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
- 10) Conditional Quotations will not be accepted.
- 11) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune

Last Date Of Submission:

21-9-19
5:00 PM

Yours Faithfully,

Y. A. K.
Dean

Sassoon General Hospital, Pune-1