

## SASSOON GENERAL HOSPITAL PUNE-1

### QUOTATION

MS/SGH/641 Dt-28/4/2020

Sr.No.	Dosage	Quotation No.:-	Dt :-
1	Inj.	Pneumococcal Vaccine 0.5 ml PFS	
2	Inj.	Mephenteramine 30 mg/ml,10 ml vial	
3	Inj.	Propofol 1 %, 10 ml	
4	Inj.	Propofol 1 %, 20 ml	
5	Inj.	Diphtheria and Tetanus Vaccine 0.5 ml/5mnl/10 ml(Diphtheria Toxoid <LF (>2IU) Tetanus Toxoid >LF(>40 IU)	
6	Inj.	Calcium Gluconate 10 %w/v,10 ml amp	
7	Syp.	Oseltamivir 12 mg/ml,75 ml	
8	Oint	Diclo gel( 20 gm tube only)	
9	Syp.	Potassium Chloride 200 ml Bottle	
10			

#### Terms & Conditions

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

- 1 Strength 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 HOSPITAL PUNE-1 (Attention Medical Store ) & it should be submitted stipulated time at Administrative 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.**

Your's Faithfully

*Y. J. J.*  
DEAN

SASSOON GENERAL HOSPITAL PUNE-1