_¢.		SASSOON GENERAL HOSPITAL PUNE-1
	sgh	
	Dosage	Quotation No.:- Dt :-
	Tab	Acetazolamide 250 mg MS UE M No. 638
	Tab	Calcium Lactate 300 mg (Strip packing) \$4 LE M No , 6 2
3	Tab	Calcium Lactate 300 mg (Loose packing) SGLEM No. 62
5 6 7 8	Tab	Carbamazepine 200 mg  MSGM No. 92
	Tab	Carbamazepine CR 200 mg MSUEM Nb. 93
	Tab	Choloroquine 250 mg MSUEM No. 304
	Tab	Lithium Carbonate 300 mg  MS USM No. 671
	Сар	Oseltamivir 75 mg  SGLE M No. 64
	Tab	Olanazapine 5 mg  MSUEM No. 8 2-5
	Tab.	Trifluperzine 5 mg + Trihexyphenydil 2 mg  MS UFM No. 828
	Tab.	Terms & Conditions
		Note:-1)Rate Should be quotated inclusive of All Tax & rates Valid Upto six Months
		Strengh of Drug ,MRP,Cost & Mfg Company , Packing must be mentioned
	-	The Delivery Of the Material must be at Medical Store at Office Time
	2	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 Administrative Office before 5=00 P.M.  Politicary Paris d 24 Hours From the Date Of Receipt of the Order
		Delivery Period 24 Hours From the Date Of Receipt of the Order
	+	The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug
	-	Rates must be mentioned in figure as well as in words
	· · · · ·	Rates should be quoated 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, PUNI
	10	Rates For Tablets should Be quoated for Strip packing Only
	11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoated 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.
	9	Interded till & Hos/2020
		2 yellenin upte 10/00/10 w3 Your"s Faithfully
	whin K	(4) Extended Bepto 30/6/2020
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