

**SASSOON GENERAL HOSPITAL PUNE-1**

**QUOTATION**

ms | sgh | 65 | Dt. 28/4/2020

Sr.No.	Dosage	Quotation No.:-	Dt :-
1	Tab	Acetazolamide 250 mg	MSLEM No. 638
2	Tab	Calcium Lactate 300 mg (Strip packing)	SGLEM No. 62
3	Tab	Calcium Lactate 300 mg (Loose packing)	SGLEM No. 62
4	Tab	Carbamazepine 200 mg	MSLEM No. 92
5	Tab	Carbamazepine CR 200 mg	MSLEM No. 93
6	Tab	Choloroquine 250 mg	MSLEM No. 304
7	Tab	Lithium Carbonate 300 mg	MSLEM No. 671
8	Cap	Oseltamivir 75 mg	SGLEM No. 64
9	Tab	Olanzapine 5 mg	MSLEM No. 825
10	Tab.	Trifluoperzine 5 mg + Trihexyphenydil 2 mg	MSLEM No. 828

**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 OSPITAL 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.**

Inteded till 27/05/2020

Your's Faithfully

*[Handwritten Signature]*

*[Handwritten Signature]*  
DEAN

SASSOON GENERAL HOSPITAL PUNE-1

92  
40

*[Handwritten Signatures]*  
27/4/20