

# Sassoon General Hospital, Pune

## Quotation Form (MJPJAY)

MS/MED/

662 / 2021

Dt. :- 29/1/21

Sub: Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to the DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr. No.	Name Of Drug	Sr. No.	Name Of Drug
1	Inj Irinotecan 100mg	14	Inj Caffeine Citrate 20mg/ml 1ml
2	Inj Irinotecan 40mg	15	Inj Caffeine Citrate 20mg/ml 2ml
3	Inj Dactinomycin 0.5mg	16	Inj Caffeine Citrate 20mg/ml 3ml
4	Inj Daunorubicin 20mg	17	Syrup Caffeine Citrate 20mg/ml 1ml
5	Tab Gefitinib 250mg	18	Syrup Caffeine Citrate 20mg/ml 2ml
6	Tab Dasatinib 50mg	19	Syrup Caffeine Citrate 20mg/ml 3ml
7	Tab Imatinib 100mg	20	Syrup Caffeine Citrate 20mg/ml 1.5ml
8	Tab Imatinib 400mg	21	Peritoneal Dialysis Fluid 1.7% 1000ml
9	Cap Celecoxib 200mg	22	Syrup Levetiracetam 100mg/ml 100ml
10	Tab Pirfenidone 200mg		
11	Tab Dabigatran 150mg		
12	Inj Ifosfamide 1gm with 3 ampules of Inj Mesna 200mg		
13	HIB Vaccine/ H. Influenza vaccine (Influenza vaccine Type B)		

### Terms & Conditions

Note:- 1)Rate Should be quoted inclusive of All Taxes ( Goods & Service Tax & all other taxes if any) & Rates Valid Up to six Months

2. Strength of Drug ,MRP, Cost & Mfg Company , Packing must be mentioned

3. The Delivery Of the Material must be at Medical Store at Office Time

4. The Envelop & Quotation Should be addressed on name Of DEAN SASSOON GENERAL HOSPITAL PUNE-1 (Attention Medical Store ) & it Should be submitted in stipulated time at Administrative Office before 5=00 P.M.

5. Delivery Period 24 Hours From the Date Of Receipt of the Order

6. The Envelope Of Quotation Should be mention Quotation. Ref. No. Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.

7. Rates must be mentioned in figure as well as in words

8. Conditional Quotations will not be accepted

9. Rates For Tablets/ Capsules should Be quoted for Strip packing Only

10. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital, PUNE

11. If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 8. 2 .2021

BEFORE 5=00P.M.

*[Signature]*

Dean

Sassoon General Hospital Pune