

Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 2361,2356
Quotation Form (Section D)

MS/MED/ D/ 665 /21

Date :- 3/2/21

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

1	IV Sodium Chloride 0.9 % 500 ml Bott.(MSLEM 699)
2	IV Sodium Chloride 0.9 % 100 ml Bott.(SGHLEM 83)
3	IV Ringer Lactate 500 ml Bott.(MSLEM 697)
4	IV Dextrose 5 % + Sodium Chloride 0.9 % 500 ml Bott. (D N S)(MSLEM 693)
5	IV Dextrose 10 % 500 ml Bott.(MSLEM 691)
6	IV Dextrose 25 % 100 ml Bott.(MSLEM598/ 692)
7	IV Mannitol 20 % 100 ml Bott.(MSLEM 541)
8	IV Dextrose 5 % 500 ml Bott.(MSLEM 690)

TERMS & CONDITIONS

Note :- 1) Rate should be quoted inclusive of all Tax & 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 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 Qtn. Ref NO. Along with name of strength of Drug

DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted within stipulated time at Administrative Office Inward Clerk on same day

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

8) Rates should be quoted as per official PHARMACOPEAL STANDARDS.

9) Conditional Quotations will not be accepted.

10) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune

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

Last Date Of Submission For Quotation :- 13/2/21 Before 5.00pm

V. V. V.

Dean

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