

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION-C)

MS/MES/ C/ Qtn./ **672** /21 Dt **10/12/2021**

Sr.No.	Dosage	Name Of Drug	Aprox. Qty.
14	oint	Dinoprostone Gel 0.5mg 3gm Tube	
15	oint	Permethin Ointment 30 gm	
16	Syr.	Cough Expectorant (Diphenhydramine) 100 ml Bottle	
17	Syr.	Cough Expectorant 5Lit Jar	
18	Soln	Budesonide Respules 0.5mg 1ml	
19	Other	White Soft Paraffin 1Kg	
20	Other	Liq. Parffin 400ml Bottle	
21	Other	Glycerin I.P. 400Ml Bottle	
22	Other	Magnesium Sulphate 400gm Powder	
23	Other	Talc Powder 400gm	
24	Other	Turpentine Oil 400ml Bottle	
25	Tab.	Carbimazole 5mg	

Terms & Conditions

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
12	LAST DATE OF SUBMISSION OF QUOTATION 20/12/21 BEFORE 5=00P.M.

Maite

DEAN

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