

# Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

## Quotation Form

SGH/SUR/MJPJAY/LP / 6750/2021

Date : 27/10/2021

Sub:- Quotation for Surgical Item Cathlab Dept as given below.

Sir,

You are requested to furnish your quotation for the following items to the  
**DEAN SASSOON GENERAL HOSPITAL, PUNE**

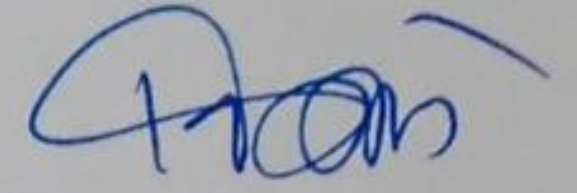
- 1) ASD Closure Devices
- 2) PDA Closure Devices
- 3) VSD Closure Devices

**Note :-**

- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
- 2) Strength of Surgical Item MRP Cost & Mfg Company Packing must be mentioned
- 3) The delivery of the material must be at surgical Store.
- 4) Delivery period 24 hours from the date of receipt of the order.
- 5) The quotation and envelope should be addressed on the name of ( Attention Surgical Store )  
DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at SURGICAL STORE
- 6) Quotation envelope should mention Quotation Reference No.along with name & strength of material.
- 7) Rates must be mentioned in figure as well as in words.
- 8) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
- 09) Conditional Quotations will not be accepted.
- 10) Right to Accept ,Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune.

**Last Date Of Submission:** 12-11-2021

5:00 PM



अधिष्ठाता,  
ससून सर्वोपचार रुग्णालय, पुणे