

S/MED/A / 682 /2021

Date :- 13/12/21

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 Drugs
1	Inj. Low Mole.Wt Heparine 60mg/0.6ml
2	Inj. Low Mole.Wt Heparine 40mg/0.4ml
3	Inj. Milrinone 10mg/10ml Amp.
4	Inj. Teicoplanin 400mg
5	Inj. Teicoplanin 200mg
6	Inj. Octeriotide 100mcg
7	Inj. Alteplase 20
8	Inj. Alteplase 50
9	Inj. Tranexamic Acid 500mg
10	Inj. Metronidazole 0.5mg/100ml
11	Inj. Linezolid 600mg /300ml
12	Inj. Levofloxacin 500mg

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 At time of supply Drugs supplied Should have Minimum ¾ Shelf Life
- 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 should mention the Quotation no.of the Quotation call.
- 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)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 :- 21/12/21 Before 5.00pm


Dean

Sassoon General Hospital, Pune-1