

MEDICAL STORE SASOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION-C)

oko no /SGH/ms/cj
696/21 Date 22.2.21
11.2.21

Sl. No.	Name Of Drug	Aprox. Qty.
38	Soln Ciprofloxacin E/D 0.3% 5ml Bottle	
39	Soln Ciprofloxacin-D E/D 0.3% 5ml Bottle	
39	Soln Pilocarpine Nitrate 0.5 %w/V 1ml Amp	
40	Soln Trypan Blue 0.6mg/ml 1ml Amp.	
41	Soln Povidone Opth.Soln.	5% w/v 10 ml
42	Soln Proparacaine E/D	0.5% w/v 5ml
43	Soln Prednisolon E/D	1% w/v 15ml
44	Soln Hyaluronidase 1500 I.U.	vial
45	Soln Hydroxy Methyl propyl Cellulose 2% 5ml Vial	
46	Soln Tropicamide & Phenylphirine E/D	5ml vial
47	oint Chloro Eye Applicap 1%	250mg
48	White Soft Paraffin 500gm Jar	
	White Soft Paraffin 1Kg Jar	
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 SASOON 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 , SASOON 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	
	LAST DATE OF SUBMISSION OF QUOTATION 22.2.2021 BEFORE 5=00P.M.	

Yash

DEAN

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