

# Sassoon General Hospital, Pune – 1

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

## Quotation Form

SGH/SUR/MJPJAY/LP / 696 /2021

Date : 28/01/2021

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

Sir,

You are instructed to furnish your quotation for the following items to the

**DEAN SASSOON GENERAL HOSPITAL, PUNE**

Sr No	Name of the item
1	Skin Stapler
2	Surgicel ( 4 × 8 inch )
3	Ab – gel (Gel Foam )
4	Lumbar Drain
5	Vicryl No. 2.0 Cutting (9828)
6	Romovac Draw No . 12
7	G. Patch ( Large)

- 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 of this hospital
  - 4) Delivery period 24 hours from the date of receipt of the order.
  - 5) The quotation and envelope should be addressed in the name of ( Attention Surgical Store )  
DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
  - 6) Quotation envelope should mention Quotation Reference 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.
  - 9) 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:** 05-2-2021

5:00 PM



Dean

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