

MEDICAL STORE SASOON GENERAL HOSPITAL PUNE-1
QUOTATION (SECTION-C)

No.	Dosage	Name Of Drug	Aprox. Qty.
13	Inj.	Methyl Ergometrin 0.2mg/ml 2ml Amp	
14	Inj.	Methyl Prednisolone 1gm Vial	
15	Inj.	Methyl Prednisolone 500mg Vial	
16	Inj.	Metoclopramide 5mg/ml 2ml Amp	
17	Inj.	Noradrenaline 2mg/ml 2ml Amp	
18	Inj.	Ondansetron 2mg/ml 2ml Amp	
19	Inj.	Oxytocin 5 I.U. .ml 1ml Amp	
	Inj.	Pam 1gm Vial	
21	Inj.	Pam 500mg Vial	
22	Inj.	Pheniramine Maleate 22.75mg/ml 2ml Amp	
23	Inj.	Protamine Sulphate 10mg/ml 5ml Amp	
24	Inj.	Sodium Nitroprusside 50mg Vial	
25	Inj.	Methyl Prednisolone 40mg/1ml Vial	
26	Inj.	N-Acetyl cystine 200mg ml . 1ml Amp	
27	I.V.	Fluconazole 200mg/100ml	
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.			

[Signature]
DEAN