

MEDICAL STORE SASOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION-C)

Sr.No.	Dosage	Name Of Drug	Aprox. Qty.
1	Inj.	Aminophyllin 25mg/ml 10ml Amp	
2	Inj.	Adrenalin1:1000 1mg/ml 1ml Amp	
3	Inj.	Albumin 20% 100ml Bottle	
4	Inj.	Amphotericine -B 50mg Vial	
5	inj.	Caffine Citreate 20mg/ml 3ml Amp.	
6	inj.	Caffine Citreate 20mg/ml 2ml Amp.	
7	Inj.	Dexamethasone 4mg/ml 20ml Vial	
	Inj.	Dexamethasone 4mg/ml 2ml Amp	
9	Inj.	Etophyllin 84.7mg + Theophyllin 25.3mg/ml 2ml Amp	
10	Inj.	Human Insulin Mixed (30%+70%) 40 I.U./ml 10ml Vial	
11	Inj.	Hyoscine Butyl Bromide 20mg/ml 1ml Amp	
12	Inj.	Magnesium Sulphate 50% 2ml Amp	
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.			

Yashu
DEAN

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