

# Sassoon General Hospital, Pune – 1

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

## Quotation Form

SGH/SUR/MJPJAY/LP / 699 /2021

Date : 28/01/2021

Sub:- Quotation for Surgical Item Medicine dept. Cathlab 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	Guiding Catheter - EBU JL 3.5
2	Guiding Catheter - EBU 3.5
3	Guiding Catheter - EBU 3.0
4	Guiding Catheter - JR 3.5
5	Guiding Catheter - AL 1
6	Guiding Catheter - AR 1

**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: 08-2-2021

5:00 PM

*Handwritten signature*

Dean

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