

Sassoon General Hospital, Pune – 1

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

Quotation Form

SGH/SUR/MJPJAY/LP / 7104/2021

Date : 16 / 11 / 2021

Sub:- Quotation for Surgical Item For Dept of Cath Lab as given below.

Sir,

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

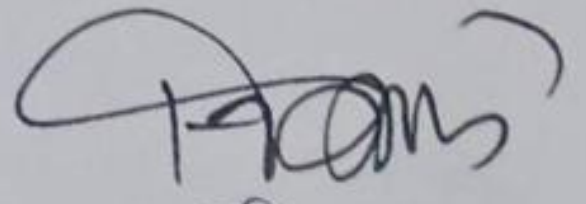
DEAN SASSOON GENERAL HOSPITAL, PUNE.

Sr No	Name of the item
1	Non Deflectable Quadripolar Diagnostic catheter .
2	Deflectable Decapolar Diagnostic Catheter all Assorted curves
3	Standard Non Irrigation tip (4mm) Ablation catheter all Assorted curves
4	Standard Non Irrigation Bidirectional Ablation catheter all Assorted curves
5	Flexible Tip Irrigation type Bi directional Ablation Catheter 7F all Assorted curves
6	Connecting Cables for non-deflectable quadripolar catheter
7	Connecting Cables for deflectable Decapolar Catheter catheter
8	connecting Cable for Standard Non Irrigation tip Ablation catheter
9	connecting Cable for flexible tip Irrigation Bidirectional Ablation Catheter
10	Trans septal puncture Needle
11	Non Deflectable long sheath.
12	Irrigation Tubing Set
13	Bidirectional deflectable long Sheath
14	Navx Patch
15	Grounding Pad (Valley lab)
16	Optima catheter
17	Connector for onima catheter
18	20 pole Duo deca catheter
19	Cannector for 20 pole Duo deca catheter

- 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.
 - 4) Delivery period 24 hours from the date of receipt of the order.
 - 5) The quotation and envelope should be addressed on the name of (Attention Surgical Store)
DEAN, SASSOON GENERAL HOSPITAL, PUNE -I and it should be submitted at SURGICAL STORE
 - 6) Quotation envelope should mention Quotation Reference No.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: 26-11-2021

5:00 Pm


अधिष्ठाता,
ससून सर्वोपचार रुग्णालय, पुणे