

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION

Sr.No.	Dosage	Quotation No.:-MS/MED/B/ <u>715</u> /2021	Dt :- <u>16/2/21</u>
1	Inj.	Etomidate 2 mg/ml,10 ml	
2	Inj.	Fentanyl Citrate 50 mcg/ml,2 ml Amp	
3	Inj.	Levitercetam 500 mg/5 ml Vial	
4	Inj.	Human Rabies Immunoglobulin 150 I.U/ML,2 ml Amp	
5	Tab.	Sertraline 50 mg	
6	Tab.	Phenobarbitone 60 mg	
7	Tab.	Phenobarbitone 30 mg	
8	Tab.	Carbamazepine 200 mg	
9	Tab.	Carbamazepine CR 200 mg	
10	Tab.	Clobazam 5 mg	

Terms & Conditions

Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months

- 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 SASSOON 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 , SASSOON 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 25-2-21 BEFORE 5=00P.M.

Handwritten Signature

DEAN

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