

Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 361,356
Quotation Form (Section A)

/MED/A/ 721

/2021

Date :- 18.2.2021

Sub:- Quotation for Drug 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 Drugs	Approx Qty.
1	Inj. Low Mole.Wt Heparine 60mg/0.6ml MSLEM No. 426	Up to 2000pfs
2	Inj. Low Mole.Wt Heparine 40mg/0.4ml MSLEM No. 425	Up to 2000pfs

TERMS & CONDITIONS

Note :-

- 1)Rate should be quoted inclusive of all Tax & valid up to SIX months
- 2)Strength of Drug, MRP Cost & Mfg Company Packing must be mentioned
- 3)The delivery of the material must be at MEDICAL STORE.at Office Time
- 4)The Envelop & Quotation should be addressed on name of DEAN SASSOON GENERAL HOSPITAL PUNE- 1 (Attention Medical Store) & it should be submitted stipulated time at Administrative Office before 5=00 P.M.
- 5)Delivery period 24 hours from the date of receipt of the order.
- 6)The envelope should mention the Quotation no.of the Quotation call.
- 7)Rates must be mentioned in figure as well as in words.
- 8)Rates should be quoted 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
- 11) If it is noticed that the mentioned drug is available in local market at lower rate than that quoted then the claim for the purchase by this quotation will become invalid.

Last Date Of Submission For Quotation :- 24-02-2021 Before 5.00pm



Dean

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