

Sassoon General Hospital, Pune - 1

Tel : 26128000 Medical Store Ext : 361,356

Quotation Form

MS/MED/ 724 /22

Date :- 11/122

Sub:- Quotation for Drug as given below.

Sir,

You are requested to furnish your quotation for the following items to the DEAN SASSOON GENERALHOSPITAL, PUNE

Sr No	Name of Drug	
1.	Tab	Phenytoin 100 mg
2	Tab	Clozapine 50 mg
3	Tab	Arthmethar 80 mg+Lumifantrine 480 mg
4	Tab	Calcium Lactate 300 mg
5	Tab	Clonazepam 0.5 mg
6	Tab	Phenobarbitone Clobazam 10 mg
7	Tab	Haloperidol 5 mg
8	Tab	Trifluoperazine 5 mg
9	Gra	Sodalime Indicator 5 kg Jar
10	Oint	Diclofenac Gel 20 gm

Note :- 1) Rate should be quoted inclusive of all taxes & valid upto 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 time of supply Drug Supplied Should have Minimum $\frac{3}{4}$ Shelf Life

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 Medical Store)

6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted stipulated time at Administrative Office before 5=00 PM

7) Quotation envelope should mention Quotation Reference No. along with name & strength of Drug..

8) Rates must be mentioned in figure as well as in words.

9) Rates should be quoted for, as per official PHARMACOPEAL STANDARDS.

10) Conditional Quotations will not be accepted.

11) Right to Accept ,Recall or Reject above Quotations lies solely with Dean , Sassoon General Hospitals Pune

Last Date Of Submission For Quotation :-

10/1/22



Dean

Sassoon General Hospital, Pune-1