

# Sassoon General Hospital, Pune – 1

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

## Quotation Form

SGH/SUR/MJPJAY/LP/7505 /19

Date : 31 /10/ 19

Sub:- Quotation for Surgical Item Dept. of Ophthalmology as given below.

Sir,

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

### DEAN SASSOON GENERAL HOSPITAL, PUNE

- 1) 10-0 ethilon (NW3719)
- 2) Corneal Trephines ( 7mm,7.5,8,8.5,9,9.5,10,10.5,11) Any two

- 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 )
  - 6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
  - 7) Quotation envelope should mention Quotation Reference No.along with name & strength of material.
  - 8) Rates must be mentioned in figure as well as in words.
  - 9) Rates should be quoted for, & Material should be supplied 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: 11-11-19  
5:00pm

Yours Faithfully,

  
Dean  
Sassoon General Hospital, Pune-1