

# Sassoon General Hospital, Pune – 1

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

## Quotation Form

SGH/SUR/MJPJAY/LP/7832/19

Date : 11/11 / 19

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

Sir,

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

**DEAN SASSOON GENERAL HOSPITAL, PUNE**

- 1) PTCA Balloon Compliant / semi Compliant
- 2) PTCA Balloon Non Compliant

~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 SURGICAL STORE
- 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.
- 12) US FDA certified or marked

Last Date Of Submission: 20-11-19

5:00 PM

Yours Faithfully,

  
Dean

Sassoon General Hospital, Pune-1