

## SASSOON GENERAL HOSPITAL PUNE-1

### QUOTATION

		Quotation No.:- <b>802</b>	Dt :- <b>25/07/19</b>
41	Inj.	Bupivacaine 0.5% 4ml (Heavy)	
42	Inj.	Pentazocine Lactate 30mg/ml	
43	Inj.	Diphtheria and tetanus Vaccine 0.5 ml/5ml/ 10ml(Diphtheria Toxoid <5LF(>2IU),tetanus Toxoid >5LF(>40IU)	
44	Inj.	VITAMIN B COMPLEX 10ML (OPTINEURON)	
45	Gra	Sodalime Indicator (5 kg Jar)	
46	Syp	POTASSIUM CHLORIDE 200 ML BOTTLE	
47	Syp	Oseltamivir 75 ml	
48	TAB.	CARBAMAZEPINE 200 MG	
49	TAB.	CARBAMAZEPINE CR 200 MG	
50			
<b>Terms &amp; Conditions</b>			
<b>Note:-1)Rate Should be quoted inclusive of All Tax &amp; rates Valid Upto six Months</b>			
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 HOSPITAL 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	
		<b>LAST DATE OF SUBMISSION OF QUOTATION</b>	<b>31/8/19 BEFORE 5=00P.M.</b>

Your's Faithfully

*Yank*

DEAN

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