

# SASSOON GENERAL HOSPITAL PUNE-1

## QUOTATION

Sr.No.	Dosage	Quotation No.:-	Dt:-
		803	25/07/19
11	Inj.	TETANUS IMMUNOGLOBULIN 250 I.U. ; 1ml vial	
12	Inj.	TETANUS IMMUNOGLOBULIN 500 I.U. ; 2ml vial	
13	Inj.	Lorazepam 2mg/ml, 2ml amp	
14	Inj.	Lignocaine Hcl 2% 21.3mg/ml Preservative free (50 ML VIAL ONLY)	
15	Inj.	Mephentermine 30mg/ml .10ml vial	
16	Inj.	Paracetamol 10mg/ml, 100 ml Bottle	
17	Tab	Calcium Lactate 300 mg (LOOSE) & Strip pkg	
18	Tab	Chloroquine 250 mg	
19	Tab	ACETAZOLAMIDE 250 MG	
20	Ointment	Diclofenac Gel 20gm Tube	
<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 31/8/19 BEFORE 5=00P.M.</b>			

Your's Faithfully

  
 DEAN

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