SASSOON GENERAL HOSPITAL PUNE-1 QUOTATION (SECTION-C) Opthalmic Medicine ( Drop) Pilocarpine Nitrate 0.5 %w/V 1ml Amp 1 Soln. Trypan Blue 0.8mg/ml 1ml Amp 2 Soln. Povidone Opth.Soln. 50mg/ml 5ml vial 3 Soln. Prednisolon E/D 10mg/ml 5ml Vial 4 Soln. Chloro Eye Applicap 1% 200mg Cap 5 Oint. Betamthasone 0.1% 20gm Tube 6 Oint Clotrimazole Oint. 1% 15gm tube 7 Oint Flucinolone 0.025%15gm tube 8 Oint Miconazole 2%w/w 15 gm Tube 9 Oint Benzyl Peroxide 2.5% Gel 20gm Tube 10 Oint 11 Oint Lignocain 2% Jelly 30gm Tube Dinoprostone Gel 0.5mg 3gm Tube 12 Oint Silver Sulphadizine 500gm Jar 13 Oint Albendazole 200mg/5ml 10ml Bottle 14 Syr. 15 Soln. Budesonide Respules 0.5mg/ml 2ml Respules White Soft Paraffin 500mg/1Kg Jar Glucose Powder 500gm Pkt 17 **Terms & Conditions** 1 Strengh of Drug ,MRP,Cost & Mfg Company , Packing must be mentioned The Delivery Of the Material must be at Medical Store at Office Time The Envelop &Quotation Should be addressed on name Of DEAN SASSOON GENERAL OSPITAL PUNE-1 (Attention Medical Store ) & 3 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 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 Rates should be quoated as per official PHARMACOPEAL STANDARDS. g Conditional Quotations will not be accepted Right to Accept, Recall, Or Reject above quotations lies solely with DEAN, SASSOON GENERAL HOSPITALs, PUNE 10 Rates For Tablets should Be quoated for Strip packing Only If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoated rate then the 11 claim for the purchase by this qtn. Will become invalid

BEFORE 5=00P.M.
Your"s Faithfully

DEAN

SASSOON GENERAL HOSPITAL PUNE-1

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LAST DATE OF SUBMISSION OF QUOTATION