

805-119  
dt 28/07/19

## SASSOON GENERAL HOSPITAL PUNE-1 QUOTATION ( SECTION -C)

Dt :-

Sr.No.	Dosage	Quotation No.:-
1	Inj.	Aminophyllin 25mg/ml 10ml Amp
2	inj.	Caffine Citreate 20mg/ml 3ml Amp.
3	Inj.	Etophyllin 84.7mg + Theophyllin 25.3mg/ml 2ml Amp
4	Inj.	Human Insulin Isophane ( NPH) 40 I.U./ml 10ml Vial
5	Inj.	Human Insulin Plain ( Regular) 40 I.U./ml 10ml Vial
6	Inj.	Human Insulin Mixed ( 30%+70%) 40 I.U./ml 10ml Vial
7	Inj.	Hyoscine Butyl Bromide 20mg/ml 1ml Amp
8	Inj.	Methyl Prednisolone 1gm Vial •
9	Inj.	Methyl Prednisolone 500mg Vial •
10	Inj.	Ondansetron 2mg/ml 4ml Amp
11	Inj.	Oxytocin 5 I.U. .ml 1ml Amp
12	Inj.	Protamine Sulphate 10mg/ml 5ml Amp
13	Inj.	Ranitidine 25mg/ml 2ml Amp
14	Inj.	Sodium Nitroprusside 50mg Vial

### Terms & Conditions

- 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 OSPITAL 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 quoated 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 quoated for Strip packing Only
- 11 If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoated rate then the claim for the purchase by this qtn. Will become invalid

**LAST DATE OF SUBMISSION OF QUOTATION 31/8/19 BEFORE 5=00P.M.**

Your's Faithfully

*Yate*  
DEAN

SASSOON GENERAL HOSPITAL PUNE-1