

# SASSOON GENERAL HOSPITAL PUNE-1

## QUOTATION

Sr.No.	Dosage	Quotation No.:-MS/MED/B/ 827 /2020	Dt :- 24.3.21
1	Inj.	Midazolam 1 mg/ml, 5 ml	
2	Inj.	Thiopentone Sodium 500 mg	
3	Inj.	Thiopentone Sodium 1000 mg	
4	Inj.	Inj.Lignocaine 2% 21.3mg/ml preservative free (50ml vial only)	
5	Tab.	Midazolam Midazolam 1mg/ml; 10ml vial MSLEM No. 400 for 5ml.	
6	Tab.		
7	Tab.		
8	Tab.		
9	Tab.		
10	Tab.		

**Note:-1) Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months**

- 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

**LAST DATE OF SUBMISSION OF QUOTATION 04-04-21 BEFORE 5=00P.M.**

*V. V. V.*

DEAN

SASSOON GENERAL HOSPITAL PUNE-1