

Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

Quotation Form

SGH/SUR/MJPJAY/LP/8422/19

Date : 3 / 12 / 19

Sub:- Quotation for Surgical Item Interventional Radiology Dept as given below.

Sir,

You are requested to furnish your quotation for the following items to the

DEAN SASSOON GENERAL HOSPITAL, PUNE

Sr.No.	Package name	Name of Surgical Item
1	Permanat tunnelled catheter placement	Translumber perm. cath.

Note :-

- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
- 2) Strength of Surgical Item MRP Cost & Mfg Company Packing must be mentioned
- 3) The delivery of the material must be at surgical Store.
- 4) Delivery period 24 hours from the date of receipt of the order.
- 5) The quotation and envelope should be addressed on the name of Attention Surgical Store with order number Quotation Ref. no. mentioned with date.
- 6) Envelope & Quotation Shoud be addressed to The Dean, Sassoon General Hospital ,Pune & Should be Submitted at Administrative office of Sassoon General Hospital ,Pune
- 7) Rates must be mentioned in figure as well as in words.
- 8) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
- 9) Conditional Quotations will not be accepted.
- 10) Right to Accept ,Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune

Last Date Of Submission: 10-12-19

5:00 PM

Yours Faithfully,

Dean

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