

Sassoon General Hospital, Pune – 1

Tel : 26128000 Medical Store Ext : 361,356

Quotation Form

IS/MED/

8

/22

Date :-

5/4/22

Sub:- Quotation for Drug as given below.

Sir,

You are requested to furnish your quotation for the following items to the DEAN SASSOON GENERALHOSPITAL, PUNE

Sr No	Name of Drug	
1.	Inj	Midazolam 1mg/ml, 10 ml Vail
2	Inj	Anti Rabies Serum 1500 I.U
3	Tab	Trihexiphenidyl 2 mg
4	Tab	Sodium Valproate 200 mg
5	Tab	Propranolol 40 mg
6	Tab	Ferrous Sulphate 200 mg
7	Tab	Clobazam 5 mg
8	Tab	Acetazolamide 250 mg
9	Tab	Phenobarbitone 30 Mg
10	Tab	Phenobarbitone 30 Mg

Note :- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.

2) Quotation Should have Drug License no. & GST No. Strength of Drug, MRP Cost & Mfg Company Packing must be mentioned ,and should be submitted on Firms Letter Head & Duly Signed and Stamped Strength of Drug, MRP Cost & Mfg Company Packing must be mentioned

3) The delivery of the material must be at MEDICAL STORE. At time of supply Drug Supplied Should have Minimum 3/4 Shelf Life

4) Delivery period 24 hours from the date of receipt of the order. Please mention Drug License No. and GST no. while Quoting

5) The quotation and envelope should be addressed on the name of (Attention Medical Store)

6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted stipulated time at Administrative Office before 5=00 PM

7) Quotation envelope should mention Quotation Reference No. along with name & strength of Drug..

8) Rates must be mentioned in figure as well as in words.

9) Rates should be quoted for, as per official PHARMACOPEAL STANDARDS.

10) Conditional Quotations will not be accepted.

11) Right to Accept ,Recall or Reject above Quotations lies solely with Dean , Sassoon General Hospitals Pune

Last Date Of Submission For Quotation :- 19.4.22


Dean

Sassoon General Hospital, Pune-1