

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

Sr.No.	Dosage	Quotation No.:-	Dt :-
1	inj.	Caffine Citreate 20mg/ml 3ml Amp. , 2ml, (100)	21/09/19
2	Inj.	Human Insulin Isophane (NPH) 40 I.U./ml 10ml Vial	
3	Inj.	Oxytocin 5 I.U. .ml 1ml Amp	
4	I.V	Amino Acid 10% 500ml Bottle (without Glutamine)	
5	I.V	Fat Emulsion 20% 250ml Bottle	
6	I.V	Omega Fatty Acid 50ml Bottle	
7	Tab.	Carbimazole 5mg	
8	Tab.	Duphastone 10mg(Dydrogestron)	
9	Tab.	Vidagliptin 50mg	
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 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 26/9/19 BEFORE 5=00P.M.			

Last dt of Submission
of Quotation Extended
upto 7/10/2019

Your's Faithfully


DEAN

SASSOON GENERAL HOSPITAL PUNE-1