

## SASSOON GENERAL HOSPITAL PUNE-1

quotation no 920/19 QUOTATION ( SECTION -C) dt 21/9/19

Ophthalmic Medicine ( Drop)	
1 Soln.	Pilocarpine Nitrate 0.5 %w/V 1ml Amp
2 Soln.	Trypan Blue 0.8mg/ml 1ml Amp
3 Soln.	Povidone Opth.Soln. 50mg/ml 5ml vial
4 Soln.	Prednisolon E/D 10mg/ml 5ml Vial
5 Oint.	Chloro Eye Applicap 1% 200mg Cap
6 Oint.	Betamthasone 0.1% 20gm Tube
7 Oint.	Flucinolone 0.025%15gm tube
8 Oint.	Benzyl Peroxide 2.5% Gel 20gm Tube
9 Oint.	Dinoprostone Gel 0.5mg 3gm Tube
10 Oint.	White Soft Paraffin 500gm Jar
11 Oint.	White Soft Paraffin1Kg Jar
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 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.	

Your's Faithfully

  
 DEAN

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Last date of Submission  
of Quotation.Extendend upto  
7/10/2019