## Sassoon General Hospital, Pune – 1

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

## **Quotation Form**

SGH/SUR/MJPJAY/LP/96\3/18

Date: \8/12/18

Sub:- Quotation for Surgical Item Neurology Dept as given below. Sir,

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

## **DEAN SASSOON GENERAL HOSPITAL, PUNE**

- 1) Fibrin glue (1 ML)
- 2) Surgicel  $(4 \times 8 \text{ inch})$
- 3) Ab gel
- 4) Skin Stapler
- 5) Vieryl No. 2.0 Cutting (9828)
- 6) G. Patch (Large)

Note :-

- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
- 2) Strength of Surgical Item MRP Cost & Mfg CompanyPacking 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)
- 6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
- 7) Quotation envelope should mention Quotation Reference No.along with name & strength of material.
- 8) Rates must be mentioned in figure as well as in words.
- 9) Rates should be quoted for, & Material should be supplied 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: 28-12-18

5100Pm

Yours Faithfully,

Dean

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