

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

S/MED/

965 / 19

Dt. :-

14-10-19

Sub-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to the DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr. No.	Name Of Drug	Sr. No.	Name Of Drug
1	Inj Doxorubicin 10mg	15	Tab Cyclophosphamide 50mg
2	Inj Doxorubicin 50mg	16	Inj Cyclophosphamide 200mg
3	Inj 5-Fluorouracil 250mg	17	Inj Cyclophosphamide 500mg
4	Inj 5-Fluorouracil 500mg	18	Inj Cytarabine 100mg
5	Inj Methotrexate 50mg (IVIM, Intrathecal use)	19	Inj Metoxantrone 20mg
6	Inj Methotrexate 50mg (IVIM, use)	20	Inj Tirofiban Hydrochloride 5mg/100ml (50mcg/ml)
7	Inj Methotrexate 15mg (IVIM, Intrathecal use)	21	Inj Tetracycline 50mg
8	Inj Methotrexate 15mg (IVIM, use)	22	Fibrin Glue (0.5ml, 1ml, 1.5ml, 2ml, 3ml, 4ml)
9	Inj Cisplatin 10mg	23	Inj Cyanoacrylate Glue (0.5ml, 1ml, 1.5ml, 2ml, 3ml, 4ml)
10	Inj Cisplatin 50mg	24	Inj Sodium Chloride 0.9% 500ml in Glass Bottle
11	Inj Vincristine 1mg	25	Inj Sodium Chloride 0.9% 100ml in Glass Bottle
12	Inj Paclitaxel 300mg	26	Inj Factor VIII with Von Williebrand Factor (For treating patients with Von Williebrand disease)
13	Inj Paclitaxel 30mg	27	Coden Set
14	Tab/Cap Lenalidomide 5mg	28	Inj. Carboplatin 150mg 2 Inj. Carboplatin 450mg

Terms & Conditions

- Note:- 1)Rate Should be quoted inclusive of All Taxes (Goods & Service Tax & all other taxes if any) & Rates Valid Up to six Months
2. Strength of Drug ,MRP, Cost & Mfg Company , Packing must be mentioned
3. The Delivery Of the Material must be at Medical Store at Office Time
4. The Envelop & Quotation Should be addressed on name Of DEAN SASSOON GENERAL HOSPITAL PUNE-1' (Attention Medical Store) & it Should be submitted in stipulated time at Administrative Office before 5=00 P.M.
5. Delivery Period 24 Hours From the Date Of Receipt of the Order
6. The Envelope Of Quotation Should be mention Quotation. Ref. No. Along with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.
7. Rates must be mentioned in figure as well as in words
8. Conditional Quotations will not be accepted
9. Rates For Tablets/ Capsules should Be quoted for Strip packing Only
10. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital, PUNE
11. If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 22.10.2019 BEFORE 5=00P.M.

Last date 22/10/2019 Before 5. Pm

Your's Faithfully

Yash

Dean Sassoon General Hospital Pune