

# Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

## Quotation Form ( Regional Blood Bank)

No.SGH/BB/ ABD/ 162 /21

Date: 11 / 06 /2021.

Sub :- Blood Bank online Quotation year 2021-22

Sir,

This Hospital has to purchase the Blood Bank material mentioned below. Therefore, please send your Online quotation.

Sr.No	Name of Item	Packing	Quantity
1	Anti `A` (Monoclonal Titer 1.256 or more	10ml	500
2	Anti `B` (Monoclonal Titer 1.256 or more	10ml	500
3	Anti `D` (IgG + IgM Blend Titer 1.256 or more)	10ml	600

### Terms & Conditions:-

- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
- 2) Strength of Drug, MRP Cost & Mfg Company packing must be mentioned.
- 3) The delivery of the materials must be at Blood Bank.
- 4) Delivery period 30 days from the date of receipt of the order.
- 5) The quotation and envelope should be addressed on the name of ( Attention Blood Bank ).
- 6) DEAN, SASSOON GENERAL HOSPITAL, PUNE-1 and it should be submitted within stipulated time at Administrative Office.
- 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, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
- 10) Conditional Quotation will not be accepted.
- 11) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL, PUNE-1

Last Date to Submit Quotation : Dt. 18 / 06 /2021



Dean

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