

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION

| Sr.No. | Dosage | Quotation No.:-MS/MED/B/ | |
|--------|--------|---|--------------|
| | | 9e 2 /2021 | Dt :- 5/6/21 |
| 1 | Gra | Sodalime Indicator 5 kg | |
| 2 | Tab. | Clozapine 50 mg | |
| 3 | Inj. | Clozapine 100 mg | |
| 4 | Tab. | Vitamin C 500 mg | |
| 5 | Tab. | Zinc Sulphate 20 mg | |
| 6 | Tab. | Zinc Sulphate 50 mg | |
| 7 | Syp | Disodium Hydrogen Acetate , 100 ml Bottle (Cital Syrup) | |
| 8 | Oint | Diclo Gel (20 gm Tube only) | |
| 9 | Tab. | Artemether 80 mg+Lumifantrine 480 mg | |
| 10 | Inj. | Sodium Hyaluronate 48 mg (Intraarticular) | |

Terms & Conditions

Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months

- 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 14/6/21 BEFORE 5=00P.M.

Shri
DEAN

SASSOON GENERAL HOSPITAL PUNE-1

SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION

| | | | |
|---|---|---------------------------------------|--------------|
| | Dosage | Quotation No.:MS/MED/B/ 201 /2021 | Dt :- 5/6/21 |
| 1 | Inj. | Artesunate 60 mg | |
| 2 | Inj. | Diazepam 5mg/ml,2 ml amp | |
| 3 | Inj. | Dobutamine 250 mg/5 ml amp | |
| 4 | Inj. | Drotavarine 20 mg/ml, 2 ml amp | |
| 5 | Inj. | Lorazepam 2 mg/ml,2 ml amp | |
| 6 | Inj. | Promethazine 25 mg/ml, 2 ml amp | |
| 7 | Inj. | Paracetamol 150 mg/ml,2 ml amp | |
| 8 | Inj. | Ketamine sulphate 50 mg/ml,10 ml Vial | |
| 9 | Inj. | Pheno barbitone 200 mg/ml,1 ml Amp | |
| 10 | Inj. | Hepatitis B Vaccine 10 ml | |
| Terms & Conditions | | | |
| Note:-1)Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months | | | |
| 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 14/6/21 BEFORE 5=00P.M. | | | |

Jaide
DEAN

SASSOON GENERAL HOSPITAL PUNE-1

SASSOON GENERAL HOSPITAL PUNE-1 QUOTATION

| Sr.No. | Dosage | Quotation No. MS/MED/R/ 203 /2020 | Dr : 5/6/21 |
|--------|--------|------------------------------------|-------------|
| 1 | Inj. | Hepatitis B Immunoglobulin 100 I.U | |
| 2 | Inj. | Hepatitis B Immunoglobulin 200 I.U | |
| 3 | Inj. | Anti Snake Venom Serum 10 ml Vial | |
| 4 | hwp | Zinc Sulphate (Zincosia) | |
| 5 | hwp | Calimax-P | |
| 6 | Inj | Sodium Valproate 100mg/5ml amp | |
| 7 | Drop | Toneferon Drop | |
| 8 | hwp | Vitamin D3 | |
| 9 | hwp | Multivitamin | |

Note:-1) Rate Should be quoted inclusive of All Tax & rates Valid Upto six Months

- 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 PHARMACOPPEAL 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 14/6/21 BEFORE 5=00P.M.

Handwritten Signature
DEAN

SASSOON GENERAL HOSPITAL PUNE-1