

**SASSOON GENERAL HOSPITAL PUNE-1**

MS/SGH/64/2020 Dt 29/4/2020 **QUOTATION**

Dt :-

1 Inj.	Pneumococcal Vaccine 0.5 ml PFS	MS LEM No. 821
2 Inj.	Mephenteramine 30 mg/ml, 10 ml vial	MS LEM No. 792
3 Inj.	Propofol 1 %, 10 ml	MS LEM No. 6
4 Inj.	Propofol 1 %, 20 ml	—
5 Inj.	Diphtheria and Tetanus Vaccine 0.5 ml/5ml/10 ml (Diphtheria Toxoid <LF (>2IU) Tetanus Toxoid >LF (>40 IU)	—
6 Inj.	Calcium Gluconate 10 %w/v, 10 ml amp	MS LEM No. 78
7 Syp.	Oseltamivir 12 mg/ml, 75 ml	SL LEM No. 67
8 Oint	Diclo gel (20 gm tube only)	SL LEM No. 68
9 Syp.	Potassium Chloride 200 ml Bottle	MS LEM No. 696
10 Inj.	Hepatitis B Vaccine 10ml vial	MS LEM No. 616

**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 8/5/2020 BEFORE 5=00P.M.**

Extended till 27/05/2020

Your's Faithfully

Quotation Keied.

as per intimation upto 19/6/2020  
 Approved  
 28/5

*[Signature]*  
 DEAN

**SASSOON GENERAL HOSPITAL PUNE-1**

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