

SASSOON GENERAL HOSPITAL PUNE-1

MS/MED/OTH/C/1037/ QUOTATION (SECTION -C) Dt 21/11/19

1	Inj.	Dexamethasone 4mg/ml 2ml Amp.
2	Inj.	Ondansetron 2mg/ml 4ml Amp
3	Inj.	Ondansetron 2mg/ml 2ml Amp
4	Inj.	Pantoprazole 40mg Vial
5	Tab	Salbutamol 4mg
6	Soln.	Hydroxy Methyl Propyl Cellulose 2% 2ml /3ml/5ml
7	Liq	Liquid Paraffin 500ml Bottle

Terms & Conditions

- 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 29/11/19 BEFORE 5=00P.M.**

extended upto 4 p.m. 6/12/19.
extended upto 15/12/19

[Handwritten signatures]

LAST DATE OF SUBMISSION OF QUOTATION Your's Faithfully 5=00P.M

DEAN
[Signature]
SASSOON GENERAL HOSPITAL PUNE-1