

Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/ 408 /20

Date: 16 / 10 /2020.

Sub:- Blood Bank online Quotation year 2020-21

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	ICMR Approved Rapid Test for Detection of Covid -19 Antibody testing kit IgM/IgG	25 x1	100

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. 22 / 10 /2020



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Sr.No	Name of Item	Quantity
1	Blood transfusion set	10,000

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Sr.No	Name of Item	Packing	Quantity
1	Micro Tips 200 ul (Pack of 1000 pcs)	1000 x 1	1,00,000

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V. S. S.

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