

Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/ 457 /20

Date: 18/11/2020.

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	Required Quantity
1	Donor Chair	01

Terms & Conditions:-

- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
- 2) MRP Cost & Mfg Company packing must be mentioned.
- 3) The delivery of the materials must be at Blood Bank.
- 4) Delivery period thirty an 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) Conditional Quotation will not be accepted.
- 10) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL,PUNE-1
- 11) Warranty for 2 years.
- 12) AMC @ 1% and CMC @ 5% after warranty.

Last Date to Submit Quotation : Dt. 24 / 11 /2020



Dean

Sassoon General Hospital, Pune

Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/ 462/20

Date: 18/ 11/2020.

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	Required Quantity
1	Blood Bag Refrigerator 2 ⁰ C to 8 °C	01

Terms & Conditions:-

- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
- 2) MRP Cost & Mfg Company packing must be mentioned.
- 3) The delivery of the materials must be at Blood Bank.
- 4) Delivery period thirty an 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) Conditional Quotation will not be accepted.
- 10) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL,PUNE-1
- 11) Warranty for 2 years.
- 12) AMC @ 1% and CMC @ 5% after warranty.

Last Date to Submit Quotation : Dt. 24 / 11 /2020


Dean

Sassoon General Hospital, Pune

Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/ 461 /20

Date: 18/ 11 /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	Required Quantity
1	Digital Dual Pan Balance	01

Terms & Conditions:-

- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
- 2) MRP Cost & Mfg Company packing must be mentioned.
- 3) The delivery of the materials must be at Blood Bank.
- 4) Delivery period thirty an 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) Conditional Quotation will not be accepted.
- 10) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL,PUNE-1
- 11) Warranty for 2 years.
- 12) AMC @ 1% and CMC @ 5% after warranty.

Last Date to Submit Quotation : Dt. 24 / 11 /2020



Dean

Sassoon General Hospital, Pune

Sassoon General Hospital, Pune-1

Tel : 26128000 Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/ 460/20

Date: 18/ 11 /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	Required Quantity
1	Portable Tube sealer	01

Terms & Conditions:-

- 1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
- 2) MRP Cost & Mfg Company packing must be mentioned.
- 3) The delivery of the materials must be at Blood Bank.
- 4) Delivery period thirty an 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) Conditional Quotation will not be accepted.
- 10) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL,PUNE-1
- 11) Warranty for 2 years.
- 12) AMC @ 1% and CMC @ 5% after warranty.

Last Date to Submit Quotation : Dt. 24 / 11 /2020



Dean

Sassoon General Hospital, Pune