

Sassoon General Hospital ,Pune

Quotation Form (Medical Store SEC D)

MS/MED/D/ 347/ 2022

Date :- 24/10/22

Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to

The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Sodium Chloride 0.9 % 500 ml	6	Dextrose 10 % 500 ml Bottle
2	Sodium Chloride 0.9 % 100 ml	7	Dextrose 25 % 100 ml Bottle
3	Sodium Chloride 0.45 % 500 ml	8	Mannitol, 20 %, 100 ml Bottle
4	D N S, 0.9 % 500 ml Bottle	9	Water For Injection 5ml Amp.
5	Dextrose 5 % 500 ml Bottle	10	Water For Injection 10ml Amp.

Terms & Conditions

- 1)Rate Should be quoted inclusive of All Taxes (Goods & Service Tax & all other taxes if any) & Rates Valid Up to six Months.
- 2.Strength of Drug ,MRP & Mfg Company , Packing must be mentioned with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.
- 3.The **Delivery Of the Material must be at Medical Store at Office Time.** At time of supply **Drug Supplied should Have Minimum ¼ Shelf Life.**
- 4.The Envelop & Quotation Should be **addressed to** The DEAN, SASSOON GENERAL HOSPITAL PUNE-1 (Attention Medical Store) & it **Should be submitted in stipulated time at Administrative Office** before 5=00 P.M.
- 5.Delivery Period 24 Hours From the Date Of Receipt of the Order.
- 6.The Envelope Of Quotation Should be properly sealed, should mention Quotation. Ref. No. Last date of submission of Quotation
- 7.Quotation must be submitted on **firm/company original letter head clearly signed and stamped** and must have drug licence number and GST number. **Rates including all taxes to be mentioned** in figure as well as in words.
- 8.Conditional Quotations will not be accepted.
- 9.Rates For Tablets/ Capsules should Be quoted for Strip packing Only.
10. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL Hospital,PUNE.
- 11.If it is noticed that the mentioned drug is available in local market at lower rate than that of quoted rate then the claim for the purchase by this quotation will become invalid.

LAST DATE OF SUBMISSION OF QUOTATION 10.11.2022

BEFORE 5=00P.M.



Dean
Sassoon General Hospital Pune

Sassoon General Hospital ,Pune

Quotation Form (Medical Store SEC D)

MS/MED/D/352 / 2022

Date :- 21/10/22

Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to

The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Absorbent Cotton 500 gm	6	Povidone Iodine ointment 5% 15 gm
2	Adhesive Plaster paper.	7	Hydrogen Peroxide +Silver Nitrate 1 lit
3	Povidone Iodine scrub 7.5% 500 ml	8	Povidone Iodine scrub 7.5% 500 ml
4	Sodium Hypochlorite 5 lit.Can	9	Sodium Hypochlorite 5 lit.Can
5	Framycetin Skin Oint.1 % 30 gm	10	

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 - 3.The **Delivery Of the Material must be at Medical Store at Office Time.** At time of supply **Drug Supplied Should Have Minimum ¾ Shelf Life.**
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LAST DATE OF SUBMISSION OF QUOTATION / 0 . 11 . 2022

BEFORE 5=00P.M.



Dean

Sassoon General Hospital Pune

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/MJPJAY/351 /2022

Date :- 21/10/22

Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to
The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Inj Bendamustine 100mg	6	Inj L-Asparaginase 5000 IU
2	Inj Irinotecan 100mg	7	Inj L-Asparaginase 10000 IU
3	Inj Irinotecan 40mg	8	Inj Dacarbazine 100mg
4	Inj Pemetrexed 100mg	9	Inj Dacarbazine 200mg
5	Inj Pemetrexed 500mg	10	Inj Dacarbazine 500mg

Terms & Conditions

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 2. Strength of Drug ,MRP & Mfg Company , Packing must be mentioned with Generic name & strength of Drug and should be as per official PHARMACOPEAL STANDARDS.
 3. The **Delivery Of the Material must be at Medical Store at Office Time.** At time of supply **Drug Supplied Should Have Minimum $\frac{3}{4}$ Shelf Life.**
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- LAST DATE OF SUBMISSION OF QUOTATION to .11 .2022 BEFORE 5=00P.M.**



Dean

Sassoon General Hospital Pune

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/MJPJAY/350 / 2022

Date :- ~~21/10/22~~ 21/10/22


Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to
The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Tab Capecitabine 500mg	6	Tab leucovorine 15mg
2	Cap All Trans Retinoic acid 10mg	7	Cap Celecoxib 200mg
3	Tab Azathioprine 50mg	8	Tab Hydroxyurea 500mg
4	Tab Cyclophosphamide 50mg	9	Cap/Tab Thalidomide 100mg
5	Tab Voriconazole 200mg	10	Cap/Tab Thalidomide 50mg

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 3. **The Delivery Of the Material must be at Medical Store at Office Time. At time of supply Drug Supplied Should Have Minimum ¼ Shelf Life.**
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Sassoon General Hospital Pune

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/MJPJAY/349/2022

Date :- 21/10/22

Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to
The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Inj Docetaxel 120mg	6	Inj. Vinblastin 10mg
2	Inj Docetaxel 80mg	7	Inj Cytarabine 100mg
3	Inj Docetaxel 20mg	8	Inj Cytarabine 1gm
4	Inj Bleomycin 15 IU	9	Inj Carboplatin 150mg
5	Inj Etoposide 100mg	10	Inj Carboplatin 450mg

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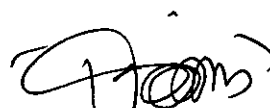
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Sassoon General Hospital Pune

Sassoon General Hospital ,Pune

Quotation Form (MJPJAY)

MS/MED/MJPJAY/348 / 2022

Date :- 21/10/22

Sub:-Quotation For Drug as Given Below

Sir, You are Requested to furnish your Quotation for the following items to

The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug		
1	Inj Bortezomib 2mg		
2	Inj Arsenic Trioxide 10mg		
3	Inj Filgrastim 300mcg Vial		
4	Inj Filgrastim 300mcg PFS		

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MS/MED/MJPJAY/347 / 2022

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The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Inj L- Ornithine L-Aspartate 5gm/10ml	6	Inj Octreotide 100mcg
2	Inj Terlipressin 100mcg/ml 10ml	7	Inj Zoledronic acid 4mg
3	Inj Tirofiban Hydrochloride 5mg/100ml	8	Inj Papaverine Hydrochloride 30mg/ml 2ml
4	Inj Aztreonam 500mg	9	IV Lipid 20% (100ml) For neonatal use
5	Inj Aztreonam 1gm		

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Sassoon General Hospital Pune

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MS/MED/MJPJAY/ 346/2022

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The DEAN SASSOON GENERAL HOSPITAL PUNE.

Sr No	Name Of Drug	Sr No	Name Of Drug
1	Inj. Dextrose 50% 100ml Bottle	6	Inj. Concentrated Ringer lactate 20ml
2	Sterile water for Injection 1 liter	7	Inj. Multivitamin 10ml
3	Syrup Caffeine citrate 20mg/ml 1ml	8	Inj Caffeine citrate 20mg/ml 1ml
4	Syrup Caffeine citrate 20mg/ml 1.5ml	9	Inj Caffeine citrate 20mg/ml 2ml
5	Syrup Caffeine citrate 20mg/ml 3ml	10	Inj Caffeine citrate 20mg/ml 3ml

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