<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Dosage</th>
<th>Quotation No.: 1035</th>
<th>DT.: 19-11-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Tab</td>
<td>Sodium Valproate 200 mg</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Tab</td>
<td>Risperidone 2 mg</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Syp.</td>
<td>Oseltamivir 12 mg/ml,75 ml</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Tab</td>
<td>Phenytoin 100 mg</td>
<td></td>
</tr>
</tbody>
</table>

**Terms & Conditions**

1. **Note:** Rate should be quoted inclusive of All Tax & rates valid up to six months.
2. Strength of Drug, MRP, Cost, & Mfg Company, Packing must be mentioned.
3. The Delivery of the Material must be at Medical Store at Office Time.
4. The Envelope & Quotation should be addressed on the name of Dean Sassoon General Hospital Pune-1 (Attention Medical Store) & should be submitted stipulated time at Administrative Office before 5:00 PM.
5. Delivery Period 24 Hours From the Date of Receipt of the Order.
6. The Quotation envelope should mention Qtn. Ref No. along with Generic Name & Strength of drug.
7. Rates must be mentioned in figure as well as in words.
8. Rates should be quoted as per official PHARMACOPEIAL STANDARDS.
9. Conditional Quotations will not be accepted.
10. Right to accept, recall, or reject above quotations lies solely with Dean, Sassoon General Hospitals, Pune.

**LAST DATE OF SUBMISSION OF QUOTATION:** 30/11/19 BEFORE 5:00 PM.

Your's Faithfully,

Dean

Sassoon General Hospital Pune-1