SASSOON GENERAL HOSPITAL PUNE-1

QUOTATION (SECTION - C)

MS/MED/ QTN/C/ 1040 /19 DT 22/11/2019

1. Inj. Caffeine Citrate 20mg/ml 1ml, 1.5ml, 2ml, 2.5ml, 3ml Amp. (Rate comparison will be as per 1ml rate)
2. Inj. Oxytocin 5 I. U. .ml 1ml Amp
3. Inj. Sodium Nitroprusside 50mg Vial
4. L.V. Amino Acid 10% 500ml Bottle (without Glutamine)
5. L.V. Fat Emulsion 20% 250ml Bottle
6. L.V. Omega Fatty Acid 50ml Bottle
7. Tab. Carbimazole 5mg
8. Tab. Duphastone 10mg (Dydrogestron)

Terms & Conditions

1. The Delivery Of the Material must be at Medical Store at Office Time
2. The Envelop & Quotation Should be addressed on name of DEAN SASSOON GENERAL HOSPITAL-PUNE (Attention Medical Store) & it should be submitted stipulated time at Administrative Office before 5:00 P.M.
3. Delivery Period 24 Hours From the Date Of Receipt of the Order
4. The Quotation envelop should mention Qtn. Ref No. along with Generic Name & Strength of drug
5. Rates must be mentioned in figure as well as in words
6. Rates should be quoted as per official PHARMACOPHICAL STANDARDS.
7. Conditional Quotations will not be accepted
8. Right to Accept, Recall, Or Reject above quotations lies solely with DEAN, SASSOON GENERAL HOSPITALs, PUNE
9. Rates For Tablets should be quoted for Strip packing Only
10. 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 5:00 P.M.

Your’s Faithfully

DEAN

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