<table>
<thead>
<tr>
<th>Name Of Drug</th>
<th>Tab soda mint</th>
<th>Inj Tocilizumab 400mg/20ml</th>
<th>Tab Hydroxyurea 500mg</th>
<th>Tab Ivermectin 6mg</th>
<th>Oint Betamethasone 0.05% w/w 15gm</th>
</tr>
</thead>
</table>

### Terms & Conditions

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

**LAST DATE OF SUBMISSION OF QUOTATION 24-6-2020 BEFORE 5:00P.M.**

Your”s Faithfully

[Signature]

DEAN

SASSOON GENERAL HOSPITAL PUNE-1