**Sub:- Quotation for Drug as given below.**

*You are requested to furnish your quotation for the following items to the DEAN SASSOON GENERAL HOSPITAL, PUNE*

<table>
<thead>
<tr>
<th>SrNo</th>
<th>Name of Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inj. Tocilizumab 200 mg</td>
</tr>
<tr>
<td>2</td>
<td>Inj. Tocilizumab 400 mg</td>
</tr>
<tr>
<td>3</td>
<td>Inj. Remdesivir 100 mg</td>
</tr>
<tr>
<td>4</td>
<td>Tab. Favipiravir 200 mg</td>
</tr>
</tbody>
</table>

**Note:**

1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
2) *Strength of Drug, MRP Cost & Mix Company Packing must be mentioned.*
3) The delivery of the material must be at MEDICAL STORE.
4) Delivery period 24 hours from the date of receipt of the order.
5) The quotation and envelope should be addressed on the name of ( Attention Medical Store )
6) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted stipulated time at Administrative Office before 5:00 PM
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) Rates should be quoted as per official PHARMACOPEAL STANDARDS.
10) Conditional Quotations will not be accepted.
11) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune

**Yours Faithfully,**

[Signature]

Dean
Sassoon General Hospital, Pune-1