Sub:- Quotation for purchase of 5 ml Syringe Without Needle

Sir,

This Hospital has to purchase the Surgical Item mentioned below. Therefore, please send your quotation in sealed envelope before the last date in the name of Dean, Sassoon General Hospital, Pune. The terms and conditions are as under.

Last Date to Submit Quotation: Dt. 26/04/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 ml Syringe Without Needle</td>
</tr>
</tbody>
</table>

Terms & Conditions :-

a) Rights to Accept or reject quotation are reserved by this office.
b) Quotation received after last date will not be considered.
c) Mention your GST Number and rates inclusive of GST F.O.R. Pune.
d) You will have to insure all the goods with the assist Insurance Officer, Finance Dept., Mumbai before dispatching the goods. Otherwise, the insurance charge paid by you will not be borne by this office.
e) The material will be accepted only if they are borne by this office. The material will be accepted only if they are found according to our specifications. Please quote the rates as per specification asked.
f) The Sale tax registration number and Shop Act Licence Number is to be quoted in quotation otherwise your quotation will not be considered.
g) Please mention our Quotation subject, letter Ref. No. & due date on envelope.
h) The Above materials Rate Including GST is valid till Next Six Months.

Yours,

DEAN,
Sassoon General Hospital, Pune.