Sub: Quotation for Drug as given below.

Sir,

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inj. Isoprenaline 2mg/ml</td>
<td>MSLEM 788</td>
</tr>
<tr>
<td>2</td>
<td>Inj. Low molecular wt Heparine 60mg/0.6ml pfs</td>
<td>MSLEM 424</td>
</tr>
<tr>
<td>3</td>
<td>Tab Frusemide 40mg</td>
<td>MSLEM 536</td>
</tr>
<tr>
<td>4</td>
<td>Inj. Frusemide 10mg/ml 2ml amp.</td>
<td>MSLEM 538</td>
</tr>
<tr>
<td>5</td>
<td>Cap. Nifedipin 5mg</td>
<td>MSLEM 556</td>
</tr>
<tr>
<td>6</td>
<td>Metoprolol 1mg/ml Amp.</td>
<td>SGH 82</td>
</tr>
<tr>
<td>7</td>
<td>Inj. Diltiazem 5mg/5ml Vials</td>
<td>Not in SGH &amp; MSLEM</td>
</tr>
</tbody>
</table>

Note: 1) Rate should be quoted inclusive of GST & valid up to 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 within stipulated time at Administrative Office Inward Clark on same day.

7) Quotation envelope should mention Quotation Reference No. along with name & strength of Drug.

8) Rates must be mentioned in figures as well as in words.

9) Rates should be quoted for, & Material should be supplied as per official PHARMACOEPEAL 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.

Last Date Of Submission For Quotation: 21/11/2018 Before 5.00pm

Quotation not received by extension given upto 17/11/18

Yours Faithfully,

Dean

Sassoon General Hospital, Pune-1

Associate Professor,
Dept. of Pharmacology,
Incharge, Medical Store,
Sassoon General Hospitals, Pune