Sassoon General Hospital, Pune – 1
Tel : 26128000 Medical Store Ext : 2361,2356
Quotation Form (Section A)

MS/MED/ A/ 2877 /18
Date : 30.11.18

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

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>Inj. Adenosine 6mg/2ml Amp.</td>
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<tr>
<td>3</td>
<td>Inj. Amiodarone50mg /2ml 3ml Amp.</td>
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<tr>
<td>4</td>
<td>Inj. Amoxicillin+Clavulanic Acid 1.2gm</td>
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<tr>
<td>5</td>
<td>Inj. Amoxicillin+Clavulanic Acid 600mg</td>
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<tr>
<td>6</td>
<td>Inj. Cefotaxime 1gm</td>
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<tr>
<td>7</td>
<td>Inj. Ceftriaxone 1gm Cefotaxime 1gm</td>
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<tr>
<td>8</td>
<td>Inj. Colistinel0mg U</td>
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<tr>
<td>9</td>
<td>Inj. Low molecular wt. Heparine</td>
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TERMS & CONDITIONS

Note :-
1) Rate should be quoted inclusive of all Tax & valid up to 6 months
2) Strength of Drug, MRP Cost & Mfg Company Packing must be mentioned
3) The delivery of the material must be at MEDICAL STORE at Office Time
4) The Envelop & 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 PM.
5) Delivery period 24 hours from the date of receipt of the order.
6) The envelope of quotation should be mentioned Qtn. Ref NO. Along with name of strength of Drug
7) Rates must be mentioned in figure as well as in words.
8) Rates should be quoted as per official PHARMACOPEAL STANDARDS.
9) Conditional Quotations will not be accepted.
10) Right to Accept, Recall or Reject above Quotations lies solely with Dean, Sassoon General Hospitals Pune
11) If it is noticed that the mentioned drug is available in local market at lower rate than that quoted then the claim for the purchase by this quotation will become invalid.

Last Date Of Submission For Quotation :- Before 5.00pm

Yours Faithfully,

[Signature]
Dean
Sassoon General Hospital, Pune-1