Online Quotation
SASSOON GENERAL HOSPITAL, PUNE-1
Tel.No.26128000 Ext.2374 Fax No.26126868, 26053452
No.SGH/Surgical Store/Qtn./824 /19 Date: 25/11/2019

Sub:- Quotation for purchase of Surgical Instrument

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. 03/12/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RT Angle Retractor-4&quot;</td>
<td>10</td>
<td>Scoop Ordinary</td>
</tr>
<tr>
<td>2</td>
<td>RT Angle Retractor-6&quot;</td>
<td>11</td>
<td>Bab coac Medium</td>
</tr>
<tr>
<td>3</td>
<td>Cats Paw</td>
<td>12</td>
<td>Bab coac long</td>
</tr>
<tr>
<td>4</td>
<td>Dressing Cutting Scissor</td>
<td>13</td>
<td>Double hook retractor</td>
</tr>
<tr>
<td>5</td>
<td>B.P. Handle</td>
<td>14</td>
<td>Single hook retractor</td>
</tr>
<tr>
<td>6</td>
<td>Alis forcep Medium</td>
<td>15</td>
<td>Curved artery forcep Medium</td>
</tr>
<tr>
<td>7</td>
<td>Alis Forcep Long</td>
<td>16</td>
<td>Curved artery forcep Long</td>
</tr>
<tr>
<td>8</td>
<td>Proctoscope</td>
<td>17</td>
<td>Caulry</td>
</tr>
<tr>
<td>9</td>
<td>Urethral Dilator</td>
<td></td>
<td></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 valued till Next Six Months.

Yours,

DEAN,
Sassoon General Hospital, Pune.
Online Quotation

SASSOON GENERAL HOSPITAL, PUNE-1

Tel.No.26128000 Ext.2374 Fax No.26126868, 26053452
No.SGH/Surgical Store/Qtn./81/6/19 Date: 25/11/2019

Sub:- Quotation for purchase of Surgical Instrument

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. 03/12/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Trachial Dialtor</td>
<td>7</td>
<td>Adson’s Tooth forcep</td>
</tr>
<tr>
<td>2</td>
<td>Right angel Rector</td>
<td>8</td>
<td>Needle Holder 6”</td>
</tr>
<tr>
<td>3</td>
<td>Surgical Scissor small size</td>
<td>9</td>
<td>Suture Cutting Scissor</td>
</tr>
<tr>
<td>4</td>
<td>Surgical Scissor Medium size</td>
<td>10</td>
<td>Maxillary anterior Extraction forcep</td>
</tr>
<tr>
<td>5</td>
<td>Maxillary Premolar Extraction Forcep</td>
<td>11</td>
<td>Mandibular anterior root forcep</td>
</tr>
<tr>
<td>6</td>
<td>Mandibular Premolar Extraction Forcep</td>
<td>12</td>
<td>ECG Roll (A4)</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.
Online Quotation

SASSOON GENERAL HOSPITAL, PUNE-1

Tel.No.26128000 Ext.2374
Fax No.26126868, 26053452

Sub:- Quotation for purchase of Surgical Item's

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. 03 / 12/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dialysis Cannula 13.5fr,11.5fr Curved</td>
</tr>
<tr>
<td>2</td>
<td>Triple Lumen 13.5fr</td>
</tr>
<tr>
<td>3</td>
<td>Plasma Filter</td>
</tr>
<tr>
<td>4</td>
<td>Fistula Needle 13G Pali of two needle</td>
</tr>
<tr>
<td>5</td>
<td>Transducer Protector</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 valied till Next Six Months.

Yours,

[Signature]

DEAN,
Sassoon General Hospital, Pune.