Sassoon General Hospital, Pune-1

Tel : 26128000  Blood bank Ext: 2364

Quotation Form (Regional Blood Bank)

No.SGH/BB/Micro Tips 200ul/4123/19

Date: 13/1/2/2019.

Sub:- Blood Bank online Quotation year 2019-20

Sir,

This Hospital has to purchase the Blood Bank material mentioned below. Therefore, please send your Online quotation.

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Name of Item</th>
<th>Required Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Micro Tips 200ul</td>
<td>1,00000</td>
</tr>
<tr>
<td></td>
<td>(pack of 1000pcs)</td>
<td></td>
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</tbody>
</table>

Terms & Conditions:
1) Rate should be quoted inclusive of all taxes & valid up to SIX months.
2) Strength of Drug, MRP Cost & Mfg Company packing must be mentioned.
3) The delivery of the materials must be at Blood Bank.
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 Blood Bank).
6) DEAN, SASSOON GENERAL HOSPITAL, PUNE-1 and it should be submitted within stipulated time at Administrative Office.
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 for, & Material should be supplied as per official PHARMACOPEIAL STANDARDS.
10) Conditional Quotation will not be accepted.
11) Right to Accept, Recall or Reject above Quotation lies solely with DEAN, SASSOON GENERAL HOSPITAL, PUNE-1

Last Date to Submit Quotation: Dt. 19/1/2/2019

Dean
Sassoon General Hospital, Pune