Online Quotation

SASSOON GENERAL HOSPITAL, PUNE-1

Tel.No.26128000 Ext.2374
No.SGH/Surgical Store/Qtn./7402/19
Fax No.26126868, 26053452
Date: 23/11/2019

Sub:- Quotation for purchase of Illinois Aspiration Needle Size-18 G & 15G

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. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Illinois Aspiration Needle Size-18G</td>
</tr>
<tr>
<td>2</td>
<td>Illinois Aspiration Needle Size-15G</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
Date: 23/10/2019

Sub:- Quotation for purchase of Bone Marrow Biopsy Needle size-13G, 3.5 Inch

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. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bone Marrow Biopsy Needle size-13G, 3.5 Inch</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.26128668, 26053452
No.SGH/Surgical Store/Qtnt./H05 /19 Date:23 / 10/2019

Sub:- Quotation for purchase of Ventilator Breathing Circuits (Adult) & Pressure Bag

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. 05 / 11 /2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ventilator Breathing Circuits (Adult)</td>
</tr>
<tr>
<td>2</td>
<td>Pressure Bags for intraarterial blood pressure transduction</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,

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./FO19

Date: 23/10/2019

Sub:- Quotation for purchase of Paed.Dept.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. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Automatic biopsy gun 18G,9 to 10Cm,1.1cm through</td>
</tr>
<tr>
<td>2</td>
<td>Automatic biopsy gun 18G,9 to 10Cm,2.2cm through</td>
</tr>
<tr>
<td>3</td>
<td>Automatic biopsy gun 18G,9 to 15Cm,1.1cm through</td>
</tr>
<tr>
<td>4</td>
<td>Automatic biopsy gun 18G,9 to 15Cm,2.2cm through</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,

[Signature]

DEAN,
Sassoon General Hospital, Pune.
Sub:- Quotation for purchase of Permanent Catheter (Permcath)

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. 05 / 11 /2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Permanent Catheter (Permcath)</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,

DEAN,
Sassoon General Hospital, Pune.
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. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Steel Bowl (Medium)</td>
</tr>
<tr>
<td>2</td>
<td>Gallipot (Medium)</td>
</tr>
<tr>
<td>3</td>
<td>Gallipot (Small)</td>
</tr>
<tr>
<td>4</td>
<td>ETO Roller Pack 100*200</td>
</tr>
<tr>
<td>5</td>
<td>ETO Roller Pack 200*200</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
No.SGH/Surgical Store/Qtn./14/0 /19 Date:23/10/2019

Sub:- Quotation for purchase of Laryngoscope Blade no-0 & Ambu Bag (Neonatal) 500ml

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. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Surgical Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Laryngoscope Blade no-0</td>
</tr>
<tr>
<td>2</td>
<td>Ambu Bag (Neonatal) 500ml</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.
Sir,

This Hospital has to purchase the Surgical Material mentioned below. Therefore, please send your Online quotation.

Last Date to Submit Quotation: Dt. 05/11/2019

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Item Name</th>
<th>Outword Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10ml Syringe without needle</td>
<td>SGH/Surgical Store Qtn</td>
<td>7411</td>
</tr>
<tr>
<td>2</td>
<td>Major Volume Set (Burret Set)</td>
<td>SGH/Surgical Store Qtn</td>
<td>7411</td>
</tr>
<tr>
<td>3</td>
<td>Romovac Drain Size-10,12,14,16,18</td>
<td>SGH/Surgical Store Qtn</td>
<td>7413</td>
</tr>
<tr>
<td>4</td>
<td>T Piece</td>
<td>SGH/Surgical Store Qtn</td>
<td>7414</td>
</tr>
<tr>
<td>5</td>
<td>Vicryl 1 (2347)</td>
<td>SGH/Surgical Store Qtn</td>
<td>7415</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