



**HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED**  
**Procurement Cell**  
**( A Government of Maharashtra Undertaking)**  
**Regd. Office : AcharyaDondemarg, Parel, Mumbai 400 012 ( INDIA)**

Phone No: 022- 24129320-23  
Managing Director :022-24150628  
General Manager (Procurement Cell): 022-24100478

Website : <http://www.vaccinehaffkine.com>  
E-mail% [procurementcell@vaccinehaffkine.com](mailto:procurementcell@vaccinehaffkine.com)

No: 372 / Haffkine/Procurement Cell/E- 586/C-18/Tab  
Clobazam 5mg/ 2017-18  
Date: - 11 / 10 /2018

To,  
M/s.Shine Pharmaceuticals Ltd,  
308-301,Dwarkesh complex, Sun Pharma Road,  
Off Old Padra Road,Atladra,  
Vadodara,Gujrat 390 029  
Email:-[www.shinepharma.com](http://www.shinepharma.com)

**Sub.:- Supply of Tab Clobazam 5mg**  
**Ref: - 1. Tender No.E- E- 586 Tab Clobazam 5mg**  
**2.Sanction of Tender Approval Committee Meeting Dated 03/08/2018**

With reference to the tender cited under reference no 1 your online bid has been accepted.  
Accordingly you are requested to supply the following goods as per details mentioned below to consignee list enclosed with this order.

sr. no.	Name of the item	Specification of item	Quantity For DMER	Unit Rate including all taxes Rs.	Total Amount Rs.(Inclusive All Taxes)
1	Tab Clobazam 5mg	Tab Clobazam 5mg	286300 Tablets	1.0192/-per Tablet	291797/-
(Rupees :- Two lakh Ninety One thousand Seven Hundred Ninety Seven Only)					291797/-

- Packing & Forwarding:** As Per Annexure C Of Tender Document enclosed herewith & Forwarding Free on Road Destination. i.e. door delivery basis
- Delivery Period:** 45 days from the date of receipt of order by the supplier to the consignee attached.
- Risk purchase clause:** If the bidder fails to supply the stores within the stipulated delivery period inclusive of period with penalty, the order will stand cancelled. Undersigned shall be entitled to purchase such stores from any other source at such price which ordinarily should not be more than 10% of the tender price, unless otherwise properly satisfied by purchasing officer. The extra expenditure in such cases shall be recovered by Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai from the Supplier inclusive of recovery by Revenue recovery procedure.
- Payment Terms :** 100 % Payment shall be paid on receipt & acceptance of stores in good conditions by the consignee
- Labelling::** The word **"For use of GOVERNMENT OF MAHARASHTRA NOT FOR SALE"** should be printed on each unit pack in readable Purple or Green Colours. Bar-coding should be on boxes of Supplied item at Consignee level.
- Acceptance & Receipt:** In prescribed format enclosed .It should be submitted in Original Certificate copy to the purchasing authority along with triplicate copies of the Invoice.



- 7 Certificate copy to the purchasing authority along with triplicate copies of the Invoice.
- 8 **Analysis Report** :: Manufactures should submit copy of Drugs analysis report to each consignee for each batch supplied with copy of the same along with invoice to Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai.
- 9 **Delivery Challan**– Should be sent in the name of consignee in duplicate. It should specify Name of Drugs/ Mfg. by / Expiry Date / packing & quantity.
- Invoice Copy** – Should be sent in triplicate on the Name of Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai
- 10 **Other Terms** :: As per Tender terms & conditions
- 11 **Fall Clause**: It is a condition of the contract that all through the currency thereof, the price at which you will the supply stores should not exceed the lowest price charged by you to any customer during the currency of the rate contract and that in the event of the prices going down below the rate contract prices you shall promptly furnish such information to us to enable to ammend the contract rates for subsequent supplies.

12 You are requested to submit following within 15 days from receipt of this letter.

1. Sign and submit the agreement attached herewith on Stamp paper of requisite value.
2. Submit the Bank Guarantee of **Rs:-10505/-** (3% of total value) from Nationalized / Scheduled commercial bank in favor of Haffkine Bio-Pharmaceutical Corporation Ltd, Procurement Cell, Mumbai Validity of the Bank Guarantee should be minimum for the period 2 months from the date of expiry of warranty or expiry of medicine/item.
3. Submit an amount of **Rs:-4377/-** (1.5% of order value) in the following account.

Name of Account	Name of Branch account	No. of account	IFSC Code
HAFFKINE BCP Cess	Canera Bank, Parel, Mumbai	0110201004893	CNRB0000110

- Consignee** : As per list enclosed.
- MfgLicence No** : G/25/1406 on form 25 &  
G/28/1029 on form 28  
Validity upto 31/12/2022
- Factory Address** : M/s.Shine Pharmaceuticals Ltd,  
PLOT NO.132,KARJAN-VEWARDI ROAD,  
TAL-KARJAN City:JUNI JITHERDI,  
Dist:VADODARA



(Sampada Mehta)  
Managing Director

Haffkine Bio Pharmaceutical Corporation Ltd.  
(Procurement Cell), Mumbai

- Copy to:** 1) Commissioner of Health Services , Mumbai.  
2) Director of Medical Education and Resurch, Mumbai  
3) Account Manager Haffkine Bio Pharmaceutical Corporation Limited  
Procurement Cell, Mumbai.  
4) Office File

**Copy to Consignee** : As Per List.

They should accept Drug as per order & entry of the stock is to be taken in stock register as well as in e-Aushadhi.

**Copy Submitted to:** 1) Secretary, Medical Education and Drug Department Mantralaya , Mumbai