



**HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED**  
**Procurement Cell**  
( A Government of Maharashtra Undertaking)  
Regd. Office : Acharya Donde Marg, 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
	No.: 1220Haffkine/C-39/E-1066(24)/ Tab. Betahistine HCL 16mg / P. Cell /DHS/ 2018-19 Date: 4.5.2019

To,

M/s Healers Lab.  
Unit II,Plot no.33,  
HPSIDC Extension,  
Baddi,Distt.-Solan(H.P.)

**Sub.- Supply of Tab. Betahistine HCL 16mg**

**Ref: - 1. Tender No. E-1066(24)/C-39/ Tab. Betahistine HCL 16mg /18-19**

**2. Sanction of Tender Approval Committee Meeting Dated .22-02-2019**

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 (NUHM)	Unit Rate including all taxes (Rs.)*	Total Amount including all taxes (Rs.)*
1.	<b>Tab. Betahistine HCL 16mg</b>	<b>Tab. Betahistine HCL 16mg</b>	<b>200000</b>	<b>0.44/-</b>	<b>88,000/-</b>
Total amount in words- Eighty Eight Thousand Rupees Only					

- 1 **Packing & Forwarding:** As Per Annexure C Of Tender Document enclosed herewith & Forwarding Free on Road Destination. i.e. door delivery basis
- 2 **Delivery Period:** 45 days from the date of receipt of order by the supplier to the consignee attached.
- 3 **Risk purchase clause:** If the bidder fails to supply the stores within the stipulated delivery period, 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.
- 4 **Payment Terms** :: 100 % Payment shall be paid on receipt & acceptance of stores in good conditions by the consignee
- 5 **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.
- 6 **Acceptance & Receipt:** It should be submitted in to the purchasing authority.
- 7 **Delivery Challan** - Should be sent in the name of consignee in duplicate. It should specify Name of Drugs/ Mfg. by / Expiry Date / packing & quantity.
- 8 **Invoice Copy** - Should be sent in triplicate on the Name of Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai
- 9 **Other Terms** :: As per Tender terms & conditions

- 10 **Performance Security & Contract Agreement** : Bidder should submit Security deposit within 7 days from date of receipt of order for an amount of **3% i.e. Rs. 2640/-** of the contract value, valid up to 60 days after the date of completion of warranty obligations and enter into Contract Agreement on non-judicial stamp paper of requisite value. The Security Deposit should be in the form of Bank Guarantee in favour of the 'Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai,' payable at Mumbai from any Nationalized or scheduled bank (Annexure-8) of **tender document enclosed herewith.**

If Bidder fails to submit performance security & contract agreement within stipulated period order will stand cancelled & action against bidder will be taken as per rule.

**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 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 amend the contract rates for subsequent supplies.

- 11 The Bidder should submit demand draft (within 7 days) amount of **1.5% ie. Rs . 1320/-** of order value to meet expenditure of sample testing fee and other incidental expenditure.

**Amount to be deposited to Following Account:**

Name of Account	Haffkine Bio-Pharmaceutical Corporation Ltd.(Procurement Cell),CESS Account Mumbai.
Name of the Bank & Branch	Canara Bank, Branch-Parel
Account No.	0110201004893
IFSC Code	CNRB0000110

- 12 **Consignee:** As per list enclosed.

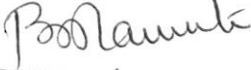
**Mfg Licence No :** Form 25-MNB/2002/51,Form -28-MB/2001/56 ,valid till 24-03-2020

Issued By State Drug Controlling & Licensing Authority ,  
Baddi,Distt.-Solan(H.P.)

**Location of Factory:** M/s Healers Lab.

**Unit II,Plot no.33,  
HPSIDC Extension,  
Baddi,Distt.-Solan(H.P.)**

मा. व्यवस्थापकीय संचालक यांच्या मान्य टिपणी नुसार

  
**Manager, Account  
HBCL (Procurement Cell)**

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

- Copy to:** 1) Director of Medical Education & Research, Mumbai  
2) Director of Health Services, Mumbai  
3) Accounts Manager, Haffkine Bio Pharmaceutical Corporation Ltd.(Proc. Cell), Mumbai  
4) Office File

**Copy to Consignee:**

They should accept Drugs 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