

**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

No: 216 / Haffkine/Procurement Cell/E- 683/C-17/

Syrup Promethazine 5mg/5ml 60ml / 2017-18

Date: - 07/09 /2018

To,

M/S. Ciron Drugs &Pharmaceuticals Pvt. Ltd.**Boisar, Dist-Thane 401 506.****Email:-mail@cironpharma.com****Sub.- Supply of Syrup Promethazine 5mg/5ml 60ml****Ref: - 1. Tender No.E-683/ Syrup Promethazine 5mg/5ml 60ml****2. Sanction of Tender Approval Committee Meeting Dated 26/07/2018**

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.

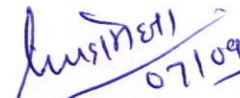
sr. no.	Name of the item	Specification of item	Quantity For DHS	Unit Rate including all taxes Rs.	Total Amount Rs.(Inclusive All Taxes)
1	Syrup Promethazine 5mg/5ml 60ml	Syrup Promethazine Hydrochloride 5mg/5ml 60ml	50000 Bottles	8.590/- Per bottle	4,29,500/-
(Rupees :-Four lakh twenty nine Thousand five hundred Only)					

- 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.

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 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 amend 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 26706/- (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 6443/- (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.
- Mfg Licence No** : Lic No. KD-80 in form 25 & Lic No. KD-74 in form 28
Renewed upto 31/12/2021.
- Location of Factory** : M/S. Ciron Drugs & Pharmaceuticals Pvt. Ltd.
Boisar, Dist-Thane 401 506.



(Sampada Mehta)
Managing Director

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

- Copy to:** 1) Commissioner of Health Services , Mumbai.
2) Director of Health Services
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