

**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: 3544 /Haffkine/Procurement Cell/E-1844/
Promethazine 5mg/5ml Syrup, 60 ml Bottle / DMER/
2019-20/2020, Date: 09.06.2020

To,

M/s Mascot Health Service Pvt. Ltd.

Plot No. 79, 80, Sector-6A, I.I.E.,

SIDCUL, Haridwar, Uttarakhand

Sub.:- Supply of Promethazine 5mg/5ml Syrup, 60 ml Bottle**Ref: - 1. Tender No. E-1844/ Promethazine 5mg/5ml Syrup, 60 ml Bottle****2. Sanction of Tender Approval Committee Meeting Dated : 27/05/2020**

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	Promethazine 5mg/5ml Syrup, 60 ml Bottle	Promethazine 5mg/5ml Syrup, 60 ml Bottle	24840	7.952/-	1,97,528/- ✓

(Rupees :- One Lakh Ninety Seven Thousand Five Hundred Twenty Eight Rupees 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.
- Certificate copy to the purchasing authority along with triplicate copies of the Invoice.
- Analysis Report ::** Manufactures should submit copy of Drugs analysis report to each for each batch supplied with copy of the same along with invoice to Managing Director 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

Fall Clause: It is a condition of the contract that all through the currency there of, 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.

11. 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.
2. Submit the Bank Guarantee of Rs. 5926.00/- (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. 2963.00/-(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 : 68/UA/2009 on Form 25 & 90/UA/SC/P-2009 on Form 28
Validity upto 22.11.2024

Location of Factory : M/s Mascot Health Service Pvt. Ltd.
Plot No. 79, 80, Sector-6A, I.I.E.,
SIDCUL, Haridwar, Uttarakhand



(Dr. Rajesh Deshmukh)
Managing Director
Haffkine Bio Pharmaceutical Corporation Ltd.
(Procurement Cell), Mumbai

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

Consignee List for Promethazine 5mg/5ml Syrup, 60 ml Bottle

Name of Bidder : M/s Mascot Health Service Pvt. Ltd.		Delivery Period : 45 days	
PO Reference No.		No. 3544 /Haffkine/Procurement Cell/E-1844/ Promethazine 5mg/5ml Syrup, 60 ml Bottle / DMER/ 2019-20/2020, Date: 09.06.2020	
Sr. No.	Name of Medical college/Hospital	Quantity	Grant Total
1	Mumbai J J Hosp	12000	12000
2	Mumbai St George	5000	5000
3	Mumbai G T Hosp	2000	2000
4	Mumbai Cama Hosp	5240	5240
5	Chandrapur GMC	500	500
6	Latur GMC	100	100
Total		24840	24840



(Dr. Rajesh Deshmukh)
Managing Director
Haffkine Bio Pharmaceutical Corporation Ltd.
(Procurement Cell), Mumbai

1. Name of the patient: _____
 2. Age: _____
 3. Sex: _____
 4. Date of admission: _____
 5. Referring physician: _____

Sl. No.	Date	Particulars	Amount
1	10/10/2018	Room charges	100.00
2	10/11/2018	Food charges	150.00
3	10/12/2018	Medicine charges	50.00
4	10/13/2018	Nursing charges	100.00
5	10/14/2018	OT charges	200.00
6	10/15/2018	Investigation charges	100.00
7	10/16/2018	Physiotherapy charges	50.00
8	10/17/2018	Specialist charges	100.00
9	10/18/2018	Other charges	50.00
10	10/19/2018	Total	1000.00

Total amount payable: _____
 Amount paid: _____
 Balance due: _____