



**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	Website : http://www.vaccinehaffkine.com
Managing Director : 022-24150628	E-mail : procurementcell@haffkinemumbai.com
General Manager-(Procurement Cell): 022-24100478	No. 6414 /Haffkine/Procurement Cell/ E-4175/C-132 Glibenclamide Tab 5 mg/DHS (Mental Health)/2020-21 Date :- 25.2.2021
(प्रशासकीय मंजुर निधी- ५२७.२५कोटी)	

To,

M/s.Ciron Drugs And Pharmaceuticals Pvt Ltd.

35-37, 43-45, CFC-B, Deman Udyog Nagar,

Allyali ,Dist-Palghar ,Maharashtra.

Email ID: - mail@cironpharma.com

Sub: - Supply of Glibenclamide Tab 5 mg

Ref: - 1.Tender No. E-4175/ Medicines (Retendered) (2020-21)

2. Sanction of Tender Approval Committee Meeting Dated:-02.12.2021

**3. प्रशासकीय मान्यता - शासन निर्णय क्रमांक : - प्रशामा -२०२०/ प्र.क्र. २२७/
दिनांक:-०३.११.२०२० (प्रशासकीय मंजुर निधी - ५२७.२५कोटी)**

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.

Tender & Item No.	Name Of The Item	Specification Of Item	Quantity For DHS Mental Health	Unit Rate Including All Taxes Rs.	Total Amount Rs.(Inclusive All Taxes)
E-4175 (24)	Glibenclamide Tab 5 mg	Glibenclamide Tab 5 mg	9591	0.2080/-	1,995/-
Total amount in words- One Thousand Nine Hundred Ninety Five.					

- 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
- 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.

6. **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. **The Consignees upon Receipt of the material should issue acceptance certificate within 7 days of receipt of material in Two copies. One copy should handed over to Supplier and One Copy should be sent to Haffkine Bio-Pharma(Procurement Cell)By mail or email. (Email ID-procurementcell@haffkinemumbai.com)**
8. Invoice copies should be submitted Triplicate consignee wise with one consolidated invoice.
9. **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.
10. **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
11. **Other Terms ::** As per Tender terms & conditions
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.
 2. Submit the Bank Guarantee of **60** /- (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. 30** /- (1.5% of order value) in the following account.

Name of Account	Name of Branch Account	No. of account	IFSC Code
HAFFKINE BPCL Procurement Cell CESS Account	Bank Of Maharashtra, Branch-Mumbai Parel	60381379835	MAHB0000079

Consignee : As per list enclosed.

Mfg Licence No. : Form no 28B, License No.KD-74,
Form no 25B KD-80

Location of Factory : M/s.Ciron Drugs And Pharmaceuticals Pvt Ltd.
35-37,43-45,CFC-B,Deman Udyog Nagar,
Allyali ,Dist-Palghar ,Maharashtra

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता


Smt. Sushama Patil
(General Manager)

**Haffkine Bio-Pharmaceutical Corporation Ltd.,
(Procurement Cell), Mumbai-1**

- Copy to:** 1) Director of Medical Education & Research, Mumbai
2) Account Manager Haffkine Bio-Pharmaceutical Corporation Limited
Procurement Cell, Mumbai.
3) 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

M/s. Ciron Drugs & Pharmaceutical Pvt. Ltd.			
DHS, Mumbai			
Item Name:- Glibenclamide Tab 5 mg			
PO Reference No		No. ⁶⁴¹⁴ /Haffkine/Procurement Cell/E- 3233 /HBPCL/ Glibenclamide Tab 5 mg /P.Cell/DHS Mental Health/2020-21 Date 25/2/2021	
Delivery Period		45 Days	
Sr. No.	Name of Mental Hospital	Name of Scheme Mental Health	Grand Total
		Quantity	
1	RMH Pune	1500	1500
2	RMH Thane	7500	7500
3	RMH Nagpur	591	591
4	RMH Ratnagiri	0	0
Total		9591	9591

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Smt. Sushama Patil
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