

**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<br>Managing Director :022-24150628<br>General Manager (Procurement Cell) :022-24100478 | Website : <a href="http://www.vaccinehaffkine.com">http://www.vaccinehaffkine.com</a><br>E-mail: <a href="mailto:procurementcell@haffkinemumbai.com">procurementcell@haffkinemumbai.com</a> |
| प्र.मा.निधी - ५२७.२५ कोटी /-  | No.: 7939 / Haffkine /Procurement Cell /C-173/<br>Tab. Metformin 500 mg (Strip) / Name of Scheme<br>NPCDCS +HWC /DHS /2021-22,<br>Date:- 12/04/2023   |

To,  
 M/S. Haffkine Bio Pharmaceutical Corporation Ltd,  
 Acharya Donde Marg, Parel, Mumbai 400 012  
 ( INDIA)  
 Email- [mkt@vaccinehaffkine.com](mailto:mkt@vaccinehaffkine.com)

**Sub.:- Supply of Tab. Metformin 500 mg (Strip) (Packing 10x10)**  
**Ref: - 1. Sanction of Tender Approval Committee Meeting Dated :-08/02/2023**

2. शासन निर्णय, उद्योग, ऊर्जा व कामगार विभाग, क्रमांक-भांखस-२०१४/प्र.क्र.८२ भाग III/ उद्योग- ४, दिनांक ०१/१२/२०१६
3. प्रशासकीय मान्यता :-शासन निर्णय क्रमांक:-प्रशामा -१२२०/ प्र.क्र.३१ / आरोग्य -७, दिनांक :- २० ऑक्टोबर, २०२० , (प्र.मा.निधी - ५२७.२५ कोटी /-
4. सुधारीत प्रशासकीय मान्यता:- शासन निर्णय क्रमांक:-प्रशामा- १२२० / प्र.क्र.३१/ आरोग्य-७, दिनांक:- २ ऑगस्ट २०२२
5. आरोग्य सेवा आयुक्तालय, यांचे पत्र जा.क्र.४१२२ वितरण यादी दि.१८.०८.२०२२

With reference to 2, as per GR. **Tab Metformin 500 mg (Strip)** is to be purchased from Haffkine Bio Pharmaceutical Corporation Ltd , Mumbai. 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 (DHS) (NPCDCS +HWC) | Unit Rate including all taxes (Rs.)* | Total Amount including all taxes (Rs.)* |
|---|--|--|------------------------------|--------------------------------------|---|
| 1   | <b>Tab. Metformin 500 mg (Strip) ( 10 x 10 )</b> | <b>Tab. Metformin 500 mg (Strip) ( 10x10 )</b> | <b>1,43,26,000 (Tablets)</b> | <b>1.6576/- (Per Tab)</b>            | <b>2,37,46,778/-</b>                    |
| <b>Total amount in Rupees :-Two Crore Thirty Seven Lakh Forty Six Thousand Seven Hundred Seventy Eight Only/-</b> |  |  |                              |                                      |   |

- 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 HBPCCL 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 **Labeling::** The word "**For use of GOVERNMENT OF MAHARASHTRA NOT FOR SALE**" should be printed on each unit pack in readable Purple or Green Colors. Bar-coding should be on boxes of Supplied item at Consignee level.
- 6 **Acceptance & Receipt:** It should be submitted in Appropriate Format 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 **Other Terms ::** As per GR dtd. 01.12.2016
- 9 **Contract Agreement:** HBPCCL should submit contract Agreement on non-judicial stamp paper of requisite value.

**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 contract prices you shall promptly furnish such information to us to enable to amend the contract rates for subsequent supplies.

- 10 The HBPCCL should submit amount of **1.5% ie. Rs. 3,56,202/-** of order value to meet expenditure of sample testing fee and other incidental expenditure within 15 days.

**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 | Bank Of Maharashtra, Branch – Mumbai Parel  |
| Account No.               | 60381379835   |
| IFSC Code                 | MAHB0000079   |

**Mfg. License No :** Form No.25-332, & Form No. 28-91

Granted on -01/01/2023, Valid Upto - 31/12/2027

Issued by Commissioner, Food & Drugs Control Administration,  
Maharashtra State

**Location of Factory:** M/S. Haffkine Bio Pharmaceutical Corporation Ltd,  
Acharya Donde Marg, Parel,  
Mumbai 400 012 (INDIA)

मा. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

  
**Dr. Anant Shingare**  
General Manager

**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) General Manager, Haffkine Bio Pharmaceutical Corporation Ltd.(Production), Mumbai

5) 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 .