

**HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED  
Procurement Cell**

( A Government of Maharashtra Undertaking)  
Regd. Office : Acharya Donde Marg, Parel, Mumbai 400 012 ( INDIA)

<b>Phone No: 022- 24129320-23</b> <b>Managing Director :022-24150628</b> <b>General Manager (Procurement Cell) :022-24100478</b>	<b>Website : http://www.vaccinehaffkine.com</b> <b>E-mail: procurementcell@vaccinehaffkine.com</b>
<b>प्रशासकीय मंजुर - निधी - रु ११३.५९ कोटी</b>	<b>No.: 5354/ Haffkine /Procurement Cell/ C-88/</b> <b>Albendazole 200mg/5ml Syrup /DMER /P.</b> <b>Cell/2020-21, Date: 24/09/21</b>

To,

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

**Sub.- Supply of Albendazole 200mg /5ml Syrup.**

**Ref: - 1. Sanction of Tender Approval Committee Meeting Dated 27-11-2020**

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 - वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग शासन निर्णय क्र. वैशिवि - २०२०/प्र.क्र.२२७ /प्रशासन - २ मंत्रालय मुंबई ०३ नोव्हेंबर २०२०  
प्रशासकीय मंजुर -निधी - रु ११३.५९ कोटी

With reference to 2, as per GR. **Co-trimoxazole Suspension** 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 (DMER)	Unit Rate including all taxes (Rs.)*	Total Amount including all taxes (Rs.)*
1	<b>Albendazole 200mg /5ml Syrup</b>	<b>Albendazole 200mg /5ml Syrup Albendazole IP(200mg) Sunset yellow Flavoured Syrupy base (qs)</b>	2325 7	7.09	16,484/-
<b>Total amount in Rupees :- Sixteen Thousand Four Hundred Eighty Four 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 **Invoice copies should be submitted triplicate consignee wise with one consolidated invoice.**

9 **Other Terms** :: As per GR dtd. 01.12.2016

10 **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.

11 The HBPCCL should submit amount of **1.5% ie. Rs. 247/-** 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

**Invoice copies should be submitted triplicate consignee wise with one consolidated invoice.**

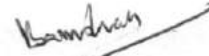
**Consignee:** As per list enclosed.

**Mfg. License No :** Form no.25-332 ,valid till to 31/12/2022

Issued by Commissioner, Food & Drugs Control Administration,  
Maharashtra

**Location of Factory:** Haffkine Bio- Pharmaceutical Corporation Ltd.  
Parel, Mumbai zone-2

या. व्यवस्थापकीय संचालक ज्ञंच्या मान्यतेने व करिता



**(Dr. Vijay Bawiskar)**  
**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) 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

## Annexure-C

### SCHEDULE FOR PACKING OF DRUGS AND MEDICINES:

#### I. SCHEDULE FOR PACKAGING OF DRUGS AND MEDICINES GENERAL SPECIFICATIONS : All drugs should be packed & Supplied in Prescribed packing only & As per standard guide lines of FDA/ISI

1. No corrugate package should weigh more than 15 Kgs (i.e. product + inner carton + corrugated box)
2. All corrugated boxes should be of 'A' grade paper.i.e.Virgin.
3. All items should be packed only in first hand boxes only.
4. Flute - The corrugated boxes should be of narrow flute.
5. Joint - Every box should be preferably single joint and not more than two joints.
6. Stitching - Every box should be stitched using pairs of metal pins with an interval of two inches between each pair. The boxes should be stitched and not joined using calico at the corners.
7. Flap - The flaps should uniformly meet but should not overlap each other. The flap when turned by 45 - 60 degree should not crack.
8. Tape - Every box should be sealed with gum tape running along the top and lower opening.
9. Carry strap - Every box should be strapped with two parallel nylon carry straps (they should intersect).
10. Label - Every corrugated box should carry a large outer label clearly indicating that the product is for **GOVERNMENT OF MAHARASHTRA NOT FOR SALE**"inreadable purple or Green colour.
11. The product label on the cartoon should be large at least 15 cms x 10 cms dimension. It should carry the correct technical name, strength or the product, date of manufacturing, date of expiry, quantity packed and net weight of the box.
12. Other - No box should contain mixed products or mixed batches of the same product.
13. **Primary Package:** 10 Tablets/Capsules or multiples of 10 should be packed in an Aluminium strip / Aluminium – P V C blister pack

Aluminium strips : Thickness of Aluminium foil : 40 micron with LDPE 25 micron coating/heat seal lacquer  
PVC Film : Transparent, clear/amber, food grade, blister forming PVC film, Film gauge – 200 microns, P E coating : 25 microns, PVC coating : 60 gsm

Aluminium foil: Hard tempered Blister foil, VMCH coated, Thickness: 0.025 mm

**Secondary Package:** The strips should be packed in boxes for easy handling, transport and distribution. The box may contain 10 strips. It shall be fabricated from Mainboard/grey board/cardboard with minimum of bursting strength of 400 gsm

**Tertiary Package :** The boxes shall be packed in weather resistant triple walled insulated corrugated 5 ply cartoons, each ply having strength of minimum 150 gsm It should be fabricated from virgin quality 'A' grade material . The overall dimension of the cartoon should be such that the product does not get damaged during transportation and storage.

Each international shipping carton should weigh less than 50 kg. It is important that individual boxes are not too heavy during transport as they are frequently loaded and offloaded manually at airports and intermediate stores

**Bar-coding: - Bar-coding should be on secondary & Tertiary packing only.**

**IV. Case Identification**

All cases should prominently indicate the following

1. Purchaser's line and code numbers
2. The generic name of the product
3. The dosage form (tablet, ampoule, syrup)
4. Date of manufacture and expiry (month and year) (in clear language not code)
5. Expiration dt.( Month & year )
6. Batch number
7. Quantity per case (Carton containing ----- secondary packages)
8. Special instructions for storage and handling
9. Name and address of manufacture
10. Any additional cautionary statements.

**V. Marking:**

Each packing shall be marked with nomenclature of the Item and shall be labelled in accordance with the requirement of the Drugs and Cosmetics Act, 1940 or relevant standards as applicable

**Barcode Guidelines (As per Annexure C in Tender Document)**

- 1) In light of registration with GS1 India for barcoding, supplier should submit valid GCP (Global Company Prefix) to DHS which is issued by GS1 India within 7 working days of receipt of order with supporting document. For registering with GS1 India, please contact Mr. Pramod Chaudhari on Mob.- 9881157771 (email- [pramod@gs1india.org](mailto:pramod@gs1india.org) )
- 2) Master Data of all the products as per order needs to be submitted/ emailed to GS1 India in the prescribed format (Annexure- A) within 15 days of receiving order. The Master Data needs to be sent to [shweta@gs1india.org](mailto:shweta@gs1india.org)
- 3) Master Data needs to be validated through GS1 India within a week of its submission
- 4) 1 Tertiary label of each SKU and 2 secondary labels of any SKUs need to be sent to GS1 India Delhi office within 15 days of validation of Master Data along with verification charges for barcode verification. Feedback will be provided by GS1 India to supplier's maximum within 15 days to make necessary corrections as required. GS1 India Delhi office address:  
**Shweta Shinde (Executive- Technical Services)**  
**GS1 India 1403, 14<sup>th</sup> Floor Parinee Crescenzo, Building BKC Complex, Bandra (E),**  
**Opp MCA Club Mumbai-400051 , Maharashtra**
- 5) The passed verification report for all the labels as mentioned above needs to be submitted to DHS before supply of medicines and consumables.

Note: In case of urgent supplies, contact GS1 India with delivery dates after approval from DHS. The same will be prioritized as per requirement.

Cost of verification:

Description	Verification Charges
1 tertiary Label	INR 1180
1 secondary Label	INR 1180

6) If your company failed to provide barcode on packaging then additional 5% amount on total billing amount will be deducted from your payment

**CONTRACT FORM**

THIS AGREEMENT made the .....day of....., 200... Between.....  
 (Name of purchaser) of..... (Country of Purchaser) (Hereinafter "the Purchaser") of the one part  
 and..... (Name of Supplier) of..... (City and Country of Supplier) (Hereinafter  
 called "the Supplier") of the other part:

WHEREAS the Purchaser is desirous that certain Goods and ancillary services viz. (Brief Description  
 of Goods and Services) and has accepted a bid by the Supplier for the supply of those goods and  
 services in the sum of..... (Contract Price in Words and Figures) (Hereinafter called  
 "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively  
 assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this  
 Agreement, viz.:
  - (a) The Price List submitted by the Supplier;
  - (b) The Schedule of Requirements;
  - (c) The Technical Specifications;
  - (d) The General Conditions of Contract;
  - (e) The Special Conditions of Contract; and
  - (f) The Purchaser's Notification of Award.
3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter  
 mentioned, the Supplier hereby covenants with the Purchaser to provide the goods and services  
 and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the  
 goods and services and the remedying of defects therein, the Contract Price or such other sum  
 as may become payable under the provisions of the Contract at the times and in the manner  
 prescribed by the Contract.

Brief particulars of the goods and services which shall be supplied/provided by the Supplier are as  
 under:

Sr. No.	BRIEF DESCRIPTION OF GOODS & SERVICES	QUANTITY TO BE SUPPLIED	UNIT PRICE	TOTAL PRICE	DELIVERY TERMS

TOTAL VALUE:

DELIVERY SCHEDULE:

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance  
 with their respective laws the day and year first above written.

Signed, Sealed and Delivered by the

Said..... (For the Purchaser)

in the presence of:.....

Signed, Sealed and Delivered by the

Said..... (For the Supplier)

In the presence of...

**SECURITY DEPOSIT FORM**

To: (Name of Purchaser)

WHEREAS..... (Name of Supplier)

Hereinafter called "the Supplier" has undertaken, in pursuance of Contract No..... dated, 200... to supply.....(Description of Goods and Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of..... (Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limit of ..... (Amount of Guarantee) as aforesaid, without your needing to prove or to show ground or reasons for your demand or the sum specified therein.

This guarantee is valid until the .....day of.....200.....

Signature and Seal of Guarantors

.....  
.....  
.....

Date.....200....

Address.....

.....

<b>Consignee list for Requirement 2020-2021</b>				
Albendazole 200mg/5ml Syrup 10 ml				
Albendazole 200mg/5ml Syrup 10 ml				
<b>M/s. Haffkine Bio- Pharmaceutical Corporation Limited</b>				
<b>Delivery Period</b>		<b>45 Days From Receipt Of Order</b>		
<b>PO Reference No.</b>		No. <del>5354</del> /Haffkine/Procurement Cell/C-88/Albendazole 200mg/5ml Syrup 10 ml /DMER/2020-21, Date:- <del>24</del> /09/2021		
<b>Sr. No.</b>	<b>Name of Medical college/Hospital</b>	<b>Name of Medical Hospital</b>	<b>Quantity</b>	<b>Grant Total</b>
1	Mumbai St George	St George Hospital , Mumbai	155	155
2	Mumbai Cama Hosp	Cama Hospital , Mumbai	93	93
3	Pune Sasoon	Sasoon General Hospital ,Pune	279	279
4	Shirur RHTC	Arogya Pathak , Shirur	124	124
5	Gondia GMC	GMC & Hospital, Gondia	155	155
6	Chandrapur GMC	GMC & Hospital, Chandrapur	465	465
7	YavatmalVNGMC	VNGMC & Hospital, Yavatmal	62	62
8	Jalgaon Medical HUB	GMC & Hospital, Jalgaon	620	620
9	Aurangabad GMC	GMC & Hospital, Aurangabad	31	31
10	Latur GMC	Vilasrao Deshmukh Govt. Science Institute , Latur	31	31
11	Nanded SCGMC	SCGMC & Hospital, Nanded	310	310
<b>Total</b>			<b>2325</b>	<b>2325</b>

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

*Bawiskar*

**(Dr. Vijay Bawiskar)**  
General Manager

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

