



Maharashtra Medical Goods Procurement Authority

Office- 1st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D'Mello Road,
St. Georges Hospital Compound, Mumbai 400001

Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmgsa2023@gmail.com

Order No.1754 /MMGPA/Medicine & Material Section/E-15 Factor RC/2025, Dated 11 /11 /2025

To,

M/s.Ichor Biologics Pvt.Ltd.

Sy.no.222P, Turkapally(V), Shameerpet(M), Medehal-Malkajgiri(Dt), Telangana-500 078.

Email- contact@ichor.in

Subject: - Supply of Recombinant Factor IX PD (Strength 600 IU Per vial).....

Reference:

- (1) E- Tender No. E- 15/MMGPA/Rate Contract for Supply of Hemophilia Factors/2023- 24, Dated 02.11.2023
- (2) Rate Contract No 115/MMGPA/Medicine &Material Section/ Haemophilia Factors/ 2025, Date -10/01/2025
- (3) MMGPA Order No.941 Dated 03/03/2025
- (4) Budget Source : State 2025-26 लेखाशिर्ष 2210 K 079,088,097 अंतर्गत स.अ. (वेतनेत्तर) . Date: 11/11/2025 approved amount 192 Crore.
- (5) Administrative Approval (State) NO- 1225/Prk. 139, Dated:-12/06/2025
- (6) Consignee received from DHS (JD Procurement cell), Dated, 10/11/2025

With reference to the above reference no.1, you have been awarded with two years of rate contract for the supply of following Medicinal products. Accordingly you are requested to supply the following Medicinal goods to the consignees mentioned below separately w.r.t .permission of reference no.06 **(Consignee List enclosed separately with this order).**

Tender No.	Name of the item	Specification of item	Quantity (DHS)	Per Unit Rate with GST	Total Amount including
E-15 Rate Contract	Factor IX PD (Strength 600 IU Per vial)	Anti-Hemophilic Plasma Derived Factor IX PD (Strength 600 IU Per vial) 1. Freeze deried, lyophilized, and intermediate to high purity, NAT tested,factor IX for Haemophilia B Patients (preparation as per BP, USP, IP or EP.2). 2. Factors concentrate should be prepared from well verified source plasma, which is individually tested for Hepatitis B, Hepatitis-C & HIV 1& 2 By Nucleic acid Amplification Test (NAT Test) & should have been tested Negative and have undergone at least 2 dedicated viral removal and Viral inactivation steps as per WFH guidelines. 3. Expiry date should not be less than one Year.	1435	(6.279x600)= 3767.4/vial	54,06,219 /-
Total Amount In Words – Fifty four Lakhs six Thousand Two Hundred Nineteen Only.					

1. **Packing & Forwarding:** Packing as Per E-15 Rate Contract's Terms & Conditions & **Forwarding Free on Road Destination.** i.e. door delivery basis
2. **Delivery Period:** 90 Days from the date of receipt of order by the supplier to the consignee attached.
3. **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 Chief Executive Officer, Maharashtra Medical Goods Procurement Authority,

Aarogya Bhawan, St. George's Hospital Compound, 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 THE 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. **SHELF LIFE of the supplied drug should not be less than ¾ of total shelf life at the time of delivery to the consignee.**
7. **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. The Consignees upon Receipt of the material should issue acceptance certificate within 7 days of receipt of material in two copies. One copy should handover to Supplier and One Copy should be sent Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound, Mumbai by mail or email. **(Email ID-maha.mmgsa2023@gmail.com)**
9. **Analysis Report:** The drugs and other items shall be subjected for laboratory analysis at manufacturer & "Purchaser & Consignee" level. The bidder shall submit accredited Drug Testing Laboratory Test report for the said product from Central Lab Kasauli Or NIB Delhi for every batch supplied at the time of supply to the respective consignee. Post supply quality assurance testing of supplied drugs and other items will be done by "Purchaser & Consignee" from any FDA / NABL accredited laboratory. For pre-supply testing, supplier should mandatorily provide the test report issued by any FDA/NABL accredited laboratory & expenditure of pre-supply testing should be borne by the supplier. Manufactures should submit copy of Drugs analysis report of each batch supplied to consignee with copy of the same along with invoice to Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound, 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.
11. **Penalty Charges** – As per T&C of the Tender No. E-15 and As per GR dated 01.12.2016 Penalty Charges 0.5% per week will be chargeable for the delayed supply.
12. **Invoice Copy** – Should be sent in triplicate on the Name of Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound, Mumbai.
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 amend the contract rates for subsequent supplies.
13. You are requested to submit signed agreement (attached herewith) on Stamp paper within 15 days from receipt of this letter.
14. Submit the Bank Guarantee/ Demand Draft of **Rs. 1,62,187 /- (3% of the total value of order)** from Nationalized /Scheduled commercial bank in favor of **Maharashtra Medical Goods Procurement Authority, Aarogya Bhawan St. George's Hospital Compound, Mumbai** Validity of the Demand Draft should be minimum next 2 months from the date of expiry of warranty or expiry of medicine/item.
- 15.

Name of Account	Name of Branch	Account Number	IFSC Code
2 Percent Medical Goods Procurement Fees/Penalty Account	Indian Bank, Mumbai Fort Branch, Mumbai	7705964884	IDIB000B027

Consignee : As per list enclosed.

(As per approval of Hon. Chief Executive Officer MMGPA, Mumbai)

JADHAV
SANJEEVKUMAR
MANOHARRAO

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SANJEEVKUMAR MANOHARRAO
Date: 2025.11.13 10:45:55
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(Dr. Sanjeevkumar Jadhav)
General Manager (Technical)

Maharashtra Medical Goods Procurement Authority Mumbai

- Copy to:** 1) Hon. Commissioner of Health Services, Mumbai
2) Hon. Director of Health Services (2), Mumbai
3) Chief Accounts And Finance Officer, Medical Goods Procurement Authority, Mumbai
4) Joint Director (Technical) NHM, Mumbai/Assistant Director (Blood Cell) NHM, Mumbai
5) Office File

Copy to Consignee(s): They should accept Drugs as per order & entry of the said stock is to be taken in stock register as well as in e-Aushadhi online system immediately within 24hrs of actual delivery.

- Copy Submitted to:** 1) Hon. Addl. Chief Secretary, Public Health Department, Mantralaya, Mumbai.
2) Hon. Secretary-2, Public Health Department, Mantralaya, Mumbai

CONSIGNEE

Anti-Haemophilic Factor IX PD (Strength 500 OR 600 IU Per vial)		
Sr. No.	Name of Consignee	Total Quantity
1	District Hospital, Thane	110
2	District Hospital, Nashik	95
3	District Hospital, Satara	95
4	District Hospital, Amaravati	95
5	District Hospital, Ahmednagar	95
6	Daga Hospital, Nagpur	95
7	District Hospital, Chhatrapati Sambhaji Nagar	100
8	District Hospital , Dhule	50
9	District Hospital, Nanded	50
10	District Hospital, Buldhana	50
11	District Hospital, Aundh , Pune	100
12	Women Hospital, Akola	50
13	District Hospital, Bhandar	50
14	Civil surgeon office, Jalna	50
15	Civil surgeon office,Kolhapur	50
16	Civil surgeon office, Jalgaon	50
17	Civil surgeon office, Nandurbar	50
18	Civil surgeon office, Solapur	50
19	Civil surgeon office, palghar	50
20	SDH Malad Malvani, Mumbai	100
	Total	1435

JADHAV
SANJEEVKUMAR
MANOHARRAO

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JADHAV SANJEEVKUMAR
MANOHARRAO
Date: 2025.11.13 10:46:14
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(Dr. Sanjeevkumar Jadhav)
General Manager (Technical)

Maharashtra Medical Goods Procurement Authority Mumbai

Annexure - C

SCHEDULE FOR PACKING OF DRUGS, MEDICINES & VACCINES:

I. SCHEDULE FOR PACKAGING OF DRUGS AND MEDICINES GENERAL SPECIFICATIONS

:All drugs should be packed & Supplied in Prescribed packing only & as per standard guidelines 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 (MMGPA SUPPLY) NOT FOR SALE"** in readable purple or Green colour. *MRP should not be printed, as this is free supply to the patient.*
11. The product label on the cartoon should be large at least 15 cms * 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 Aluminum strip / Aluminum - P V C blister pack
Aluminum strips : Thickness of Aluminum 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
Aluminum 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 done on secondary & Tertiary packing only through GS1 India as per GoI directives.

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, Capsule, Ampoule, Syrup, Vial)
4. Date of manufacture and expiry (month and year) (in clear language not code)
5. Expiration date (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 labeled in accordance with the requirement of the Drugs and Cosmetics Act, 1940 or relevant standards as applicable

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 theday of....., 202... 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 theday of.....202.....

Signature and Seal of Guarantors

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Date.....202.....

Address.....

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