



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.1715/MMGPA/Medicine & Material Section/2024, Dated 07/11/2025

To,

M/s. Wenlay Medicare Private Limited,

Wenlay Medicare Private Limited

214,IJMIMA Complex Off Link Road,

Malad West Mumbai-400064

Email:- wenlaymedicare@yahoo.com

Subject: - Supply of Glass slide box of 25 slides.....

Reference: - (1) Govt. Resolution Dated 1.12.2016

(2) Budget Source: Sate Budget: 15th Finance 2021-22 FR 3.1,3.3 & FU1

(3) Administrative Approval GR,Outward No.NHM/HWC/Diagnostics/59240-243/2024,
Dated 26.08.2024

(4) Receipt of Consignee & Funds,dated 24.02. 2025,08.10.2025

(5) Sanction of Tender Approval Committee, Meeting dated 17.07.2025

With reference to the above reference no.1, you have been awarded for the supply of following product w.r.t. approval as per reference no.5.Accordingly you are requested to supply the following goods to the consignees as per details mentioned below. **(Consignee List mentioned separately in this order).**

Sr. No. of Item	Name of the item	Specification of item	Quantity (DHS)	Rate with GST (Per Unit)	Total Amount including GST
RT-147 (13)	Glass slide box of 25 slides	Durable, plastic ,Fitted Lid, Card Index Holder protect slide from contamination. Capacity 25 slides Store-76 *26 mm microscope slide	2,23,717	62.54	1,39,91,261/-
Total Amount In Words- One Crore Thirty Nine Lakh Ninety One Thousand Two Hundred Sixty One Rupees Only.					

- Packing & Forwarding:** Packing as Per Terms & Conditions mentioned separately & **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 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.
- Payment Terms:** 100 % Payment shall be paid on receipt & acceptance of stores in good conditions by the consignee
- Labeling:** The word **"FOR THE USE OF GOVERNMENT OF MAHARASHTRA (MMGPA SUPPLY) 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.
- SHELF LIFE of the supplied drug should not be less than ¾ of total shelf life at the time of delivery to the consignee.**
- 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.
- 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)**
- Analysis Report:** Supplier Should be Submit Test Report of the items as per standards,which should be obtained from In-House/NABL or Equivalent Laboratory/Institute having valid Certificate.

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.RT-147 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 3% security amount through Online deposit to following bank account OR in mode of Demand Draft of **Rs. 4,19,738/- (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.**
15. Submit the **2% processing fees (Non Refundable)** of the total value of Purchase Order i.e. **Rs. 2,79,825 /-** in the following bank account of MMGPA Mumbai.

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 : Attached Separately.

Manufactured by: M/s. Plaza industrial co..

Mfg License No.: Factory Lic: EFL1202101293

Location of Factory: 36/21,Zulfe Bengal Industrial Area,
Dilshad Garden,Delhi-110095

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

**JADHAV
SANJEEVKUMAR
MANOHARRAO**
Digitally signed by
JADHAV SANJEEVKUMAR
MANOHARRAO
Date: 2025.11.07 13:30:27
+05'30'

**(Dr. Sanjeevkumar Jadhav)
General Manager (Technical)**

**Maharashtra Medical Goods Procurement Authority
Mumbai**

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

Copy to Consignee(s) All:

They should accept Material as per order & entry of the said stock is to be taken in stock register/ e-Aushadhi online system immediately within 24hrs of actual delivery,& online/manual acceptance certificate must to be submit this office within 7 days after acceptance.

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

CONSIGNEE - DETAILS**PO. No. 1715/MMGPA/RT-147 / Glass slide box of 25 slides / 2024-25, Date 07/11/2025**

Budget Head: FMR Code 15 FC (3.1, 3.3 and FU.1)

Sr No	District name	DHO	MOH	Total
1	Thane	44	0	44
2	Thane corp	0	988	988
3	Ulhasnagar	0	780	780
4	BNMC	0	2275	2275
5	KDMC	0	39	39
6	Raigad	163	0	163
7	Palghar	8422	0	8422
8	Pune	99467	0	99467
9	PCMC	0	322	322
10	Solapur	199	0	199
11	Nashik	167	0	167
12	Nashik corp	0	5460	5460
13	Dhule	646	0	646
14	Dhule corp	0	3900	3900
15	Jalgaon	8113	0	8113
16	Ahmednagar	24452	0	24452
17	Akola	34	0	34
18	Amravati	985	0	985
19	Amravati corp	0	34	34
20	Yavatmal	392	0	392
21	Washim	53	0	53
22	Buldhana	908	0	908
23	Ch. Sambhajinagar	1202	0	1202
24	Ch. Sambhaji Nagar corp	0	1950	1950
25	Hingoli	29	0	29
26	Parbhani	75	0	75
27	Parbhani corp	0	33	33
28	Jalna	131	0	131
29	Kolhapur	261	0	261
30	Kolhapur corp	0	12805	12805
31	Sindhudurg	7564	0	7564
32	Ratnagiri	99	0	99
33	Sangli	306	0	306
34	Nagpur	1389	0	1389
35	Nagpur corp	0	5645	5645
36	Chandrapur	1938	0	1938
37	Bhandara	2483	0	2483
38	Gondia	323	0	323
39	Wardha	110	0	110
40	Gadchiroli	243	0	243
41	Latur	100	0	100
42	Latur corp	0	10400	10400
43	Beed	116	0	116
44	Nanded	97	0	97
45	Nanded Waghela corp	0	10400	10400
46	MCGM	0	8175	8175
		160511	63206	223717

JADHAV SANJEEVKUMAR MANOHARRAO
Digitally signed by JADHAV
SANJEEVKUMAR MANOHARRAO
Date: 2025.11.07 13:30:46 +05'30'

(Dr. Sanjeevkumar Jadhav)
General Manager (Technical)
Maharashtra Medical Goods Procurement Authority
Mumbai

CONTRACT FORM

THIS AGREEMENT made theday of....., 2023... 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

.....

.....

.....

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

Address.....

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