



Maharashtra Medical Goods Procurement Authority

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

Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmga2023@gmail.com

MMGPA/Tach. Medicine Section(Desk No.07)/E-159/W.No. 35/2025, Dated 11/09/2025

To,

M/s Syndicate Pharma

185/B, 185/B-1, 187/A & 188, Sector-F,

Sanwer Road Indore-452015

Email:- nileshrkabra@gmail.com,

orsonpharma@yahoo.com

Subject: - Correction in Purchase order Rate

Reference:- 1) Purchase Order no. 1426, dated: 22.08.2025.

2) Sanction of Tender Approval Committee, Meeting dated 12.02.2025

As per reference, your firm was awarded to supply the said drugs to the mentioned locations, but due to typographical mistake as rate was wrongly mentioned. You are requested to correct the rate & start the supplies accordingly.

Tender No.	Name Of Item	Name Of Bidder	Purchase Order Quantity	Correction in	Instead of	Read as
E-159 (11)	Povidone Iodine Ointment 15gm	M/s Syndicate Pharma	861250	L1 Rate (RS) with GST	7.3696	7.28
				Total Amount of Purchase order	63,47,068	62,69,900
				3% Security Deposit Amount	1,90,412	1,88,097
				2% Service Charges Amount	1,31,040	1,25,398

(Dr. Sanjeevkumar Jadhav)
General Manager (Technical)
MMGPA, Mumbai

Copy : 1) All consignees

2) Chief account and Finance Officer, Maharashtra Medical Goods Procurement
Authority, Mumbai

3) QA Cell, Maharashtra Medical Goods Procurement Authority, Mumbai.



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.mmga2023@gmail.com

Order No. 1426 /MMGPA/Medicine & Material Section/2025, Dated 22/08/2025

To,

M/s Syndicate Pharma

185/B,185/B-1,187/A&188,Sector-F,

Sanwer Road Indore-452015

Email:- nileshrkabra@gmail.com,

orsonpharma@yahoo.com

Subject: - Supply of Povidone Iodine Ointment 15gm.....

Reference: - (1) Govt. Resolution Dated 1.12.2016

(2) Budget Source: NHM, 2024-25 PIP, RMNCHA+N

(3) Administrative Approval From Hon. MD, NHM Mumbai No. 30395-400,
Dated 24.06.2024

(4) Sanction of Tender Approval Committee, Meeting dated 12.02.2025

(5) Fund Allocation Letter from SFWB Pune, letter no. 3652-55, Dated 15.07.2025

(6) Consignee received from SFWB Pune, letter no. 30959-963, Dated 01.07.2025

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.4. 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
E-159 (11)	Povidone Iodine Ointment 15gm	Oint. Povidone Iodine 5% w/w 15 gm	861250	7.3696	63,47,068/-
Total Amount In Words- Sixty Three Lakh Forty Seven Thousand Sixty Eight 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.mmga2023@gmail.com)**

9. **Analysis Report:** If applicable, The drugs & 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 mandatory 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-159 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. 1,90,412/- (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. 1,26,941/-** 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.

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

JADHAV
SANJEEVKUMAR
MANOHARRAO

Digitally signed by JADHAV
SANJEEVKUMAR MANOHARRAO
Date: 2025.08.22 10:50:37
+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) Hon. Director (Finance), NHM, Mumbai
4) Hon. Addl. Director of Health Services (SFWB Cell), Pune
4) Chief Accounts and Finance Officer, Maharashtra Medical Goods Procurement Authority, Mumbai
5) Office File
6) QA Cell, Maharashtra Medical Goods Procurement Authority, Mumbai

Copy to Consignee(s) All: Civil Surgeon(s)/District Health Officer (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. Secretary-1, Public Health Department, Mantralaya, Mumbai
2) Hon. Secretary-2, Public Health Department, Mantralaya, Mumbai

CONSIGNEE - DETAILS

**P.O. No. 1426 /MMGPA/ Povidone Iodine Ointment 15 mg (2024-25)/NHM (PIP),
RMNCHA+N/2024-25, Date:- 22 / 08 /2025**

Budget Head: Addl. Director of Health Services (SFWB), Pune. NHM PIP 2024-25

Povidone Iodine Ointment 15 mg (2024-25)				
Sr. No.	Name of District	DHO	CS	DHO + CS
1	Ahilyanagar	84200	58600	142800
2	Akola	42800	10000	52800
3	Amravati	38300	1200	39500
4	Beed	16200	7800	24000
5	Bhandara	6500	6500	13000
6	Buldhana	51900	3300	55200
7	Chandrapur	51900	68000	119900
8	Chh.Sambhajinagar	65400	79800	145200
9	Dharashiv	22900	6500	29400
10	Dhule	14000	13300	27300
11	Gadchiroli	32500	5200	37700
12	Gondia	2600	16300	18900
13	Hingoli	9700	16200	25900
14	Jalgaon	3300	14300	17600
15	Jalna	13000	19500	32500
16	Kolhapur	32500	27000	59500
17	Latur	6500	13550	20050
State Total		494200	367050	861250

JADHAV
SANJEEVKUMAR
MANOHARRAO

(Dr. Sanjeevkumar Jadhav)

General Manager (Technical)

Maharashtra Medical Goods Procurement Authority
Mumbai

Digitally signed by JADHAV
SANJEEVKUMAR MANOHARRAO
Date: 2025.08.22 10:50:59
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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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