



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. 1400 /MMGPA/Medicine & Material Section/E- 20/NP-NCD Medicine/2025, Dated 07/08/2025

To,

M/s. Unicare India Ltd.

Plant:-1 C-21,22 & 23,Sector-3,NOIDA-201301 DIST.

Gautam Budh Nagar (U.P)

Email:- unicure@unicureindia.com

Subject: - Supply of Tab Atorvastatin 10mg

Reference: (1) Govt.Resolutuion Dated 1.12.2016

(2) Budget Source: MH PIP 2023-25 NCD-107,108,109,110 (2023-25)

(3) Administrative Approval GR,PHD,Prashama-1222/Pra.Kra.23/Aarogya-7
Dated,24.03.2023

(4) Tender No.E-20/MMGPA/NCD MEDICINES (DHS)

(5) Sanction of Tender Approval Committee, Meeting Dated,19.04.24 & 08.05.24

(6) Revised Administrative Approval GR,PHD,Prashama-1222/Pra.Kra.23/Aarogya-7
Dated,07.03.2025

(7) Concurrence of the bidder to extend bid validity & Willingness to supply, letter
Dated 30/07/2025

(8) Consignee received from NCD Cell Dated,26/03/2025

With reference to the above you have been awarded for the supply of following Medicinal product. Accordingly you are requested to supply the following Medicinal goods to the consignees mentioned below .**(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-20 (9)	Tab Atorvastatin 10mg	Tab. Atorvastatin 10 mg, Strip of 10 Tablets	4280400	0.270	11,55,708
Total Amount In Words- Eleven Lakh Fifty Five Thousand Seven Hundred Eight Rupees Only					

- Packing & Forwarding:** Packing as Per Terms & Conditions of Tender No.E-20 & **Forwarding Free on Road Destination.** i.e. door delivery basis
- Delivery Period:** 45 Days from the date of purchase 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, and 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:** 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. Without which consignee should not give acceptance and receipt of goods 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-20 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. Submit the Bank Guarantee/ Demand Draft of **Rs. 34671 /- (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.
14. Submit the **2% processing fees (Non Refundable)** of the total value of Purchase Order i.e. **Rs. 23114 /-** 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 : As per list enclosed.

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

JADHAV
SANJEEVKUMAR
MANOHARRAO
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SANJEEVKUMAR
MANOHARRAO
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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 , Mumbai.
3) Hon. Director (Finance) NHM, Mumbai.
4) Chief Accounts And Finance Officer ,Maharashtra Medical Goods Procurement Authority, Mumbai
5) Joint Director of Health Services (NCD) NHM, Mumbai
6) Joint Director of Health Services (Procurement Cell), Mumbai
7) Quality Assurance Cell, Maharashtra Medical Goods Procurement Authority, Mumbai
8) 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

Reference: PO No 1400 /MMGPA/Medicine & Material Section/E- 20/NP-NCD Medicine/2025

Date: 07 /08/2025

Tender No.E-20			
Name of Medicine = Atorvastatin 10mg			
Budget Source: NHM/PIP/2023-25 NCD-107,108,109,110 (2023-25)			
Name of District	Consignee Quantity for CS (Civil Surgeon)	Consignee Quantity for DHO (District Health Officer)	Total Consignee Quantity
Ahmednagar	87300	160000	247300
Akola	25100	137700	162800
Amravati	132700	49000	181700
Aurangabad	168900	26850	195750
Beed	100000	0	100000
Bhandara	100100	0	100100
Buldhana	22800	0	22800
Chandrapur	98400	79700	178100
Dhule	158200	87300	245500
Gadchiroli	70600	62800	133400
Gondia	14500	46100	60600
Hingoli	13600	20400	34000
Jalgaon	25000	113200	138200
Jalna	18800	28200	47000
Kolhapur	94900	112300	207200
Latur	54300	50000	104300
Nagpur	48500	72700	121200
Nanded	87700	100000	187700
Nandurbar	17600	26300	43900
Nashik	92700	38590	131290
Osmanabad	20400	30600	51000
Palghar	22600	33900	56500
Parbhani	14200	21300	35500
Pune	124400	206700	331100
Raigarh	17300	20000	37300
Ratnagiri	47900	71800	119700
Sangli	39200	88800	128000
Satara	102400	187600	290000
Sindhudurg	41400	62000	103400
Solapur	35000	0	35000
Thane	34900	52400	87300
Wardha	61960	69800	131760
Washim	31500	47300	78800
Yeotmal	50000	102200	152200
Grand Total Quantity	2074860	2205540	4280400

JADHAV
SANJEEVKUMAR
MANOHARRAO

Digitally signed by JADHAV
SANJEEVKUMAR
MANOHARRAO
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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....., 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

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.....

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

Address.....

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