



Maharashtra Medical Goods Procurement Authority

Office- 1st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, PD”Mello Road,
St. Georges Hospital Compound, Mumbai 400001
Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmga2023@gmail.com

Order No. 1395 /MMGPA/Medicine & Material Section/2025, Dated 06 /08 /2025

To,
M/s. Nuveos Tec LLP.
221, Kewal Industrial Estate, SB Marg,
Lower Parel West, Mumbai. – 400013,
Maharashtra, India.
E-Mail: rishit@nuveos.com

Subject: - Supply of Uterine Balloon Tamponade.....

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 17.03.2025
(5) Receipt of Consignee dated 25.03.2025
(6) Fund Recived from Addl. Director Health Service, (Procurement Cell) Mumbai,
letter Dated: 15.07.2025

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 GST
E-181 (1)	Uterine Balloon Tamponade	General Specifications: 1) The medical device should be designed & certified to manage postpartum hemorrhage due to uterine atony. 2) The medical device should be registered & licensed by CDSCO (MD-15, Import License) 3) Ideal for settings with no electricity OR with space constraints. 4) The medical device should be ISO-13485 approved Technical Specifications: 1) Material: Thermo-plastic Elastomer (TPE-Medical Grade). all material used in latex free, non-toxic & biocompatible 2) Balloon Capacity: 1000ml -2000ml 3) Balloon Shape: Tubular 4) Reservoir Bag: 1000ml capacity 5) Height Marking (black Rings): Height marking for pressures of 60, 80, 100 & 120 mmHG are indicate on the tubing by black rings 6) Fills fast Time: Fills within 45 Sec. 7) Pressure: Vertical Pressure based on systolic Blood Pressure 8) Valve: Present 10) Tubing Length: 1.8m 11) It can used during patient transport 12) Sterilized 13) Pre-Assembled 14) Usage : Single use 15) Purpose: It is used for management of Postpartum Hemorrhage (PPH) due to atonic uterus 16) Features: Free Flow System I Allows for Contraction & Retraction of Uterus I provides Visual Indicator I Easy to use I fill fast I allows for Intra-Uterine Pressure Control 17) Patented: Patented with International Publications Number WO/2018/037298 18) Certification : MD-15 9 Import Lic.) by CDSCO-DCGI; European CE Mark 19) Shelf Life: The device must have a shelf life of min. 36 months from the date of MFG. 20) Use: The device must be disposable, single use device so as to minimize chances of cross-contamination between patients 21) Packaging Specification: Header Bag is Coated with Tyvek & packaging is approved via EN 868-5 & ISO 1160-1 In Any UBT it Needs Drainage port for the blood to monitor blood loss during PPH when tamponade is in use.	5000	3000/-	1,50,00,000 /-
Total Amount In Words- One Crore Fifty Lakh 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 Bhavan, 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 (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.
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.mmmpa2023@gmail.com)**
9. **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 Item / Mfg. by / Expiry Date / packing & quantity.
11. **Penalty Charges** – As per T&C of the Tender No.E-181 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. 4,50,000 /- (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. 3,00,000 /-** 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.Sinapi Biomedical (Pty) Ltd

Mfg License No.: 00000346MD_v1R1 , Validity: 03 March 2028

Location of Factory: ARC Infruitec,North Campus,Lelie Road, Stellenbosch,7600,South Africa

(As per approval of Hon.

Chief Executive Officer MMGPA, Mumbai)

JADHAV
SANJEEVKUMAR
MANOHARRAO
Digitally signed by
JADHAV SANJEEVKUMAR
MANOHARRAO
Date: 2025.08.06 16:04:32
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(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) Addl.Director of Health Service (SFWB Cell), Pune

5) Chief Accounts and Finance Officer, Medical Goods Procurement Authority, Mumbai.

6) Office File.

7) QA Cell,MMGPA Mumbai.

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. 1395 /MMGPA/E-181/ Uterine Balloon Tamponade / NHM(PIP)RMNCHA+N 2024-25, Date 06 /08 /2025**

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

Sr No.	District	DHO	CS	Total
1	Akola	20	100	120
2	Amaravati	50	150	200
3	Buldhana	40	110	150
4	Washim	20	70	90
5	Yavatmal	30	150	180
6	Chh.Sambhajinagar	60	100	160
7	Hingoli	20	70	90
8	Jalna	30	100	130
9	Parbhani	30	80	110
10	Kolhapur	30	40	70
11	Ratnagiri	10	30	40
12	Sangli	40	10	50
13	Sidhudurg	0	30	30
14	Beed	160	140	300
15	Latur	50	100	150
16	Nanded	140	90	230
17	Dharashiv	30	100	130
18	Bhandara	10	80	90
19	Chandrapur	30	110	140
20	Gadchiroli	50	90	140
21	Gondia	30	80	110
22	Nagpur	20	120	140
23	Wardha	0	30	30
24	Ahilyanagar	70	100	170
25	Dhule	160	20	180
26	Jalgaon	140	100	240
27	Nandurbar	140	140	280
28	Nashik	130	250	380
29	Pune	80	100	180
30	Satara	50	80	130
31	Solapur	100	60	160
32	Palghar	70	100	170
33	Raigad	40	70	110
34	Thane	20	100	120
State Total		1900	3100	5000

JADHAV SANJEEVKUMAR Digitally signed by JADHAV
MANOHARRAO SANJEEVKUMAR MANOHARRAO
Date: 2025.08.06 16:04:59 +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

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

Address.....

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