



# Maharashtra Medical Goods Procurement Authority

Office- 1<sup>st</sup> 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.1331/MMGPA/Medicine & Material Section/2025, Dated 25 /07/2025

To,

M/s. Haffkine Bio-Pharmaceutical Corporation Limited.

A GOVERNMENT OF MAHARASHTRA UNDERTAKING,

Acharya Donde Marg, Parel, Mumbai 400012.

Email – [mkt@vaccinehaffkine.com](mailto:mkt@vaccinehaffkine.com)

**Subject: - Supply of Tab Metformin 500 mg**

Reference:- 1) Govt. Resolution Dated 1.12.2016

2) Administrative Approval GR, PHD, Prashama-1225/Pra. Kra. 19/Aarogya-7,  
Dated 17.02.2025

3) Hon.Director,Health Service (Urban),National Urban health Mission,Mumbai  
Revised Proposal no.3832-33,Dated-11.04.2025

4) Budget Source: State Budget: FMR Code FU.2.1 HBT Aapla Dawakhana 2023-24

5) Letter from Hon.Managing Director,Haffkine Bio Pharmaceutical Corp Ltd Mumbai,  
Dated.10.04.2025

6) Sanction of Tender Approval Committee, Meeting dated 17.07.2025

With reference to the above reference no.03 you have been awarded for the supply of following product w.r.t. approval as per reference no.5, 6 & 7 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 |
|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------|--------------------------|------------------------|
| HBPCL Reserved Item                                                                 | Tab Metformin 500 mg (Strip 10 Tab) | Tab Metformin 500 mg (Strip 10 Tab) | 1303564 Tab    | 2.25/- (Per Tab)         | 29,33,019/-            |
| <b>Total Amount In Words- Twenty Nine Lakh Thirty Three Thousand Nineteen Only.</b> |                                     |                                     |                |                          |                        |

- 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.
- 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 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.mmmpa2023@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 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. 87,991/- (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.58,660/-** 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: 2025.07.25 17:12:15  
+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, Maharashtra Medical Goods Procurement Authority, Mumbai  
5) Office File  
6) QA Cell, Maharashtra Medical Goods Procurement Authority, 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

P.O. No. 1331 /MMGPA/ Tab Metformin 500 mg /HBPCL Reserved Item/2025,Date:25/07/2025

| Tab Metformin 500 mg                                          |                    |               |               |                |
|---------------------------------------------------------------|--------------------|---------------|---------------|----------------|
| Name of Scheme :- FMR Code FU.2.1 HBT Aapla Dawakhana 2023-24 |                    |               |               |                |
| Sr No.                                                        | District Name      | CS            | DHO           | Total          |
| 1                                                             | Thane              | 0             | 105190        | 105190         |
| 2                                                             | Palghar            | 50190         | 101491        | 151681         |
| 3                                                             | Raigad             | 30397         | 5698          | 36095          |
| 4                                                             | Nashik             | 50813         | 8835          | 59648          |
| 5                                                             | Dhule              | 10623         | 5415          | 16038          |
| 6                                                             | Nandurbar          | 0             | 1042          | 1042           |
| 7                                                             | Jalgaon            | 10435         | 9832          | 20267          |
| 8                                                             | Ahmednagar         | 0             | 16608         | 16608          |
| 9                                                             | Pune               | 10246         | 15106         | 25352          |
| 10                                                            | Solapur            | 3283          | 9397          | 12680          |
| 11                                                            | Satara             | 0             | 13415         | 13415          |
| 12                                                            | Kolhapur           | 10397         | 10076         | 20473          |
| 13                                                            | Sangli             | 9415          | 9415          | 18830          |
| 14                                                            | Sindhudurg         | 0             | 1177          | 1177           |
| 15                                                            | Ratnagiri          | 0             | 10661         | 10661          |
| 16                                                            | Ch. Sambhaji Nagar | 20689         | 14152         | 34841          |
| 17                                                            | Jalna              | 0             | 9725          | 9725           |
| 18                                                            | Parbhani           | 10415         | 24152         | 34567          |
| 19                                                            | Hingoli            | 0             | 24906         | 24906          |
| 20                                                            | Latur              | 10915         | 20295         | 31210          |
| 21                                                            | Osmanabad          | 0             | 22643         | 22643          |
| 22                                                            | Beed               | 0             | 22813         | 22813          |
| 23                                                            | Nanded             | 10915         | 28291         | 39206          |
| 24                                                            | Akola              | 103888        | 10851         | 114739         |
| 25                                                            | Washim             | 0             | 163716        | 163716         |
| 26                                                            | Amravati           | 40732         | 10851         | 51583          |
| 27                                                            | Yavatmal           | 0             | 119071        | 119071         |
| 28                                                            | Buldhana           | 0             | 12076         | 12076          |
| 29                                                            | Nagpur             | 45322         | 12456         | 57778          |
| 30                                                            | Wardha             | 0             | 13398         | 13398          |
| 31                                                            | Bhandara           | 0             | 8491          | 8491           |
| 32                                                            | Gondia             | 0             | 8076          | 8076           |
| 33                                                            | Chandrapur         | 5849          | 9813          | 15662          |
| 34                                                            | Gadchiroli         | 0             | 9906          | 9906           |
| <b>Total</b>                                                  |                    | <b>434524</b> | <b>869040</b> | <b>1303564</b> |

JADHAV  
SANJEEVKUMAR  
MANOHARRAO

Digitally signed by  
JADHAV SANJEEVKUMAR  
MANOHARRAO  
Date: 2025.07.25  
17:12:34 +05'30'

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

## CONTRACT FORM

THIS AGREEMENT made the .....day 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 the .....day of.....202.....

### Signature and Seal of Guarantors

.....

.....

.....

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

Address.....

.....