



Maharashtra Medical Goods Procurement Authority

A Maharashtra Government Authority

Approval through Government Resolution -Official Gazette, Dated 10th May, 2023
Office- 9st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D^o Mello Road,
St. Georges Hospital Compound, Mumbai 411001
Contact Number- 022-22611471, 022-22717500 E-mail - maha.mmgsa2023@gmail.com

Order.No. 04 /MMGPA/Medicine & Material Section/2023, dated 07 .10.2023

To,
M/s. Tablets (India) Limited,
72, Marshalls Road, "Jhaver Centre"
RA Building, 4th Floor, Egmore, Chennai, 600008
Mobile/ Tel No: 9600152152/ 044-4205 0000
Fax No (if any): 044-2858 9090 Email: hd@tabletsindia.com

Subject: - Supply of Inj. Neostigmine 0.5mg., 1 ml Ampoule

Reference: - (1) Special Permission from Executive Committee, Maharashtra as per Minutes of Meeting Dated 3.10.2023

(2) ESIC Rate Contract No.152, Valid up to 31.10.2024

(3) Budget Source: Free Drug Initiative, PIP 2023-24 (Sr. No.180),

(4) Sanction of Tender Approval Committee, Meeting Dated 06.10.2023

With reference to the special permission granted under above reference no.1, you have been awarded for the supply of following medicinal product as per valid ESIC Rate Contract w.r.t. reference 2. Accordingly you are requested to supply the following goods to the consignees as per details mentioned below. (Consignee List enclosed separately with this order).

Rate Contract Number & Item No.	Name of the item	Specification of item	Quantity (DHS)	Unit Rate	Total Amount including
152 (2022-2024)	Neostigmine 0.5mg Injection, 1ml ampoule	Neostigmine 0.5mg Inj. Each ml to contain: Neostigmine 0.5mg, 1ml ampoule	24540	2.71	66503.40
Total Amount In Words- Sixty Six Thousand Five Hundred Three Rupees & Forty Paise Only					
<i>* GST as applicable will be extra, except for items where no tax has been approved.</i>					

- Packing & Forwarding:** Packing as Per ESIC Rate Contract Terms & Conditions, & Forwarding Free on Road Destination. i.e. door delivery basis
- Delivery Period:** 6 weeks 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 use of GOVERNMENT OF MAHARASHTRA NOT FOR SALE" should be printed on each unit pack in readable Purple or Green Colours. Bar-coding should be on boxes of Supplied item at Consignee level.
6. **SHELF LIFE** of the supplied drug should not be less than $\frac{3}{4}$ 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 handed over to Supplier and One Copy should be sent Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St.George's Hospital Compound, Mumbai by mail or email. (Email ID- maha.mmgsa2023@gmail.com)
9. **Analysis Report:** Manufactures should submit copy of Drugs analysis report to each consignee for each batch supplied with copy of the same along with invoice to Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan 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. **Invoice Copy** – Should be sent in triplicate on the Name of Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St. George's Hospital Compound, Mumbai.
Other Terms: As per ESIC Rate Contract's terms & conditions will be applicable.
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.
12. You are requested to submit following within 15 days from receipt of this letter.
 1. Sign and submit the agreement attached herewith on Stamp paper.
13. Submit the Bank Guarantee of **Rs.1995/- (3% of the total value of order)** from Nationalized /Scheduled commercial bank in favor of Maharashtra Medical Goods Procurement Authority, Aarogya Bhavan St.George's Hospital Compound, Mumbai Validity of the Bank Guarantee should be minimum next 2 months from the date of expiry of warranty or expiry of medicine/item.

Name of Account	Name of Branch Account	No. of account	IFSC Code
Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, Mumbai	Canara Bank, Nariman Point Branch, Mumbai	120024122310	CNRB0015037

Consignee : As per list enclosed.


(Dr. Umesh Shiroadkar)
General Manager (Technical)
Maharashtra Medical Goods Procurement Authority
Mumbai

Copy to: 1) Commissioner of Health Services, Mumbai
 2) Director of Health Services, Mumbai
 3) Chief Accounts and Finance Officer, Medical Goods Procurement Authority, Mumbai
 4) Joint Director of Health Services (Procurement Cell) Mumbai
 5) 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 system immediately within 24hrs of delivery.

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

Name of Item: Neostigmine Inj 0.5 mg 1 ml								
PO Reference No. 4/ MMGPA/Medicines & Material Section/2023, Dated 7.10.2023								
Sr. No.	Name of Consignee	Contact Person Name & Number	Consignee Quantity	Sr. No.	Distribution Details for DDHS			TOTAL QUANTITY
					District Name	CS	DHO	
1	DDHS Thane	Mr. Dnyaneshwar Visave 9226166605	2400	1	Thane	1000	0	1000
				2	Palghar	500	100	600
				3	Raigad	700	100	800
2	DDHS Nashik	Mr. Kiran Amrutkar 8275518515	4000	4	Nashik	1000	100	1100
				5	Dhule	500	0	500
				6	Jalgaon	500	100	600
				7	Nandurbar	700	0	700
				8	Ahmednagar	1000	100	1100
3	DDHS Pune	Mrs. Gauri Pise 9890408987	2700	9	Pune	1000	100	1100
				10	Satara	700	100	800
				11	Solapur	700	100	800
4	DDHS Kolhapur	Mr. Avinash Mali 9011819500	3200	12	Kolhapur	1000	100	1100
				13	Sangli	400	100	500
				14	Ratnagiri	500	100	600
				15	Sindhudurg	900	100	1000
5	DDHS Aurangabad	Mrs. Varsha Aute 9404872743	2700	16	Aurangabad	1000	100	1100
				17	Jalna	400	100	500
				18	Parbhani	500	0	500
				19	Hingoli	500	100	600
6	DDHS Latur	Mr. Balaji Chendake 9075574273	3200	20	Latur	1000	100	1100
				21	Beed	500	0	500
				22	Osmanabad	400	100	500
				23	Nanded	1000	100	1100
7	DDHS Akola	Mr. Pradip Pahade 9145336244	2940	24	Akola	100	100	200
				25	Washim	500	40	540
				26	Amravati	1000	100	1100
				27	Buldhana	500	100	600
				28	Yavatmal	400	100	500
8	DDHS Nagpur	Mr. Suraj Dhone 9158858199	3400	29	Nagpur	400	100	500
				30	Wardha	400	0	400
				31	Gadchiroli	800	100	900
				32	Gondia	0	100	100
				33	Chandrapur	800	100	900
				34	Bhandara	500	100	600
Total Consignee Quantity			24540			21800	2740	24540



(Dr. Umesh Shirodkar)
General Manager (Technical)
Maharashtra Medical Goods Procurement Authority Mumbai

Table 1: Summary of Data by Category			
Category	Sub-Category	Value 1	Value 2
A	1.1	100	200
	1.2	150	300
	1.3	200	400
	1.4	250	500
B	2.1	300	600
	2.2	400	800
	2.3	500	1000
	2.4	600	1200
C	3.1	700	1400
	3.2	800	1600
	3.3	900	1800
	3.4	1000	2000
D	4.1	1100	2200
	4.2	1200	2400
	4.3	1300	2600
	4.4	1400	2800
E	5.1	1500	3000
	5.2	1600	3200
	5.3	1700	3400
	5.4	1800	3600
Total		10000	20000

7/2/11

For: [Name] [Address] [City] [State] [Zip]