

**DIRECTORATE OF HEALTH SERVICES**

(Procurement Cell)

(MAHARASHTRA STATE)

**ArogyaBhavan, St.George's Hospital Compound, P.D'Mello Road,
Mumbai-400 001.**

Director(Personal)	<u>Tel.No.</u>	Website : http://maha-arogya.gov.in
Jt.Director(Procurement Cell)	22621006	Email : procurementcell@gmail.com
Dy.Director (Procurement Cell)	22626282	022-22651026 (Procurement Cell)
	22625799	022-22631831
		No. <u>54</u> / DHS/PC/E -82/C- 2/ Triple Layer Face Mask - Each /2016-17 / <u>15094570</u> Date :- <u>21/07/2017</u>

To,

M/s. Sara Healthcare Pvt. Ltd.

DSM 263, DLF Towers, Shivaji Marg, Moti Nagar,

Najafgarh Road, New Delhi - 110 015 (India)

Email - info@sarahealthcare.com

Sub.:- Supply of Triple Layer Face Mask - Each**Ref: - 1. Tender No. E -82/C- 2/ Triple Layer Face Mask - Each****2. Sanction of State Level Purchase Committee Meeting Dated. 04/07/2017**

With reference to the tender cited under reference no 1 your online bid has been accepted. Accordingly you are requested to supply the following goods as per details mentioned below to consignee list enclosed with this order.

Sr	Name of the item	Specification of item	Quantity	Unit Rate including all taxes	Total Amount Rs.
1	Triple Layer Face Mask - Each	Triple Layer Face Mask nose clip - Tie on Mask of Non-woven, Hypoallergic 3 Ply construction with filter in Between offering > 99 percent standard with 4 tie strings.	566400	0.99/-	5,60,736.00/-
(Rupees :- FIVE LAKHS SIXTY THOUSAND SEVEN HUNDRED THIRTY SIX ONLY)					

- 1 **Packing & Forwarding:** As Per Annexure C Of Tender Document enclosed herewith & Forwarding Free on Road Destination. i.e. door delivery basis
- 2 **Excise duty ::** Inclusive
- 3 **VAT & Octroi:** As per condition of E Tender. However octroi exemption certificate should be obtained from consignee if required
- 4 **Delivery Period:** 45 days from the date of receipt of order by the supplier to the consignee attached.
- 5 **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 Joint Director of Health Services (Procurement Cell) from the Supplier inclusive of recovery by Revenue recovery procedure.
- 6 **Payment Terms ::** 100 % Payment shall be paid on receipt & acceptance of stores in good conditions

by the consignee

- 7 **Labelling::** 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.
- 8 **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.
Note : If supplier found any problem to receive acceptance certificate, he should contact this office immediately on email id : procurementcell.receipt@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 alongwith invoice to Joint Director of Health Services (Procurement Cell), 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.
Invoice Copy - Should be sent in triplicate on the Name of **Joint Director of Health Services (Procurement Cell) M.S. Mumbai- 1.**
- 12 **Other Terms** :: As per Tender terms & conditions
- 13 **Performance Security & Contract Agreement** : Bidder should submit Security deposit within 7 days from date of receipt of order for an amount of 5% i.e. Rs. 28037.00/-of the contract value, valid up to 60 days after the date of completion of warranty obligations and enter into Contract Agreement on Rs 100/- non-judicial stamp paper. The Security Deposit should be in the form of Bank Guarantee in favour of the 'Joint Director of Health Services , Mumbai' payable at Mumbai from any Nationalized or scheduled bank (Annexure-8) of **tender document enclosed herewith.**
If Bidder fails to submit performance security & contract agreement within stipulated period order will stand cancelled & action against bidder will be taken as per rule.

14 The Bidder should submit demand draft within 7 days from date of receipt of order for an amount of 1.5% ie. Rs. 8412.00/-of order value to meet expenditure of sample testing fee and other incidental expenditure.

Consignee: As per list enclosed.

Mfg Licence No :EM No. 070071101497 Part II

Issue Date-05.08.2013

Location of Factory: M/s. Sara Healthcare Pvt. Ltd.

63/12,B-1 Rama Road Industrial Area,
Delhi-110015.



(Dr.B.D.Pawar)
Jt Director of Health Services
(P.cell), Mumbai

Copy to: 1) Civil Surgeon General Hospital (All)
2) District Health Officer, Zilla Parishad (All)

2/- : They should accept Drug as per order & entry of the stock is to be taken in stock register as well as in e-Aushadhi.

Copy Submitted to:

- 1) Commissioner Health Services & Director NHM, Mumbai.
- 2) Director of Health Services
- 3) Addl. Director (Health & Family Welfare /Mental Health)

Copy to:

- 1) Jt. Director of Health Services (All)
- 2) Deputy Director of Health Services (All Circles)
- 3) Pay & Account Office, Mumbai

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Annexure-C

SCHEDULE FOR PACKING OF DRUGS AND MEDICINES:

I. SCHEDULE FOR PACKAGING OF DRUGS AND MEDICINES GENERAL

SPECIFICATIONS : All drugs should be packed & Supplied in Prescribed packing only & As per standard guide lines 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 NOT FOR SALE**"inreadable purple or Green colour.
11. The product label on the cartoon should be large at least 15 cms x 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 Aluminium strip / Aluminium – P V C blister pack

Aluminium strips : Thickness of Aluminium 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

Aluminium 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 on secondary & Tertiary packing only.



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, ampoule, syrup)
4. Date of manufacture and expiry (month and year) (in clear language not code)
5. Expiration dt.(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 labelled in accordance with the requirement of the Drugs and Cosmetics Act, 1940 or relevant standards as applicable

Barcode Guidelines (As per Annexure C in Tender Document)

- 1) In light of registration with GSI India for barcoding, supplier should submit valid GCP (Global Company Prefix) to DHS which is issued by GSI India within 7 working days of receipt of order with supporting document. For registering with GSI India, please contact Mr. SubratoDey on 02228576516/7 (email- Subrato@gsiindia.org)
- 2) Master Data of all the products as per order needs to be submitted/ emailed to GSI India in the prescribed format (Annexure- A) within 15 days of receiving order. The Master Data needs to be sent to atri@gsiindia.org and abhijit@gsiindia.org
- 3) Master Data needs to be validated through GSI India within a week of its submission
- 4) 1 Tertiary label of each SKU and 2 secondary labels of any SKUs need to be sent to GSI India Delhi office within 15 days of validation of Master Data along with verification charges for barcode verification. Feedback will be provided by GSI India to supplier's maximum within 15 days to make necessary corrections as required. GSI India Delhi office address:

AbhijitPuradkar (DHS Verification)

**GSI India 330, 2nd Floor, 'C' Wing, August KrantiBhawan,
BhikajiCama Place New Delhi 110066, India**

- 5) The passed verification report for all the labels as mentioned above needs to be submitted to DHS before supply of medicines and consumables.

Note: In case of urgent supplies, contact GSI India with delivery dates after approval from DHS. The same will be prioritized as per requirement.

Cost of verification:

Description	Verification Charges
1 tertiary Label	INR 1124
1 secondary Label	INR 1124

- 6) 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....., 200... 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	TO	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.....200.....

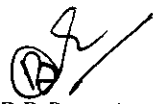
Signature and Seal of Guarantors

.....
.....
.....

Date.....200....

Address.....
.....

Triple Layer Face Mask				
M/s. Sara Healthcare				
PO Reference No. 54 / DHS/PC/ E -82/C- 2/ Triple Layer Face Mask - Each /2016-17 Date :- 21 / 07 / 2017		Name of Scheme		
		Delivery Period 45 days		
Sr No	Consignee	CS	DHO	Grand (CS + DHO) Total
		Name of Scheme	Name of Scheme	
		RCH	RCH	
1	Palghar	8000	30000	38000
2	Latur	0	92000	92000
3	Beed	3000	10000	13000
4	Osmanabad	3000	18000	21000
5	Nanded	3000	20000	23000
6	Akola	2000	10000	12000
7	Washim	3000	50000	53000
8	Amravati	16000	50000	66000
9	Yeotmal	19400	0	19400
10	Buldhana	3000	7000	10000
11	Nagpur	3000	100000	103000
12	Wardha	7000	9000	16000
13	Bhandara	6000	7000	13000
14	Gondia	8000	2000	10000
15	Chandrapur	25000	12000	37000
16	Gadchiroli	15000	25000	40000
Total		116400	412000	566400


 (Dr. B.D. Pawar)
 Jt Director of Health Services
 (P.cell) Mumbai.