



PUNJAB HEALTH SYSTEMS CORPORATION

State Institute of Health and Family Welfare Complex

Phase-VI, Near Civil Hospital, SAS Nagar (Mohali), PUNJAB

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Visit us at : punjabhealth.co.in : email : jdpphsc@gmail.com and Proc.phsc@gmail.com

No. PHSC /Proc/RC-C.Tr.Drugs/2017/325-29

Dated : 03.01.2017

**RATE CONTRACT. NO.CD-1 OF 2017 FOR SUPPLY OF CANCER TREATMENT DRUGS VALID FROM
03.01.2017 TO 02.01.2019**

To

**M/s Naprod Life Sciences Pvt. Ltd.
304, Town Centre, Andheri
Kurla Road, Andheri (E), Mumbai-400059f
Tel: 022-40939000, Fax 022-40939060
Email: gopa.gayakar@napprodgroup.com**

Subject:- Rate Contract for Cancer treatment drugs/supportive drugs : Bid Ref. No. PHSC/RC/Cancer Drugs/2016/12.

Sir,

This is in reference to the bid submitted by your company for Rate Contract of Cancer Treatment Drugs against Notice Inviting Rate Contract Tenders published by this office vide bid Ref. No. **PHSC/RC/Cancer Drugs/2016/12.**

You are hereby informed that your above referred bid has been accepted for the items specified below. The Rate Contract will be governed by the terms and conditions of the tender document. Please note that this Rate Contract is being finalized relying upon the documents submitted by your company establishing the eligibility as per tender conditions, however if at any stage it is observed that your company does not meet/fulfil the eligibility criteria or your company has submitted any false statement or fabricated documents, the Rate Contract will be liable for cancellation and further action will be initiated against your firm as per tender conditions. This Rate Contract will be governed by Terms and Conditions annexed and bid document. The Rate contract and the schedules annexed hereto shall be the sole repository of this Rate Contract/ transaction :-

Sr. No.	Name of Item	Unit pack Size	Drug Licence No.	Rate per unit in Rs. (Inclusive of VAT)	Remarks
1.	Epirubicin Inj 10mg	Vial	KD 141 and KV 161	110.25	
2.	Geftinib Tab 250mg	Strip of 10 tabs		182.75	
3.	Abiraterone 250mg	Bottle of 120 caps		11970.00	

A	Particulars of supplier agent/distributors	:	Pursuant to clause 15 of the General Terms and Conditions for the Rate Contract read with the proceedings of the pre-bid conference the goods may be supplied through below mentioned agent/ distributors of the principal manufacturer subject to the following terms and conditions:- M/s VLK Health Products SCO No. 4, Top Floor, Sector 41D Chandigarh -160036
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		<p>i) Principal manufacturer will be responsible for ensuring timely supplies.</p> <p>ii) Principal manufacturer will be responsible for acts of his authorized agent/distributors related to the Rate Contract.</p> <p>iii) Supplies executed through agent/ distributors will be deemed to be made directly by the manufacturer holding the Rate contract for those items.</p> <p>For supplies executed through authorized distributors/suppliers, no additional commission or handling charges or forwarding charges over and above the rates finalized and approved in Rate Contract will be paid. No change in agent/distributor will be allowed without prior approval of the Managing Director, PHSC.</p>
B	Mode of indenting and correspondence	<p>The indents will be placed through e-mail and followed by hard copies of the indents at following address:</p> <p>Agent/ Distributor :</p> <p>M/s VLK Health Products SCO No. 4, Top Floor, Sector 41D Chandigarh -160036</p> <p>And Principal Manufacturer :</p> <p>M/s Naprod Life Sciences Pvt. Ltd. 304, Town Centre, Andheri Kurla Road, Andheri (E), Mumbai-400059f Tel: 022-40939000, Fax 022-40939060 Email: gopa.gayakar@napprodgroup.com</p> <p>Note: If there is any variation in the address of principal manufacturer or agent/distributor than request for amendment / correction in address should be made in writing to the Joint Director (procurement), PHSC, SAS Nagar within seven days from the issue of this Rate Contract approval letter.</p> <p>All correspondence with PHSC H.Q in respect to the Rate Contract should be addressed to the following e mail: jdpphsc@gmail.com</p>

Rayan Sharma
Director (P)
PHSC, SAS Nagar

[Signature]

Copy to :-

1. **The Director Health Services, Punjab** for kind information.
2. **Programme Officer, Cancer Control Cell, Punjab O/o The Director Health and Family Welfare , Punjab** for information and necessary action.
3. **All the Civil Surgeons** in the State of Punjab for information.
4. **All the Deputy Medical Commissioners** in the State of Punjab for information.