



# PUNJAB HEALTH SYSTEMS CORPORATION

## State Institute of Health and Family Welfare Complex

Phase-VI, Near Civil Hospital, Sahibzada Ajit Slingh Nagar (Mohali), PUNJAB

Phone : 0172-2262938, 2263938, Tele-Fax : 0172 - 2266938

Visit us at : punjabhealth.co.in : Email: jdpphsc@gmail.com

No. PHSC/Proc./RC-EDL/2017/2332 - 2342

Dated : 27/4/17

### RATE CONTRACT OF 2017 FOR SUPPLY OF ESSENTIAL DRUGS VALID FOR TWO YEARS FROM DATE OF ISSUE

To

M/s Jackson Laboratories Pvt. Ltd.  
22-24, Majitha Road, Bye Pass, Amritsar  
Tel No. 0183-2422228/2423072  
Email : [info@jacksonlaboratories.com](mailto:info@jacksonlaboratories.com)

Subject : Bid Ref. No. - PHSC/RC/Medicines (Essential & Others)/2016/06 : Clause 4 of  
General Terms and Conditions for Running Rate Contract. Technical bids  
(Cover-A) opened on 08.11.2016, Price Bids (Cover-B) opened on  
22.02.2017(Package-I-Essential Drugs).

Sir,

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	Tender Item No.	Name of the Medicine/Item	Unit Pack Size	Drug Licence No.	Basic Rates per unit in Rs. exclusive of VAT	VAT (@ 5%)	Total Rate per unit in Rs. (including VAT) F.O.R destination
1.	4.	Inj. Atropine Sulphate 0.6 mg/ml	2 ml amp	1307-OSP and 1308 B	1.6500	0.0825	1.7325
2.	8.	Inj. Promethazine Hcl 25 mg/ml	2 ml amp		1.3800	0.0690	1.4490
3.	9.	Inj. Dicyclomine Hcl 10mg/ml	2 ml amp		1.3800	0.0690	1.4490
4.	10.	Inj. Oxytocin 5 IU/ml	1 ml amp.		1.9100	0.0955	2.0055
5.	12.	Inj. Diazepam 5 mg/ml	2 ml amp.		2.8600	0.1430	3.0030
6.	14.	Inj. Amoxicillin + Clavulinic Acid (1gm + 200 mg)	Vial		28.6200	1.4310	30.0510
7.	15.	Inj. Amikacin Sulphate 100 mg.	Vial		3.9500	0.1975	4.1475
8.	17.	Inj. Cefazadime 500mg	Vial		18.0200	0.9010	18.9210
9.	18.	Inj. Cefoparazone 1gm	Vial		15.9000	0.7950	16.6950
10.	19.	Inj. Ranitidine IP 25mg/ml	2ml amp		1.3800	0.0690	1.4490
11.	20.	Inj Frusemide IP 10mg/ml	2ml amp		1.3800	0.0690	1.4490

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12.	21.	Inj. Tramadol 50mg / ml	2 ml Amp	1.4900	0.0745	1.5645
13.	23.	Inj. Ondansetron USP 2 mg/ml	2ml amp	1.3800	0.0690	1.4490
14.	53.	Tab. Frusemide 40 mg	10 X 10 strip	18.0200	0.9010	18.9210
15.	71.	Tab. Pantaprazole 40 mg	10 X 10 Strip	37.1000	1.8550	38.9550
16.	73.	Tab. Methyldopa IP eq. to Methyldopa anhydrous 250 mg	10 X 10 strip	190.8000	9.5400	200.3400
17.	85.	Tab. Acyclovir IP 200 mg	10 X 10 strip	74.2000	3.7100	77.9100
18.	109.	Inj. Neostigmine 0.5mg/ml	Amp	2.8600	0.1430	3.0030

A.	<b>Particulars of supplier agent/distributors</b>	: N.A. (Supply to be made directly by the Manufacturer).  The Rate Contract holder is principal manufacturer and is at full liberty to supply the material directly irrespective of appointment of agent/ distributor. However if the manufacturer wants to change the agent/ distributor, the manufacturer may do so upon written request to Managing Director, PHSC and after seeking approval from the Managing Director, PHSC.
B.	<b>Mode of placement of orders and correspondence</b>	: The Orders will be placed through e-mail and followed by hard copies at following address :-  <b>M/s Jackson Laboratories Pvt. Ltd.</b> <b>22-24, Majitha Road, Bye Pass, Amritsar</b> <b>0183-2422228/2423072</b> <b>Email : <a href="mailto:info@jacksonlaboratories.com">info@jacksonlaboratories.com</a></b>  <b>Note:</b> 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 Director (procurement), PHSC, SAS Nagar within seven days from the issue of this Rate Contract approval letter. All correspondence with PHSC H.Q in respect to the Rate Contract should be addressed to the following email: <a href="mailto:jdpphsc@gmail.com">jdpphsc@gmail.com</a> .

*Rajen Sharma*  
Director (P)  
PHSC, SAS Nagar

Copy forwarded to :

1. **The Mission Director**, National Health Mission (NHM) Punjab, Prayas Building, Sector-38, Chandigarh for kind information.
2. **The Director Health Services**, Punjab for kind information.
3. **The Director Family Welfare**, Punjab for kind information.
4. **The Director Health (SI)**, Punjab for kind information.
5. **The Director (P&F)**, PHSC, SAS Nagar.
6. **All the Civil Surgeons** in the State of Punjab with request to circulate the copy to all the SMO's of PHSC Hospitals in their district.
7. **The Medical Superintendent**, CH-Jalandhar/MKH Patiala for information.
8. **All the Deputy Medical Commissioners** in the State of Punjab for information.
9. The Warehouse I/c Regional Warehouse of PHSC, Kharar (SAS Nagar), Bathinda and Verka (Amritsar) for information and necessary action.
10. The In-Charge, IT Cell, PHSC, Sahibzada Ajit Singh Nagar, Mohali for information and necessary action.