



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/2017/2387-97

Dated : 25/4/17

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

To

M/s Unicure India Ltd.

C-21, 22 & 23, Sector-3

Noida-201301, Distt. Gautam Budh Nagar (UP)

Ph. 0120-4786786, 4786701-711 Fax. 0120-4320184

Email : unicure@institution@gmail.com , unicure@airtelmail.in

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.	41.	Tab. Phenytoin Sodium 100 mg	10 X 10 Strip	3 of 1984 and 3/SC/p of 1984	18.9400	0.9470	19.8870
2.	51.	Tab.Etophyline & Theophyline 77 mg + 23 mg	10 X10 strip		18.9800	0.9490	19.9290
3.	52.	Tab. Furazolidone IP 100 mg	10 X 10 strip		27.2700	1.3635	28.6335
4.	55.	Tab.Doxylamine succinate 10 mg + Pyridoxione Hcl 10 mg	10 X 10 strip		24.2400	1.2120	25.4520
5.	56.	Tab.Diazepam 5 mg	10 X 10 strip		24.9900	1.2495	26.2395
6.	57.	Tab. Diclofenac Sodium 50 mg	10 X 10 strip		11.4900	0.5745	12.0645
7.	69.	Tab.Losartan 50mg	10 X 10 Strip		29.2900	1.4645	30.7545
8.	70.	Tab. Acctyl Salicyclic Acid 75 mg	10 X 10 Strip		19.9900	0.9995	20.9895

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	72.	Tab Zinc Sulphate Dispersible 20mg	10 X 10 strip	13.1300	0.6565	13.7865
10.	78.	Tab. Risperidone 2 mg	10 X 10 strip	24.9900	1.2495	26.2395
11.	80.	Tab. Olanzapine 5 mg	10 X 10 strip	22.9900	1.1495	24.1395
12.	90.	Oint. Betamethasone with Salsylic Acid (Each gram to contain Betamethasone Dipropionate 0.64 mg, Salsylic acid 30 mg)	20 gm tube	8.8800	0.4440	9.3240
13.	101.	Ampicillin Oral Suspension 125 mg/5 ml	60 ml bottle	8.7900	0.4395	9.2295

A.	Particulars of supplier agent/distributors	: 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.	Mode of placement of orders and correspondence	: The Orders will be placed through e-mail and followed by hard copies at following address :- M/s Unicure India Ltd. C-21, 22 & 23, Sector-3 Noida-201301, Distt. Gautam Budh Nagar (UP) Ph. 0120-4786786, 4786701-711 Fax. 4320184 Email : unicure@institution@gmail.com, unicure@airtelmail.in 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 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: jdpphsc@gmail.com .

Rayn 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.