

## PUNJAB HEALTH SYSTEMS CORPORATION

E-Block, 2<sup>nd</sup> Floor,

Punjab School Education Board Complex

Phase-VIII (Sector-62), Sahibzada Ajit Singh Nagar (Mohali), PUNJAB

Visit us at:www.punjabhealth.co.in :

email :procmedicinephsc@gmail.com, proc.directorphsc@gmail.com, managerprocphsc@gmail.com

No. PHSC/Proc./RC-EDL/2022/3788-3801

Date:- 30/12/2022

no.

RATE CONTRACT FOR SUPPLY OF ESSENTIAL DRUGS VALID FOR TWO YEARS FROM THE ISSUE OF LETTER

То

M/s Agron Remedies Pvt. Ltd., Sarverkhera, Moradabad Road, Kashipur-244713 Email:- agronremdies @gmail.com Mobile:-9359845280

reference bid e-tender/PHSC/Proc/RC/Medicines/2022/26- EDL-Package-I- Clause 4 of General Terms and against Subject: Conditions for Running Rate Contract.

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 tencer conditions, however if at any stage it is observed that your company does not meet/fulfill 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 Pate Contract/ transaction:-

|            |              | Name of the   | Unit Pack     | Drug                 | Rate                 | GST   | Rate with | C                 | apacity to supp   | ы                 |
|------------|--------------|---|---------------|----------------------|----------------------|-------|-----------|-------------------|-------------------|-------------------|
| Sr.<br>No. | ltem<br>Code | Name of the<br>Medicine/ Item   | Size          | License No.          | Without<br>Tax (INR) | (INR) | Tax (INR) | Within 30<br>Days | Within 45<br>days | Within 60<br>days |
|            |              |   |               | No. 25 on            | 1.08                 | .13   | 1.21      | 5000000           | 7000000           | 100000000         |
| 1.         | EDL-1        | Tab. Albendazole 400  | pack of 1 tab | form 25 and          |                      |       | 32.48     | 50000000          | 70000000          | 100000000         |
| 2.         | EDL-5        | mg<br>Tab. Etophyline &<br>Theophyline 77 mg +                              | 10 X10 strip  | 2/SC/P on<br>form 28 | 29.00                | 3.48  | 32.48     | 5000000           |                   | 00000300          |
| 3.         | EDL-17       | 23 mg<br>Tab. Ketorolac   | 10 X 10 strip |                      | 34.00                | 4.08  | 38.08     | 30000000          | 50000000          | 80000000          |
|            |              | Tromethamine 10 mg<br>IP  | 10 X 10 strip | -                    | 15.50                | 1.86  | 17.36     | 20000000          | 30000000          | 40000000          |
| 4.         | EDL-20       | Tab. Trihexiphenidyl 2<br>mg  |               |                      | 77.00                | 9.24  | 86.24     | 2000000           | 30000000          | 40000000          |
| 5.         | EDL-22       | Tab. Cotrimoxazole S.S.<br>(Trimethoprim 80mg +<br>Sulphamethoxazole        |               |                      |                      |       |           |                   |                   |                   |
| 6.         | EDL-26       | 400mg)<br>Tab. Propanolol XL  | 10 X 10 Strip | s                    | 35.75                | 4.29  | 40.04     | 3000000           | 5000000           | 60000000          |
|            |              | 40mg<br>Cough Syrup : Each 5  | 60 ml Bottle  | d.                   | 7.00                 | .84   | 7.84      | 1500000           | 2000000           | 2500000           |
| 7.         | EDL-37       | ml to contain<br>Disxtromet∵phan<br>HcL/Hbr 10 mg,<br>Phenylephrine 5 mg ar | 3             |                      |                      |       |           |                   |                   |                   |
|            | EDL-42       | CPM 2mg   | 2 ml amp      |                      | 1.70                 | .2    | 0 1.90    | 1000000           | 1200000           | 1400000           |
| 8.         |              | 10mg/ml   | Vial/ Amp     |                      | 3.50                 | .4    | 2 3.92    | 1500000           | 2000000           | 2500000           |
| 9.         | EDL-57       | (Methylcobalamin<br>1500mcg + Pyridoxine<br>100mg + Nicotinamide<br>100 mg) | 3             |                      |                      |       |           |                   |                   |                   |

|        |  | 10 X 10   |   | 41.00  | 4.92                            | 45.92                            | 20000000                                  | 3000000   | 4000000                            |
|--------|--|---|---|--|---------------------------------|----------------------------------|---|---|------------------------------------|
| EDL-58 | Mefenic Acid 250 mg  | Strip   |   |  | 20                              | 1.85                             | 10000000                                  | 1000000   | 2000000                            |
| EDL-69 | Tab.<br>Inj. Theophylline and<br>Etofylline (50.6mg +<br>169.4 mg) | 2ml amp   |   | 1.65   | 20                              | 1.05                             |   |   |                                    |
| Α.     | Particulars of su<br>agent/distributors                            | M/s Batra Pharmaceutical Distributors<br>SCO : 360, 2 <sup>nd</sup> Floor, Sector-32D, Chandigarh<br>Email : <i>batra_chd@yahoo.co.in</i> |   |  |                                 |                                  |   |   |                                    |
|        |  |   | The Rate Contract holder is principal manufacturer and is at full liberty<br>to supply the material directly irrespective of appointment of agent<br>distributor. However if the manufacturer wants to change the agent<br>distributor, the manufacturer may do so upon written request to<br>Managing Director, PHSC and after seeking approval from the<br>Managing Director, PHSC. |  |                                 |                                  |   |   |                                    |
| В.     | Mode of placeme<br>orders<br>correspondence                        | and   | https://eaus<br>M/s<br>Sarv<br>Kas<br>Ema<br>Mob<br>Note: If the<br>or agent/dis<br>should be<br>Nagar withis<br>letter. All of<br>Contract sh<br>procmedicin<br>proc.director  | The Orders will be placed through online provide https://eaushadhipb.in or e-mail :-<br>M/s Agron Remedies Pvt. Ltd.,<br>Sarverkhera, Moradabad Road,<br>Kashipur-244713<br>Email:- agronremdies @gmail.com<br>Mobile:-9359345280<br>Note: If there is any variation in the address of principal manufactured<br>or agent/distributor than request for amendment/correction in address<br>should be made in writing to the Director (procurement), PHSC, SAS<br>Nagar within seven days from the issue of this Rate Contract approva<br>letter. All correspondence with PHSC H.Q in respect to the Rate<br>Contract should be addressed to the following email:-<br>procmedicinephsc@gmail.com,<br>proc.directorphsc@gmail.com |                                 |                                  |   |   |                                    |
| C.     | Others   | :   | Terms & Co  |  |                                 |                                  |   |   |                                    |
| D.     | Note   |   | as per the sought fro conditions.   | e terms and<br>om other k<br>The order   | t condit<br>bidders<br>s will b | ions of t<br>for mat<br>e placed | the tender,<br>tching L1 i<br>Laccordingl | EL1 bidder.<br>consents a<br>rates as pe<br>y with L1 bi<br>ons of the Cc | are being<br>er tender<br>dder and |

## Copy forwarded to :-

1) **The Mission Director,** National Health Mission (NHM) Punjab, Prayas Building, Sector-38, Chandigarh for kind information.

Director (P) PHSC, SAS Nagar

- 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 (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 System Analyst, PHSC for uploading the RC on the website of PHSC.
- 11) The Programme Officer, MHC O/o DHS, Punjab
- 12) The In-Charge, IT Cell, PHSC, Sahibzada Ajit Singh Nagar, Mohali for information and necessary action.
- 13) The Accounts Branch, PHSC for information and necessary action.