

# PUNJAB HEALTH SYSTEMS CORPORATION

### E-Block, 2nd Floor, Phase-8, (Sector 62) Punjab School Education Board Complex Sahibzada Ajit Singh Nagar (Mohali), PUNJAB Phone : 0172-2232243, 2232245 & 2232247 Visit us at : punjabhealth.co.in, Email : proc.phsc2@gmail.com

## RATE CONTRACT FOR SUPPLY OF HEMOPHILIA FACTORS VALID FOR ONE YEAR FROM DATE OF ISSUE

#### No. PHSC/Proc/2023/6042-44

#### Dated : 18.09.2023

То

M/s Intas Pharmaceuticals Limited, Near Sola Bridge, S.G. Highway, Thaltej, Ahmedabad.

## Subject: <u>Bid Reference No. e-Tender/PHSC/Proc/2023/65 :- Clause 49 of General Terms &</u> <u>Conditions for Running Rate Contract.</u>

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/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 and bid document.

Sr. No	Name of the Medicine/Item	Unit Pack Size	Rates Without Tax per vial (INR)	GST (INR)	Rate with Tax per vial (INR)
1	Factor IX 600 IU (Plasma) (Trade Name : FACTOCELIX)	Vial of 600 IU	4980.00	249.00	5229.00

The above Rate Contract is issued to your company as L-1 bidder. However, order will be placed to L-1 bidder & L-1 rate matched bidders as per tender conditions.

#### Terms & Conditions :-

1.	Performance Security	:	EMD deposited by your company for the concerned item against this Rate Contract Tender has been converted into Performance Security. This Security will be kept till the Rate Contract Period as security amount for performance of contract.
2	Delivery Conditions	:	Please refer no Clause No 22 of tender document.
3.	Delivery Period	;	Within 60 days from the issue of orders by the DDO.

4.	Penalties late supplyfor :If the successful bidder fails to execute the supply order within the stipu period penalty of 0.25 % per day of the value of the order not supplied w levied. For details, please refer to the tender clause no. 23 of the Ge Conditions of the tender.			
5. Cancellation : of Contract		:	period the contract will be liable for cancellation irrespective of imposition penalties as per tender conditions.	
6.	Packing	:	The packing of the material should be strictly as per packing specified in tender documents.	
7.	Mode of placement of orders and corresponden ce	:	<ul> <li>The Orders will be placed through e-mail and followed by hard copies at following address :-</li> <li>M/s Intas Pharmaceuticals Limited, Near Sola Bridge, S.G. Highway, Thaltej, Ahmedabad.</li> <li>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, Sahibzada Alit Singh Nagar (Mohali) within seven days from the issue of this Rate Contract approval letter.</li> <li>All correspondence with PHSC H.Q in respect to the Rate Contract should be addressed to the e mail: proc.phsc2@gmail.com</li> </ul>	
8.	Inspection Authority	:	As per clause 39 of Terms and Conditions for Rate Contract Tender.	
9.	Life Period	:	Drug supplied shall have minimum 50% shelf life at the time of delivery and if any quantity is left un-consumed the supplier shall replace such un-consumed quantity at the time of expiry with fresh supplies free of cost.	
10.	Others	:	This Rate Contract will be governed by the terms and conditions of the tender document read with pre-bid proceedings.	
11.	General	:	Tender Document will be the integral part of this Rate Contract and conditions of tender document will prevail.	

Director (Proc), PHSC, SAS Nagar Ð

### Copy to:-

- State Nodal Officer, State Blood Cell NHM for information please.
   State Blood Cell Co-ordinator, State Blood Cell NHM for information please.