

15. Recovery Clauses and the Set-off Clause:

In the event of any loss of Government papers and materials or damage thereto (for whatever cause) happening in misuse thereof while in the possession or control of the printer, his servants, workmen or agents and/or failure to return the papers or other material rendered surplus either on termination of contract or on reduction in the quantity of the order within the aforesaid time, the printer shall pay the costs, thereof (to be determined by the DGHS, Ministry of Health and Family Welfare, GOI whose decision shall be final and binding) on demand by the DGHS, Ministry of Health and Family Welfare, GOI within the specified time or whenever any claim for payments of any sum of money arises out of or under this contract. It shall be lawful for Ministry of Health and Family Welfare GOI to recover on behalf of DGHS, Ministry of Health and Family Welfare, GOI such sum or sums then due or which, at any time thereafter, may become due from the printer.

17. After the work has been completed, the bill for the work in triplicate prepared on the basis of the accepted rates should be submitted to CTD for payment together with receipted delivery vouchers for the supplies made.

Signature of the Printer along with
Name, address, telephone No. and Fax No.
E-mail address, date and stamp of the firm.
Registration No.

Signature of the Accepting Officer
With date and stamp
(Ministry of Health and Family Welfare)

DETAILS W.R.T. PENALTY TOBE IMPOSED FOR DELAY IN WORK**PENALTY CLAUSE****Printing of “TB India 2016; Poster of TB India 2016 and E-Book of TB India 2016”**

PERIOD OF DELAY	PENALTY
For 1 day	2% of the contract amount of the bill.
For 2 day	4% of the contract amount of the bill.
For 3 day	6% of the contract amount of the bill.
For 4 day	8% of the contract amount of the bill.
For 5 day	10% of the contract amount of the bill.
For 6 day	12% of the contract amount of the bill.
For 7 day	14% of the contract amount of the bill.
For 8 day	16% of the contract amount of the bill.
For 9 day	18% of the contract amount of the bill.
For 10 day	20% of the contract amount of the bill.
More than 10 days	Contract will be cancelled unilaterally and necessary action will be initiated.

Signature of the Printer along with
Name, address, telephone No. Fax No.
e-mail address, date and stamp of the firm.
Registration No:

Signature of the Accepting Officer
With date and stamp
(Ministry of Health and Family Welfare)