

GOVT MEDICAL COLLEGE & HOSPITAL, SECTOR -32, CHANDIGARH
PHARMACY DEPARTMENT

Public Notice for registration of manufacturing firms

The hospital is interested in registration of manufacturing firms for the supply of Drugs/Dressing material for period of two years. The firms interested to be registered on the list of approved Drugs/Dressing material of Govt. Medical College & Hospital, Sector -32, Chandigarh should apply to the undersigned.

The prescribed format/details/Instruction for filling up the form can be obtained from the following official website of GMCH-32, Chandigarh.

1. www.gmch.gov.in or from office of Pharmacy Department on any working days.

The firms already supplying Drugs/Dressing materials to the GMCH-32, Chandigarh and are on approved list also need to apply afresh for the renewal of their approval.

Medical Superintendent,
for Director Principal,
Govt. Medical College & Hospital,
Sector -32, Chandigarh

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Form for registration of firms supplying Drugs and Dressing Material.

NOTE:A) Please read the instructions carefully before filling the form.

B) No application shall be entertained after the closing date.

C) No application shall be processed without the requisite fee.

1. Name of Firm: _____
2. Official Address: _____
3. Correspondence Address : _____

4. Name of sister concern(s) if any alongwith the address : _____

5. Name of CEO/M.D alongwith Phone No. & email: _____

6. Organization of firm:-
[Attach on Organization Chart giving names of the department i.e. Production, Quality Control, Stores, Inventory Control, Planning and Development, Engineering etc. including whether it is a small/medium scale industry of Indian or multination original with proof and Company's brochure/product list.
7. Number of years of standing of the firm in the drug manufacturing sector
(Required- minimum 3 years) Date of inception _____
8. Annual Turnover for last three years (Required- minimum 1 crore for each year).
 - a) 1st preceding year _____
 - b) 2nd preceding year _____
 - c) 3rd preceding year _____(Attach Balance sheet for each year duly signed by the Chartered Accountant.
9. Company's list of drugs/product formulations alongwith complete specifications, packing and other relevant details.(Attach Details).
10. Details of the Drug Manufacturing License.
 - a) Name of the issuing authority _____
 - b) Date of enforcement of license _____
 - c) Date of validity of license _____

11. Details of Good Manufacturing Practice (GMP) certificate under revised Schedule-M of the Drug and Cosmetic Act 1940.
- a) Name of the issuing Authority _____
- b) Date of enforcement of license _____
- c) Date of validity of license _____
12. Details of the Quality Assurance Certificate (WHO-GMP, ISO –etc)
- a) Name of the issuing Authority _____
- b) Date of enforcement of license _____
- c) Date of validity of license _____
13. List of Govt/Autonomous/Private Hospitals (Required –minimum 100 bedded) to which the firm has supplied/supplying the Drug/Drugs. (Attach Details)
14. Any other information _____
15. Registration fee (non refundable) details :
- Amount Rs. 5,000/- DD Drawn at _____ No. _____
- Dated _____ in favour of Director Principal, Govt. Medical College and Hospital, Sector-32, Chandigarh.

UNDERTAKING

I (name) _____ on behalf of the above said firm, being a authorized signatory (Designation) _____ of the firm undertake that an Analytical report from the Govt batch of each drug supplied will be provided along with the supply of Drugs & Dressing Materials. The firm shall be liable to pay damages arising out of use of Drug supplied if declared substandard misbranded, spurious or inferior quality by Govt Analytical Laboratory. The firm shall abide by the rules and regulations of the supply including the penalty if any. The firm shall comply with the terms and conditions of the supply as per the supply order. The above mentioned information is true to the best of my knowledge and nothing has be concealed thereof.

Date:

Signature
Name & Designation.

FORMAT OF AFFIDAVIT TO BE SUBMITTED ALONG WITH APPLICATION ON A STAMP PAPER DULY ATTESTED BY THE AN OFFICER NOT LESS THAN THE RANK OF EXECUTIVE MAGISTRATE.

I (name) _____ on behalf of the _____
_____ firm, being a authorized signatory
(Designation) _____ of the firm do hereby affirm and
declare as under:

1. No mishap has been reported in last three years by the user hospitals for any of the Drug Manufactured or supplied by the above said firm.
2. None of the drugs manufactured or supplied by the above said firm has ever been declared substandard, misbranded, spurious or of inferior quality by Drug controlling authorities of India in last three years.
3. The firm has never been convicted for illegal practices or manufacturing lapses by any court of law in last three years.
4. The firm has not been debarred and or blacklisted by any Govt. procurement agency in last three years.

DEPONENT

Verified that the above contents of this Affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

DEPONENT

Check list of enclosures:

Sr. No	Particulars	Yes	No
1.	Organization Chart		
2	Annual turn over of last three years		
3	Balance sheet to be signed by Chartered Accountant		
4	Drug Manufacturing License		
5	Good Manufacturing Practice as per revised Schedule M /Schedule M		
6	Quality Assurance Certificate /private Hospitals (atleast 100 bedded)		
7	List of Govt/Autonomous/Private hospitals (atleast 100 bedded) to which the firm has supplied/supplying the Drug/Drugs.		
8	Affidavit		
9	Number of years of standing of the firm in the drug manufacturing sector(Required- minimum 3 years)		
10	Company's list of drugs		
11	Non-refundable application fee in the form of D.D		

**INSTRUCTION FOR FILLING UP THE FORM & MINIMAL ESSENTIAL REQUIREMENT
FOR REGISTRATION OF THE FIRMS**

Applications are hereby invited for the registrations of the firms for procuring the Drugs & Dressing Material in GMCH-32, Chandigarh. Please read instructions carefully before filling the form. Forms incomplete or not legible or not complying the format of the application form and form at of affidavit are likely to be rejected without any further correspondence. Forms not accompanied by non-refundable fee in the form of Demand Draft of Rs. 5,000/- in favour of Director Principal, Government Medical College Hospital, Sector 32-C, Chandigarh shall be rejected without any correspondence.

Firms should fulfill the following minimum criteria duly substantiated by documentary proof of their claim:

Sr. No.	Criteria	Minimum requirement
1.	Number of years of standing of the firm in the drug manufacturing sector	Three years
2.	Annual Turnover for last three years	One crore /year in last three year
3.	List of Govt./Autonomous/private hospitals to which the firm has supplied/supplying the Drug/Drug material.	At least one Hundred bedded Hospital/Hospitals
4.	Drug Manufacturing License	Valid till closing date of application
5.	Good manufacturing Practice (GMP) certificate under revised Schedule-M/Schedule M of the Drug and Cosmetic Act 1940	Valid till closing date of application
6.	Quality Assurance Certificate (WHO-GMP, ISO-etc)	Valid till closing date of application.