

Check list of enclosures:

Sr. No	Particulars	Yes	No
1.	Annual turnover or balance sheet duly signed by Chartered Accountant for last three years (Required- minimum 1 crore for each year).		
2.	Valid Drug Manufacturing License		
3.	Valid Good Manufacturing Practice as per revised Schedule M /Schedule M / WHO GMP		
4.	Quality Assurance Certificate (if GMP not applicable)		
5.	Affidavit in prescribed proforma of non-blacklisting /debar(Annexure –I)		
6.	Authorization certificate(By Principal Manufacturer)		
7.	List of drugs issued by Principal Manufacturer		
8.	Non-refundable registration fee in the form of D.D/Banker’s Cheque amounting of Rs. 5,000/-,exempted for MSME		

**INSTRUCTIONS FOR FILLING UP THE FORM & MINIMAL ESSENTIAL
REQUIREMENTS 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 with the format of the application form and form 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 except in case of MSME.

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

Sr. No	Criteria	Minimum requirement
1.	Annual turnover or balance sheet duly signed by Chartered Accountant	One crore for each year for last three years
2.	Drug Manufacturing License	Valid license should be attached
3.	Good Manufacturing Practice as per revised Schedule M /Schedule M / WHO GMP	Valid GMP should be attached
4.	Quality Assurance Certificate (if GMP not applicable)	Attached, if applicable
5.	Affidavit in prescribed proforma of non-blacklisting /debar(Annexure –I)	Attach
6.	Authorization certificate(By Principal Manufacturer)	For dealer only
7	List of drugs	To be issued by Principal Manufacturer
8.	Non-refundable registration fee in the form of D.D/Banker's Cheque	Rs. 5,000/-,exempted for MSME

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

Form for registration of firms supplying Drugs and Dressing Material

NOTE: No application shall be processed without the requisite fees except for MSME

1. Name of Firm(Manufacturer/ Authorized dealer): _____

2. Official Address: _____
Email _____ Ph No: _____
3. Correspondence Address : _____

Email _____ Ph No: _____
Name of sister concern(s) if any alongwith the address: _____

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

5. 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 _____

OR

Attach Balance Sheet for last three years duly signed by the Chartered Accountant (Required- minimum 1 crore for each year).

6. Company's list of drugs/product formulations alongwith complete specifications, packing and other relevant details.(Attach Details).
7. Details of the Drug Manufacturing License.
 - a) Name of the issuing authority _____
 - b) Date of enforcement of license _____
 - c) Date of validity of license _____

8. Details of Good Manufacturing Practice (GMP) certificate under revised Schedule- M / WHO-GMP 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 _____

OR

Details of the Quality Assurance Certificate (if GMP not applicable)

a) Name of the issuing Authority _____

b) Date of enforcement of license _____

c) Date of validity of license _____

9. 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.
- Exemption for MSME.

10. PAN of the firm (attach copy) _____

11. GST No. of the firm (attach copy) _____

12. Bank details of the firm (attach copy) _____

The firm undertakes that an Analytical report of each drug supplied will be provided at the time of supply & the firm will abide by the general terms and conditions of the supply order.

Date:

Signature
Name & Designation
Stamp

Annexure-I

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

I (name) _____ on behalf of the _____
_____ firm, being an 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, and 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