

**FORM OR CERTIFICATE OF SALES TAX VERIFICATION TO BE PRODUCED
BY AN APPLICANT FROM THE CONTRACT OR OTHER PATRONAGE AT THE
DISPOSAL OF THE GOVERNMENT.**

(To be filled up by the applicant)

01. Name or style in which the applicant :
is assessed or assessable to Sales Tax
Addresses or assessment.

02. a. Name and address of all companies, :
firms or associations or persons in
which the applicant is interested in
his individual or fiduciary capacity.

b. Places of business of the applicant :
(All places of business should be
mentioned).

03. The Districts, taluks and divisions in :
which the applicant is assessed to
Sales Tax (All the places of business
should be furnished).

04. a. Total contract amount or value of :
patronage received in the preceding
three years.

Sl. No.	Financial Year	Turn over
1.	2008 - 2009	
2.	2009 - 2010	
3.	2010 - 2011	

b. Particulars of Sales - Tax for the preceding three years.

Year	Total T.O. be assessed Rs.	Total Tax assessed Rs.	Total Tax paid Rs.	Balance due Rs.	Reasons for balance Rs.
2008-2009					
2009-2010					
2010-2011					

c. If there has been no assessment in :
any year, whether returns were
submitted any, if there were, the
division in which the returns were sent

d. Whether any penal action or :
proceeding for the recovery of Sales
Tax is pending.

e. The name and address of Branches :
if any:

I declare that the above information is correct and complete to the best of my knowledge and belief.

Signature of applicant:

Address:

Date:

(To be filled up by the Assessing authority)

In my opinion, the applicant mentioned above has been/ has not been/ doing everything possible to pay the tax demands promptly and regularly and to facilitate the completion of pending proceedings.

Date Seal : Deputy / Asst. Commercial Tax - Officer
Deputy Asst.

NOTE: A separate certificate should be obtained in respect of each of the place of business of the applicant from the Deputy Commercial Tax Officer or Assistant Commercial Tax Officer having jurisdiction over that place.

DECLARATION

I do hereby declare that I will supply the Drugs and Medicines as per the designs given in enclosures to this Annexure and as per the instructions given in this regard.

Signature of the Tenderer

Name in capital letters with Designation

Attested by Notary Public.

**ENCLOSURE-I TO ANNEXURE-II REFER CLAUSE NO.4.1(n)
DESIGN FOR**



PARACETAMOL 500 mg	PARACETAMOL 500 mg
M.P. Govt., Supply NOT FOR SALE	MP G
PARACETAMOL 500 mg	MP G
M.P. Govt., Supply NOT FOR SALE	PARACETAMOL 500 mg

**REAR SIDE
MANUFACTURED BY**

MFC. LICENCE NO
BATCH NO
DATE OF MANUFACTURE
DATE OF EXPIRY

SCHEDULE

NOTE :
BRAND NAME OF THE DRUG
SHOULD NOT BE
PRINTED ANY WHERE

DESIGNS FOR LOGORAMS

INJECTIONS

Injection in ampoule form should be supplied in Double constructed neck ampoules with the label bearing the words "MP Govt. supply - Not for sale" overprinted and the following logogram which will distinguish from the normal trade packing.



The vials should be supplied with aluminum seals containing the following logogram.



LIQUIDS

Liquid preparations should be in glass bottles with pilfer-proof caps bearing the following logograms:



The top of the cap and the label to be affixed on the containers should bear a distinct colour different from the colour of the label of the trade packs and they should be overprinted in red colour with the words “MP Govt. supply - Not for sale” and the logogram above.



OINTMENTS

Ointments should be supplied in tubes bearing the following logograms and the words “MP Govt. supply - Not for sale” overprinted in red colour.



SPECIMEN LABEL FOR OUTER CARTON

**SHALL BE OF DIFFERENT COLOURS FOR DIFFERENT CLASS OF
DRUGS**

**MADHYA PRADESH GOVT. SUPPLY
NOT FOR SALE**

~~~~~  
**(Name of Drugs etc.)**  
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CONSTITUENTS OF.....

**Name of the Drug, Manufactured by, Batchno
Mfg.Date, Exp. Date, Quantity/Kit**

Net. Weight :Kg

Manufactured by/Assembled by

DECLARATION

I/We M/s._____ represented by its Proprietor / Managing Partner / Managing Director having its Registered Office at _____ and its Factory Premises at _____ do declare that I/We have carefully read all the conditions of tender in Ref.No. 001/GOMP/DRUG/2012, Dt.22.06.2012 for supply of Drugs and Medicines to various Government Hospitals of Government of Madhya Pradesh for a period of one year from the date of acceptance of tender and accepts all conditions of the Tender.

I/We declare that we possess the valid licence and GMP Certificate as per revised Schedule-'M' issued by the Competent Authority and complies and continue to comply with the conditions laid in Schedule M of Drugs & Cosmetics Act, 1940 and the Rules made thereunder. I/We furnish the particulars in this regard in enclosure to this declaration.

I am/we are aware of the Tender Inviting Authority's right to forfeit the Earnest Money Deposit and/or Security Deposit and blacklisting me/us for a period of 5 years if, any information furnished by us proved to be false at the time of inspection and not complying the conditions as per Schedule M of the said Act for a period of 5 years.

Signature :

Seal

Name & Address :

To be attested by the Notary.

Enclosure to Annexure – III Clause 4(1) (j)

DECLARATION FOR COMPLIANCE OF cG.M.P

01. Name and Address of The Firm :
02. Name of Proprietor / Partner / Director :
03. Name and Designation of Person Present :
04. GMP Certificate **As per Revised Schedule “M”**
05. Details of Licenses Held With Validity :
06. Number of Workers Employed : Ladies :
Gents :
07. Whether Workers Provided with Uniform : Yes / No
08. Whether Medical Examination done
for the Workers : Yes / No
09. **Hygienic Condition**
- (I) Surrounding : Satisfactory / Not Satisfactory
- (II) Production Areas : Satisfactory / Not Satisfactory
- (III) Other Areas : Satisfactory / Not Satisfactory
10. Provision For Disposal of Waste : Yes / No
11. Heating System : Yes / No
12. Whether Benches Provided in all
Working Area : Yes / No
13. **Water Supply**
- (A) Source :

(B) Storage Condition : Satisfactory / Not Satisfactory

(C) Testing
(With reference to Pathogenic Organization) : Yes / No

(D) Cleaning Schedule In Water Supply
System With Proper Records : Yes / No

(E) Type of Machinery installed as to Semiautomatic
or Fully Automatic plant for water purification system
along with cost and whether this is working, and if so
he flow rate of Pharmaceutical water to must the
requires preparation :

14. **Air handling system along with list of machine
and cost of the unit. Separately for sterile and
non sterile preparation :**

15. Whether the pollution control clearance is valid for
Air and Water and if so the period upto which valid
(copy of the certificate to be enclosed) :

16. Raw Material Storage Area
(Storage Facilities / Hygienic Condition) :

(I) Quarantine : Provided / Not Provided

(II) Passed Materials : Provided / Not Provided

(III) Rejected Materials : Provided / Not Provided

17. Finished Product Storage Area
(Hygienic / Storage) :

(I) Quarantine : Provided / Not Provided

(II) Released Material : Provided / Not Provided

18. Details of Technical Staff

<u>Name</u>	<u>Qualification</u>	<u>Experience</u>
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For Manufacturing :

For Testing :

19. Testing Facilities (List of Equipments to be furnished Separately in the format to meet the bench mark vide Annexure)

Chemical Method : Yes / No

Instrumental : Yes / No
(Type of Instrument Provided as indicated in Annexure)

Biological : Yes / No

Micro Biological : Yes / No

Animal Testing : Yes / No

20. Remarks

(A) Whether Products Quoted are Endorsed in the Licence : Yes / No

(B) Whether the drugs Quoted have been Manufactured Earlier (Last 3 Years) : Yes / No

If Yes, Details Like

Sl.No	Date of Manufacturer	Name of the Drug	Batch No.	Batch Size	Date of Release

(C) Production Capacity (Section Wise)

PRODUCTION CAPACITY:**Tablet Section**

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Planetary mixer				
Fluidized bed drier				
Tray drier				
Mechanical shifter				
Multi mill				
Tablet compression machine				
1) With _____ number of station				
2) With _____ number of station				
3) With _____ number of station				
4) With _____ number of station				
Coating pan.				
Blister Packing machine				
Strip packing machine				

Capsule Section

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Double cone blender				
Automatic capsule filling machine				

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Semi automatic Capsule filling machine				
Hand filling machine				
Blister packing machine				
strip packing machine				

Parenteral Section

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Small volume Parenteral				
Mixing Vessel				
Laminar Flow unit				
Filtration unit				
Ampoule filling machine (with No of head)				
Vial filling Machine (with No of head)				
Vial sealing machine				
Powder filling machine				
Autoclave for terminal Sterilization				
Ampoule labeling machine				
Vials labeling machine				

Large Volume Parenterals

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Mixing vessel				
Filtration Unit.				
Filling Machine Autoclave for terminal Sterilization				
Labeling Machine				

Ointment/ Cream

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Stream jacket vessel for mixing				
Ointment/cream filling machine				

Liquid Section

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Bottle washing machine				
SS tank with capacity				
Filter press				
Colloidal mill				
Bottle Filling Machine				
Labeling Machine				

External Preparation

Type of Equipments (1)	No. of Equipments (2)	Production Capacity of all the Equipments in column 2 per shift (3)	No of shift (4)	Production Capacity allotted (5)
Mixing Vessel				
Filling machine				
Labeling machine				

(D) Any, Not Of Standard Quality : Yes / No
Reports Of Product Quoted
(If Not, Nil Statement)

(E) Any Prosecution After : Yes / No
Submission of Tender Documents.
(If Not, Nil Statement)

(F) Chances Of Cross Contamination : Yes / No
at Raw Materials/In Process/
Finished Product Stages And Steps/Facilities

(G) Validation of Equipments done : Yes / No

(H) Cleaning Schedule

(I) For Premises :

(II) For Equipments :

(I) Adverse Reaction, If Any and :
Reported

Sl.No.	Description	Remarks
1	Whether any drug(s) manufactured by the tenderer has / have been recalled during last five years? If yes given details	
2	What are the results of investigations on the recalled drug(s)?	

Sl.No.	Description	Remarks
3	What action have been taken to prevent recurrence of recall of drug(s) on that particular account?	

(J) Complaints Received If Any :
and Steps taken.

Sl.No.	Description	Remarks
1	Whether any drug(s) manufactured by the tenderer has / have been recalled during last five years? If yes given details	
2	What are the results of investigations on the recalled drug(s)?	
3	What action have been taken to prevent recurrence of recall of drug(s) on that particular account?	

To be attested by the Notary.

Signature and Seal of
Proprietor / Partner / Director

Annexure

Sl.	Name of the Instruments	No. of Instruments	Cost of Instruments	Whether it is in working condition
(1)	(2)	(3)	(4)	(5)
1	Analytical Balance			
2	Infra Red Spectrometer			
3	Karl Fisher Tritator			
4	Melting Point			
5	Brookfield Viscometer			
6	Polarimeter			
7	Autoclave			
8	Refractometer			
9	Sampling Booth			
10	UV-Vis Spectrometer			
11	HPLC			
12	Muffle Furnace			
13	Fuming Cupboard			
14	Micrometer			
15	Dissolution Tester			
16	Disintegration Tester			
17	Friability Tester			
18	Vernier Calipers			
19	IR Balance			

Sl.	Name of the Instruments	No. of Instruments	Cost of Instruments	Whether it is in working condition
(1)	(2)	(3)	(4)	(5)
20	Hardness Tester			
21	Leak Test Apparatus			
22	Laminar Air Flow			
23	BOD Incubator			
24	Vacuum oven			
25	Bulk Density Apparatus			
26	Water Activity Meter			
27	Anaerobic System			
28	Gas Chromatograph			
29	LAL Kit			
30	Sterility Test Kit			
31	Particle Counter			
32	Air Sampler			
33	Flame Photometer			
34	Tap Density Tester			

DECLARATION

I _____ Managing Director /
Director / Partner / Proprietor of M/s. _____
having its manufacturing or import unit / registered office at
_____ do hereby declare that we
have not blacklisted either by Tender Inviting Authority or by any State Government
or Central Government Organization for the following products quoted in the tender.
We are eligible to participate in the tender ref. no. 001/GOMP/DRUG/2012, Dt.22.06.2012 for
the following products.

Sl. No.	Drug Code	Name of the Drug

M/s. _____

Company seal

To be attested by the Notary.

PROFORMA FOR PERFORMANCE STATEMENT
(FOR A PERIOD OF LAST 3 YEARS)

Name of firm_____

Sl.	Name of the product	Year	No. of batches manufactured / imported & supplied.	Batch No.	Name and full address of the purchaser
	1	2	3	4	5
1.					
2.					
3.					

Note : Proof for the manufacturing (BMR) / importing of the drug quoted to be produced.

Signature and seal of the Tenderer_____

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s._____ for the past three years are given below and certified that the statement is true and correct.

Sl.No.	Financial Year	Turnover_in Lakhs (Rs)
<hr/>		
1.	2008-09	-
2.	2009-10	-
3.	2010-11	-
<hr/>		
Total -		Rs. _____ Lakhs.

Average turnover per annual - Rs. _____ Lakhs.

Date:

Seal:

Signature of Auditor/
Chartered Accountant
(Name in Capital)