

To be filled by the Supplier/SPC/Procurement Agent

Name of the Personnel to be signed :

Name of the Organization:

Address:

Director / MSD

Invoice No: Order No: PO No:

With reference to the consignment is ready to deliver under captioned details, certified copies /Originals of the following authentic documents are submitted herewith for your kind perusal.

1. Indent/PO
2. Custom Declaration
3. Custom Assessment Notice
4. Import License/License to Import
5. Registration from NMRA / WOR / Exemption for Registration
6. Certificate of Analysis (COA), Certificate of Conformity (COC) or Performance Report (PR)

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Remarks: (In case of not applicable(N/A)):

Signature & Rubber stamp

Date

To be checked by SCO /MSD

Part - B For MSD use only

1. Certified copy /Original document of the Indent/PO is attached

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

(i) Indent No: Tally with the Invoice
(ii) Order No: Tally with the Invoice

(iii) Item Name & Specification: Tally with the Invoice & the product
(For the surgical items CAT No./ Ref No. Serial No. are
considered)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

(iv) Has signed and kept the rubber stamp

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

2. Certified /Original copy of Custom Declaration (Cus-Dec) is attached

- (i) Registration No/WOR No :Tally with the Cus-Dec
- (ii) Import License No : is Tally with the Cus-Dec
- (iii) Item Name: Apparently tally with the indent
- (iv) Name of Consignee : Tally with the Custom Assessment and the Indent
- iv) Date : Apparently tally with the supply

Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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3. Certified copy of Custom Assessment Notice is attached

- (i) Name of consignee :Tally with the indent
- (ii) Custom reference No: Tally with the Cus-Dec
- (iii) Date: Tally with the Cus-Dec

Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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4. Certified copy of Import license of Import controller /License

issued to import controller by NMRA is attached

- (i) License is not expired

- (ii) Item Name: Apparently tally with the indent

Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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5. Certified copy of Registration/ WOR is attached

- (i) Registration /WOR is not expired
- (ii) Item Name: Apparently tally with the invoice and the product
- (iii) Manufacturer: Tally with the Indent and the product
- (iv) Local Agent : Tally with the indent or the Invoice
- (iv) Signed by CEO/NMRA and kept the rubber stamp

Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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Yes	No	N/A
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6. Confirmed copy /original document of the Certificate of Analysis (COA), Certificate of Conformity (COC) or Performance Report is attached

Yes No N/A

(i) Item Name Tally with the relevant PO /Indent & Product
(if name is not mentioned CAT No./ Ref No. Serial No. to be considered)

Yes No N/A

(ii) Strength : Tally with the relevant PO/Indent & Product
(Not applicable for the surgical items)

Yes No N/A

(iii) Pharmacopeial Standard : Tally with the relevant
PO/Indent (Only for the pharmaceuticals)

Yes No N/A

(iv) Batch NO /s: Tally with the Invoice/The packing list
(As per the randomly collected sample.)

Yes No N/A

(v) Manufacturing Date: Tally with the product and the invoice

Yes No N/A

(vi) Expiry Date: Tally with the product and the invoice

Yes No N/A

(vii) Does COA satisfy the test/s carried out?

Yes No N/A

Does COA/COC /PR confirm the test/s carried out?

(viii) Has signed and kept the rubber stamp

Yes No N/A

* N/A – Not Applicable

Remarks : if observed deviations

Checked by SCO :-

Date ;

Recommended to accept / reject consignment by

AD (S/P/L) :-

Date:-.....

Approved to accept /not accept

D/MSD :

Date:.....