

To be filled by SPMC / Local Manufacturer

Part - A

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. Certificate of Analysis (COA)

Yes	No		N/A	
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Remarks : (In case of not applicable(N/A)) :

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.....
.....

Date

1.Original document of the PO is Available in file

- (i) PO No: Tally with the Invoice
- (ii) Order No: Tally with the Invoice
- (iii) Item Name & Specification: Tally with the Invoice (For the surgical items CAT No./ Ref No. Serial No. are considered)
- (iii) Has signed and kept the rubber stamp

Part - B For MSD use only

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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2 .NMRA Registration verified with the MSD file at
accountant/Supplies Section.(Where necessary with NMRA)

- (I) Registration is not expired
- (ii) Item Name: Apparently tally with the invoice
- (iii) Manufacturer: Tally with the PO & 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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3. Original document of the Certificate of Analysis (COA), Certificate of Conformity (COC) or Performance Report is attached

(i) Item Name Tally with the relevant PO & invoice (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 & invoice (Not applicable for the surgical items) Yes No N/A

(iii) Pharmacopeial Standard : Tally with the relevant PO (Only for the pharmaceuticals) Yes No N/A

(iv) Batch NO /s: Tally with the Invoice/The packing list Yes No N/A

(v) Manufacturing Date: Tally with the invoice /Packing list Yes No N/A

(vi) Expiry Date: Tally with the invoice / Packing list Yes No N/A

(vii) Does final conclusion of the COA/COC /PR is satisfied or confirmed the conformity? Yes No N/A

(viii) Has signed and kept the rubber stamp Yes No N/A

* N/A – Not Applicable

Remarks: if observed deviations :-

Submitted document can be accepted

Submitted document Can not be accepted

Decision of the committee

Recommended / Not recommended to proceed for sample checking

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SCO/.....

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HSCO/.....

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AD/.....

Approved / Not approved to proceed for sample checking

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Director /MSD