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	Yes		No		N/A
2. Custom Declaration	Yes		No		N/A
3. Custom Assessment Notice	Yes		No		N/A
4. Import License/License to import	Yes		No		N/A
5. Registration from NMRA / WOR / Exemption for Registration	Yes		No		N/A
6. **Certificate of Analysis (COA), Certificate of Conformity (COC) or**	Yes		No		N/A

Performance Report (PR)

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

....

....

Signature & Rubber stamp

Date

....

Part – B		For MSD use only	

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

	Yes		No		N/A

    (i) Indent No: Tally with the Invoice

	Yes		No		N/A
	Yes		No		N/A

    (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)

	Yes		No		N/A

    (iv) Has signed and kept the rubber stamp

	Yes		No		N/A

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

Yes		No		N/A	

    (i)   Import License No : is Tally with the Cus-Dec

Yes		No		N/A	

    (ii) Item Name: Apparently tally with the indent

Yes		No		N/A	

    (iii) Name of Consignee : Tally with the Custom Assessment and the Indent

Yes		No		N/A	

    iv) Date : Apparently tally with the supply

Yes		No		N/A	

3. Certified copy of Custom Assessment Notice is attached

Yes		No		N/A	

    (i)   Name of consignee :Tally with the indent

Yes		No		N/A	

    (ii)   Custom reference No: Tally with the Cus -Dec

Yes		No		N/A	

    (iii)   Date: Tally with the Cus-Dec

Yes		No		N/A	

4. . Certified copy of Import license of Import controller /License issued to import controller by NMRA is attached

Yes		No		N/A	

    (i)   License is not expired

Yes		No		N/A	

    (II)   Item Name: Apparently tally with the indent

Yes		No		N/A	

5 .Certified copy of NMRA Registration/ WOR is attached

Yes		No		N/A	

    (I)   Registration /WOR is not expired

Yes		No		N/A	

    (ii) Item Name: Apparently tally with the invoice

Yes		No		N/A	

    (iii)   Manufacturer: Tally with the Indent & invoice

Yes		No		N/A	

    (iv)   Local Agent : Tally with the indent or the Invoice

Yes		No		N/A	

    (v)   Signed by CEO/NMRA and kept the rubber stamp

Yes		No		N/A	

6. Confirmed copy /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 /Indent & invoice

Yes		No		N/A	

(if name is not mentioned CAT No./ Ref No. Serial No. to be considered)

(ii) Strength : Tally with the relevant PO/Indent & invoice
         (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

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** [   ]

<u>Decision of the committee</u>

Recommended / Not recommended to proceed for sample checking

....
   SCO/......   **HSCO/.......**   **AD/.........**

Approved / Not approved to proceed for sample checking

....

Director /MSD