

**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.	2007 - 2008	
2.	2008 - 2009	
3.	2009 - 2010	

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.
2007-2008					
2008-2009					
2009-2010					

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.

UNDERTAKING FOR EMBOSSMENT OF LOGOGRAM AND SAMPLE TESTING

I do hereby declare that I will supply the Surgical and Suture items as per the following logogram and with the word “MP Govt. supply - Not for sale” over printed in red letters.

Further I/We declare that the sample can be subjected to any (or all) type of clinical/Laboratory test, as is deemed fit by the Tender Inviting Authority.



Signature of the Tenderer
Name in capital letters with Designation

Attested by Notary Public.

ENCLOSURE-III TO ANNEXURE-II

SPECIMEN LABEL FOR OUTER CARTON

SHALL BE OF DIFFERENT COLOURS FOR DIFFERENT CLASS OF
SURGICAL & SUTURE ITEMS

MADHYA PRADESH GOVT. SUPPLY
NOT FOR SALE

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(Name of Surgical & Suture  
item etc.)

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CONSTITUENTS OF.....

Name of the Item, 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.002/SURG/GOMP/2011, dt.15.07.2011 for supply of Surgical and Suture items 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 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/We agree that the Tender Inviting Authority forfeiting 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

Seal
To be attested by the Notary.

Signature :
Name & Address :

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 the 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>
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 (Type of Instrument Provided as indicated in Annexure)	:	Yes / No
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 item Quoted have been Manufactured

Earlier (Last 3 Years) : Yes / No

If Yes, Details Like

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

- (C) Production Capacity :
- (D) Any, Not Of Standard Quality Reports Of Product Quoted (If Not, Nil Statement) : Yes / No
- (E) Any Prosecution After Submission of Tender Documents. (If Not, Nil Statement) : Yes / No
- (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 Surgical and Suture items 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 Surgical and Suture items ?	
3	What action have been taken to prevent recurrence of recall of Surgical and Suture items on that particular account?	

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

Sl.No.	Description	Remarks
1	Whether any Surgical and Suture items 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 Surgical and Suture items ?	
3	What action have been taken to prevent recurrence of recall of Surgical and Suture items on that particular account?	

Signature and Seal of
Proprietor / Partner / Director

To be attested by the Notary.

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. 002/SURG/GOMP/2011, dt.15.07.2011
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)
1.	2007-08	-
2.	2008-09	-
3.	2009-10	-

Total - Rs. _____ Lakhs.

Average turnover per annual - Rs. _____ Lakhs.

Date:

Seal:

Signature of Auditor/
Chartered Accountant
(Name in Capital)