

## **APPLICATION FORM FOR REGISTRATION OF FIRMS UNDER MEDICAL DEPARTMENT OF E. Co. RAILWAY**

1. Name of the firm :
2. Postal address of Regd office with Tel. no. & E-mail ID.
3. Name and address of the Branch Office
4. Name & address of manufacturing unit(s)
5. Whether the firm is having 5 years standing experience in marketing/ manufacturing of pharmaceutical products. ( Yes/ No)
  
6. Whether valid drug license from Drug Controller exist for each product (to be registered). (Yes/ No. If yes, attach proof of the same).
  
7. The average annual turn over of the firm for the previous 3 years (the firm should have minimum annual turn over of Rs.50 crores and above for consideration of registration) the audited financial statement for the last 3 years should be submitted.
8. WHO GMP certificate for the product under registration and production unit (attach the proof)
9. ISO-9000 certificate of the firm and product under registration (attach the proof)
10. Market share of the item as per the latest ORG mark Neilson analysis or National/ Central Health Ministry Report (attach the supporting documents)
  
11. Detail list of the product manufactured/ marketed by the firm in group-wise including (a) Generic name (b) Brand name (c) Composition (d) Packing offered (e) Manufactured by (f) Marketed by(g) ORG rating (h) Any other information etc. to be furnished: (the product to be registered should be available in local open market for retail sale in same brand name).
  
12. The name of imported drug supplied by the firm (please furnish the detail particulars as regard to (a) list of developed countries where the item is approved and supplied (b) source of manufactured raw/finished products and quality report (c) relation of Indian agent with the foreign company in past 3 years. (d) authorization letter by OEM/ abroad for local agent.
  
13. Performance report issued by other Govt. organizations.
  
14. Declaration to be submitted by the firm that there was no major punitive action taken / contemplated against the firm by any Zonal Railway/ Central Govt/ State Govt.

# Check List

1. Name of the firm with address, Tel no., E-Mail & FAX no.
2. Name and address of the Local Branch Offices/ Distributor with address, Tel no., E-mail & FAX
3. ISO-9000 Certificate for Manufacturing firm and specific product
4. WHO-GMP Certificate for production unit & specific product
5. Product List : Group-wise along with market share of the item as per the  
ORG- MARG NELSON analysis or National/Central Health Ministry report.
5. Manufacturing license for drugs and other medical stores from drug controller for each product
6. Non- conviction Certificate for last 3 years
7. Audit Financial statement for last 3 years in support of annual turn over
8. Standing experience in manufacturing and marketing pharmaceuticals products for last 5 years.
9. Registration with other Railways, State Govt, Central Govt & Public Sector Units.

I/ We.....do hereby declare that the entries made in this application form are true to the best of my/ our knowledge and also that we shall be bound by the acts of my/ our duly constituted attorney.

I/ We do hereby confirm that, all future changes in the constitution or working of the firm, affecting the accuracy of the information now given should be promptly communicated to the Railway.

Signature .....  
(Designation of person signing the application form (proprietor, Partner, Manager etc)

Place .....

Date .....

## **Guidelines for Registration of firms for approved source of supply of drugs:**

- 1) The registration is valid for a period of 3 years subject to correct verified documents submitted by the firms and satisfactory inspection report submitted by the Railway committee and approval of CMD and DG (RHS)/Railway Board.
- 2) After approval of the competent authority, the firm has to submit Rs.5000/- (Rupees five thousand only) as registration fee (one time which is valid for a period of three years).
- 3) Renewal of registration will be done after three years subject to satisfactory performance of the firm.
- 4) The firm should have annual turn over of minimum Rs.50 Crores and above for last three years.
- 5) The product being applied by the firm for registration should also be available in open local market for retail sale of same brand name.
- 6) The product applied for registration should have proper damage proof packing. The firm should put their Holograms on their product with a print of " Indian Railway- Not for sale"
- 7) The registration form can be down-loaded from [www.eastcoastrailway.gov.in](http://www.eastcoastrailway.gov.in)
- 8) The registration form duly filled up in all respect along with the relevant documents as per the check-list to be submitted in the office of Chief Medical Director, E.Co.Railway,Rail Sadan, North Block,2<sup>nd</sup> floor,Bhubaneswar-751017 on any working day between 15.00 hrs to 18.00 hrs.

**EAST COAST RAILWAY  
(Medical Department)**

**APPLICATION FORM FOR REGISTRATION OF FIRMS UNDER MEDICAL  
DEPARTMENT OF E. Co. RAILWAY MANUFACTURING/MARKETING X-  
RAY, LABORATORY, DRESSING MATERIALS, SURGICAL CONSUMABLES &  
O.T ITEMS.**

1. Name of the firm :
2. Postal address of Regd office with Tel. no. & E-mail ID:
3. Name and address of the Branch Office
4. Whether the firm is having 3 years standing experience in marketing/  
manufacturing of the above mentioned items. (Yes/ No)
5. Valid Mfg/Mktg/Whole Sale/Retail drug license from Drug Controller.  
(Copy to be enclosed)
6. Valid Sale Tax/VAT registration no. (Copy to be enclosed)
7. GMP/ISO 9000 certification – Yes/No. ( If yes, copy to be enclosed -  
desirable)
8. List of the items manufactured/ marketed by the firm.
9. Registration with other Railways, State Govt, Central Govt & Public  
Sector Units. ( Copy to be enclosed)
10. Performance report/previous supply orders issued by Rlys/other Govt.  
organizations ( Desirable).

## Check List

1. Name of the firm with address, Tel no., E-Mail & FAX no.
2. Name and address of the Local Branch Offices/ Distributor with address, Tel no., E-mail & FAX
3. Standing experience in manufacturing and marketing of products for last 3 years.
4. Valid Mfg/Mktg/Drug license from Drug Controller.
5. Valid Sale Tax/VAT registration certificate.
6. GMP/ISO-9000 Certificatation.
7. Product List .
8. Performance report/previous supply orders issued by Rlys/other Govt. organizations
9. Registration with other Railways, State Govt, Central Govt & Public Sector Units.

I/ We.....do hereby declare that the entries made in this application form are true to the best of my/ our knowledge and also that we shall be bound by the acts of my/ our duly constituted attorney.

I/ We do hereby confirm that, all future changes in the constitution or working of the firm, affecting the accuracy of the information now given should be promptly communicated to the Railway.

Signature .....  
(Designation of person signing the application form (proprietor, Partner, Manager etc) with Seal.

Place .....

Date .....

**Guidelines for Registration of firms for approved source of supply of X-RAY, LABORTORY,DRESSING MATERIALS,SURGICAL CONSUMABLES & O.T ITEMS.**

- 1) The registration is valid for a period of 3 years subject to correct verified documents submitted by the firms and approval of CMD.
- 2) Renewal of registration will be done after three years subject to satisfactory performance of the firm.
- 3) The registration form can be down-loaded from [www.eastcoastrailway.gov.in](http://www.eastcoastrailway.gov.in)
- 4) The registration form duly filled up in all respect along with the relevant documents as per the check-list to be submitted in the office of Chief Medical Director, E.Co.Railway,RailSadon,2<sup>nd</sup> Floor,South Wing, Bhubaneswar-751017 on any working day between 15.00 hrs to 18.00 hrs.