

**North Western Railway Headquarters Office, Jaipur**  
**Format of Application Form for registration of Pharmaceutical Firms**

1	Name of the firm.	
2	a) Full Address of registered office of the firm b) Full address of Jaipur office of the firm.	
3	Whether manufacturing only (Attach copy of license)	Yes/No
4	Whether marketing only (Attach copy of license )	Yes/No
5	Whether manufacturing/ Marketing or both (Attach copy of license )	Yes/No
6	Date of registration of firms (Attach copies of documents)	
7	Whether GMP Certificate attached (copy to be attached )	Yes/No
8	Annual turnover for last 3 years (in crores) for pharmaceutical products <b><u>in Indian Market (Domestic Sales) only.</u></b> 2009-10 2010-11 2011-12 (Copy of audited statement of accounts to be attached )	----- ----- -----
9	Whether any major punitive action taken/contemplated against the firm by any Railway/Central Government Organization. (If yes, attach details )	Yes/No
10	Whether ISO 9000 certified (If yes, attach documents)	Yes/No
11	Market share of each item offered for registration as per ORG Marg Neilsen survey (To be attached on separate sheet)	Attached/not-attached
12	Details of supply orders to various zones of Indian Railway during last 3 years (Attach copy of Purchase Orders)	Attached/not-attached
13	Number of the products offered for registration as per alphabetical order of active ingredient (attach as Annexure )	Attached/not-attached
14	Details of products offered for registration to be given as per attached proforma as Annexure I	Attached/not-attached
15	In case of Imported products following additional information to be given on attached proforma as Annexure II	Attached/not-attached

16	Affidavit as per attached proforma as Annexure III	Attached/not-attached
17	Any other information and details (Attach )	Attached/not-attached

“I hereby declare that all the information submitted by me is correct and complete. If any information is found incorrect/wrong/incomplete, my firm may be rejected/deleted from the list of registered firm over North Western Railway”.

Authorised Signatory

Signature :

Name :

Official position in firm :

Address :

Phone No. :

E-mail :

**Annexure – I**

**Format for details of the products to be offered for registration.**  
**(In reference to Item No. 14 of Application Form)**

S.No.	Active ingredients of product. (Composition)	Brand Name	Strength (mg/gm, ml/litre, unit, etc)	Name of the manufacturer and full address of manufacturing units along with phone nos. and e-mail address.	Name of the marketing firms/companies with full address along with phone nos. and e-mail address.	Market share of products.	No. Of years standing in domestic market
1.							
2.							
3.							

Note : Items should be mentioned alphabetically as per active ingredients of the products, irrespective of the group it belongs to and whether it is tablet or injection or gel or ointment or liquid, etc. When item is composed of more than one active ingredient, then it should be mentioned as per alphabet of ingredient which is mentioned first in the brand name.

**Annexure – II**

**Format for details of the imported products to be offered for registration.**  
**(In reference to Item No. 15 of Application Form)**

S.No.	Active ingredients of product. (Composition)	Brand Name	Strength (mg/gm, ml/litre, unit, etc)	Name of the supplier of raw product (wherever applicable)	Name of the supplier of the finished product (wherever applicable)	Quality report attached (yes/no)	Details of sale of product in USA/Europe and other developed countries.	Authorization Letter from Original Manufacturer (Attached or Non-Attached)
1.								
2.								
3.								

Note : Items should be mentioned alphabetically as per active ingredients of the products, irrespective of the group it belongs to and whether it is tablet or injection or gel or ointment or liquid, etc. When item is composed more than one active ingredients, then it should be mentioned as per alphabet of ingredient which is mentioned first in the brand name.