



JAMMU AND KASHMIR MEDICAL SUPPLIES CORPORATION LTD.
Corp. Head Office: 1ST Floor, Drug Store Building, Govt. Medical College, Bakshi Nagar, Jammu
Corporate Office Kashmir: 121, Green Avenue, Hyderpora, Opp. Al-Farooq Masjid, Srinagar
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REGISTRATION OF VENDORS

Subject:- Registration of Original manufacturers, Direct Importers & Authorised Representative(s) under the group “Ayurvedic/Unani Medicines.”

On behalf of Managing Director, JKMSCL, Registration is invited from the Original manufacturers, Direct Importers, Authorised Representative(s) of Ayurvedic/Unani Medicines with Jammu & Kashmir Medical Supplies Corporation under the group “Ayurvedic/Unani Medicines”.

The details of registration along with detail of documents required for registration can be downloaded from JKMSCL website- www.jkmsclbussiness.com or can be collected in person from Corporate office Jammu/Srinagar.

No: JKMSCL/Reg./ISM/01/2017

Dated: 11 /01/2017

Dr. Rajinder Kr. Khajuria, KAS
General Manager
J&K Medical Supplies Corporation Ltd.



JAMMU AND KASHMIR MEDICAL SUPPLIES CORPORATION LTD.

(Public Sector Undertaking of Govt of Jammu & Kashmir)

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Guidelines

for Registration / Empanelment

of the

Original Manufacturers, Direct

Importers, Authorised

Representative(s)

for

Ayurvedic / Unani Medicines

Guidelines for Registration/ Empanelment are as under:

1. The registration fees of Rs. 10,000/- (Rs Ten thousand only) for the Original Manufacturers, Direct Importers, Authorised Representative(s), and Rs 5,000/- (Rs. Five thousand only) per group by SSI Units of J&K state only, associated with the production/business of Ayurvedic/Unani Medicines, shall have to be paid through NEFT in the A/C of Managing Director, Jammu & Kashmir Medical Supplies Corporation Ltd. in A/C No- **037304050000032** of J&K Bank Ltd, Medical Collage Jammu, **IFSC Code JAKA0MEDJAM** or by depositing the amount directly into the said account and submission /uploading Bank Receipt as documentary proof along with the Registration Documents.
2. Manufacturers/ firms placed abroad shall have to pay in INR equivalent to 1,000/- dollars (One thousand dollars only) for direct participation in any of the bidding process for the supply of Ayurvedic/Unani Medicines to JKMSCL as given in condition No. 1 above.
3. The registration with regard to Ayurvedic/Unani Medicines shall be valid for a period of one year from the date of issuance of registration no. / certificate which shall further be renewed thereafter keeping in view the genuineness / performance of firms/ bidders with regard to timely and quality supply of the items ordered for, by JKMSCL.
4. The registration fees shall be **NON-REFUNDABLE**.
5. The Average Annual Turnover for Last 3 financial Years i.e. 2013-14, 2014-15 & 2015-16 should not be less than Rs. 10.00 crore where as for SSI Units of J&K state only it should not be less than Rs. 2.00 crore.
6. The registration/ empanelment shall in no case be renewed for the original manufacturer(s), Importer(s), Authorised Representative(s), which are/were declared as defaulters on one or more grounds including non compliance / delay in the supply of items/debarring/blacklisting by any of the Central/ State Government procuring agency(ies) or any other Corporation with Union of India.
7. The authorised representative(s), blacklisted/ debarred for any default(s) with regard to its authorisation/ representation or otherwise, by/ for any of the original manufacturer(s)/ Importer(s) shall not be allowed to register / for renewal of registration.

8. Firms / bidders i.e. Original Manufacturers (including SSI units of J&K State), Direct Importers and their Authorized representatives, shall have to submit documents as per the details mentioned below, along with an application for registration on the letter head of the company / duly signed and sealed by the proprietor / Managing Director / Chairman / Authorized Signatory.

Note: In case of Authorized Signatory, latest original letter of Authorization (issued not before one month) authenticating the signatures and photo of the authorized signatory shall also have to be enclosed along with the application.

The following documents shall have to be provided for registration:-

| | |
|----|--|
| 1 | Documentary proof of Remittance of Registration fee through NEFT/Bank Receipt. |
| 2 | Format duly filled and signed for registration of original Manufacturer /SSI Unit of J&K State only. (Annexure A) |
| 3 | Format duly filled and signed for registration of Importer/Authorized Representative (Annexure B) |
| 4 | Documentary evidence for the constitutions of firm & article of association of company i.e. MOA & AOA of the company. |
| 5 | The instruments such as power of attorney, resolution of board etc. |
| 6 | Valid Drug License issued by the Licensing Authority/import license Form 10. |
| 7 | Market Standing Certificate issued by the Licensing Authority Not Less than Three preceding Years. |
| 8 | Latest Non Conviction Certificate issued by the Drugs Controller (Issued not before 6 months). |
| 9 | Good Manufacturing Practices Certificate/ISO/WHO/CGMP. |
| 10 | Product permission by the licensing authority for the products to be quoted. |
| 11 | Detail of Warehouses of Original Manufacturer /Direct Importer/Authorized Representative. (Annexure C) |
| 12 | Details of Technical personnel employed in the manufacturing and testing. |
| 13 | Details of Manufacturing Unit. (Annexure-D) |
| 14 | Performa for Performance Statement. (Annexure-E) |
| 15 | Average Annual Turnover Statement for Last 3 financial Years i.e. 2013-14, 2014-15 & 2015-16 from the competent assessing authority of centre /state Govt. |

| | |
|----|---|
| 16 | Copies of audited balance sheet & profit loss account for last three financial years duly attested by CA. |
| 17 | Sales Tax/VAT clearance certificate upto March 2016 (Annexure F) |
| 18 | Copy of PAN Card of firm. |
| 19 | Copy of TIN No. |
| 20 | Latest Income Tax Return of financial year 2015-16. |
| 21 | Latest Unit Existence Certificate issued by the competent authority (Issued not before 6 months). |
| 22 | Acknowledgement of EM-II SSI unit for each quoted Product and a certificate from NSIC/MSME for the production capacity & the quality control measures properly installed at the production unit. |
| 23 | Declaration regarding Non Blacklisting pledged before 1 st class Judicial Magistrate.(Annexure G) |
| 24 | Latest Non Conviction Certificate issued by the Controller, Drugs & Food Control Organization of the respective state (Issued not before 6 months). |

IMPORTER/AUTHORIZED REPRESENTATIVE

| | |
|---|---|
| 1 | Letter of Authorization from the original Manufacturer/ Direct Importer with attested signature and photo of authorised signatory. |
| 2 | Valid Drug License issued by Licensing Authority. |
| 3 | Latest Non Conviction Certificate issued by the Controller, Drugs & Food Control Organization of the respective state (Issued not before 6 months). |
| 4 | Constitution of the firm. |
| 5 | Copy of PAN Card. |
| 6 | Documents Pertaining to original manufacturer/Direct Importer. |
| 7 | Declaration regarding Non Blacklisting pledged before 1 st class Judicial Magistrate.(Annexure G) |

Note:

- All the above mentioned Documents must be duly Notarized/ attested by Notary public before submission except Non Blacklisting/debarring certificate which needs to be pledged before 1st class Judicial Magistrate. Un-attested/ un-notarized copies of such documents shall not be considered valid.**
- The validity of the registration shall end with the expiry of the concerned documents.**

ANNEXURE "A"

FORMAT FOR REGISTRATION OF ORIGINAL MANUFACTURERS / SSI UNIT

1. Name of the Firm _____
2. Address _____
3. a) Contact No. L. Line _____ Mob _____
b) E-mail ID _____
4. Group Registration: Ayurvedic & Unani Medicines
5. Registration No:-
 - a) With Department of Industries & Commerce
(SSI Units of J&K Only)

 - b) With Sales Tax Department

 - c) With Excise Department (GOI)

 - d) Any other

6. Registration fee: Documentary proof of Remittance of Registration fee through NEFT/Bank Receipt (Refer clause 1)

NOTE: Format shall have to be annexed along with written request on Letter Head duly signed and sealed by the Proprietor/Managing Director/Chairman/Authorized signatory of the firm. In case of authorized signatory, letter of authorization shall have to be enclosed, indicating Name, Address, Mobile No. Photograph and Signatures duly attested by Proprietor/Managing Director/Chairman of the firm.

7. CHECK LIST:

| | |
|----|---|
| 1 | Documentary proof of Remittance of Registration fee through NEFT/Bank Receipt. |
| 2 | Format for registration of original Manufacturer /SSI Units (Annexure A) |
| 3 | Format for registration of Direct Importer/Authorized Representative (Annexure B) |
| 4 | Documentary evidence for the constitutions of firm & article of association of company i.e. MOA & AOA of the company. |
| 5 | The instruments such as power of attorney, resolution of board etc. |
| 6 | Valid Drug License issued by the Licensing Authority/import license Form 10. |
| 7 | Market Standing Certificate issued by the Licensing Authority Not Less than Three Years |
| 8 | Latest Non Conviction Certificate issued by the Drugs Controller (Issued not before 6 months). |
| 9 | Good Manufacturing Practices Certificate/ISO/WHO/CGMP. |
| 10 | Product permission by the licensing authority for the products to be quoted. |
| 11 | Detail of Warehouses of Original Manufacturer/Direct Importer/Authorized Representative. (Annexure C) |
| 12 | Details of Technical personnel employed in the manufacturing and testing. |
| 13 | Details of Manufacturing Unit. (Annexure-D) |
| 14 | Performa for Performance Statement. (Annexure-E) |
| 15 | Average Annual Turnover Statement for Last 3 financial Years i.e. 2013-14, 2014-15 & 2015-16 from the competent assessing authority of centre /state Govt. |
| 16 | Copies of audited balance sheet & profit loss account for last three financial years duly attested by CA. |
| 17 | Sales Tax/VAT clearance certificate upto March 2016 (Annexure F) |
| 18 | Copy of PAN Card of firm. |
| 19 | Copy of TIN No. |
| 20 | Latest Income Tax Return of financial year 2015-16. |
| 21 | Latest Unit Existence Certificate issued by the competent authority (Issued not before 6 months). |
| 22 | Acknowledgement of EM-II SSI unit for each quoted Product and a certificate from NSIC/MSME for the production capacity & the quality control measures properly installed at the production unit. |

| | |
|----|---|
| 23 | Declaration regarding Non Blacklisting pledged before 1 st class Judicial Magistrate.(Annexure G) |
| 24 | Latest Non Conviction Certificate issued by the Controller, Drugs & Food Control Organization of the respective state (Issued not before 6 months). |

Certified that the information(s) furnished above is/are correct and noting has been concealed to best of my knowledge. I/we shall be held personally responsible for any wrong information(s).

Sig. of Authorized Signatory of firm/ Bidder along with Seal.

ANNEXURE "B"

FORMAT FOR REGISTRATION OF DIRECT IMPORTER/AUTHORIZED REPRESENTATIVE

1. **Name of the Firm** _____
(In case of authorized representative Please mention the name of the authorizing firm also with details indicating the authority to authorize the representatives)
2. **Address** _____
3. a) **Contact No. L. Line** _____ **Mob** _____
b) **E-mail ID** _____
4. **Group Registration: Ayurvedic & Unani Medicines**
5. **Registration No:-**
 - a) With Department of Industries & Commerce
(SSI Units of J&K Only)

 - b) With Sales Tax Department

 - c) With Excise Department (GOI)

 - d) Any other

6. **Registration fee: Documentary proof of Remittance of Registration fee through NEFT/Bank Receipt (Refer clause 1)**

NOTE: Format shall have to be annexed along with written request on Letter Head duly signed and sealed by the Proprietor/Managing Director/Chairman/Authorized signatory of the firm/bidder. In case of authorized signatory, letter of authorization shall have to be enclosed, indicating Name, Address, Mobile No. Photograph and Signatures duly attested by Proprietor/Managing Director/Chairman of the firm/bidder.

7. CHECK LIST:

| IMPORTER/AUTHORIZED REPRESENTATIVE | |
|---|---|
| 1 | Letter of Authorization from the original Manufacturer/ Direct Importer with attested signature and photo of authorised signatory. |
| 2 | Valid Drug License issued by Licensing Authority. |
| 3 | Latest Non Conviction Certificate issued by the Controller, Drugs & Food Control Organization of the respective state (Issued not before 6 months). |
| 4 | Documentary evidence for the constitutions of firm & article of association of company i.e. MOA & AOA of the company. |
| 5 | Copy of PAN Card. |
| 6 | Documents Pertaining to original manufacturer/Direct Importer. |
| 7 | Declaration regarding Non Blacklisting pledged before 1 st class Judicial Magistrate.(Annexure G) |

Certified that the information(s) furnished above is/are correct and noting has been concealed to best of my knowledge. I/we shall be held personally responsible for any wrong information(s).

Sig. of Authorized Signatory of firm/ Bidder along with Seal.

ANNEXURE "D"

DETAILS OF MANUFACTURING UNIT

Name :
PAN Number :
Full Address of the manufacturing Unit :
Phone Nos. :
Fax :
Website :
E-Mail :
Date of Inception :
Site Plan :
In House QC Lab (NABL Accredited):
Details of Machinery :
Detail of Technical persons :
Production Capacity :
Drug Manufacturing License No. & Date :
Issued by :
Valid up to :
Contact person: - :
Designation :
Phone No. :
Mobile No. :
E-mail :

NOTE: As per details of manufacturing unit provided, the premises where items quoted are actually manufactured shall be inspected by the team from JKMSCL (if required)

ANNEXURE “E”

PERFORMANCE STATEMENT

(ATTACH SEPARATE SHEET FOR EACH PRODUCT QUOTED)

Name of The firm
..... Name of the product Drug
code Tendered Quantity (in units)..... Offered
Quantity (in units).....

| Production | |
|-------------------|----------------------------|
| No of Days | Quantity in Tendered units |
| Monthly (30 days) | |
| Yearly(365 days) | |

| S No | Batch Number | Date | Batch size (in term of units) | Quantity | Date/ month of sales | Quantity returned/rejection | Complain ts/ Declared as NSQ after sales etc, if any | Remarks |
|--------------|--------------|------|-------------------------------|----------|----------------------|-----------------------------|--|---------|
| Year 2013-14 | | | | | | | | |
| | | | | | | | | |
| Year 2014-15 | | | | | | | | |
| | | | | | | | | |
| Year 2015-16 | | | | | | | | |
| | | | | | | | | |

- Date of sale of first batch shall be minimum 2 year prior to the date of notification of the tender

Certified true statement of production

Signature and seal of the Bidder

Attested by the Public Notary

ANNEXURE “F”

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 OF J&K.

(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.

| S.No. | Financial Year | Turnover |
|-------|----------------|----------|
| 1. | 2013-14 | |
| 2. | 2014-15 | |
| 3. | 2016-16 | |

(b) Particulars of Sales - Tax for the preceding three years.

| Year | Total T.O | Total Tax assessed Rs. | Total Tax Paid Rs. | Balance due Rs. | Reason for balance |
|------|-----------|------------------------|--------------------|-----------------|--------------------|
| | | | | | |

c. If there has been no assessment in any year, whether returns were submitted and if so, 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 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

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.

Annexure-G

**SAMPLE OF AFFIDAVIT TO BE SUBMITTED ON NON-JUDICIAL
PAPER OF RS. 10/- DULY PLEDGED before 1st Class JUDICIAL
MAGISTRATE**

That I/We

M/s

Address

certify that my / our firm has never been blacklisted in the past by any
Govt. Department/Govt. undertaking/any other agency.

Name & signature of the authorized
Signatory of the firm/Partner of the firm
/ Director/ Proprietor with seal

Place

Date