

PTL Regn information letter



**Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
Government Medical Store Depot
Post Box No.4514, Mumbai Central, Mumbai-8.**

E-mail : gmsdmumbai@yahoo.com

Gram : MEDSTORE-Mumbai-8

No.PS/05/PTL Regn./2012-13/

Tel. No.022-23082091/92

Fax No.022-2307 4617

Date.

Sub :- Registration of Public Testing Laboratories with Medical Store Organisation (MSO) for testing the medicine reg.

Any Public Testing Laboratories desirous of having registration of their Testing Laboratories unit with MSO for testing of Medical Stores shall apply on the prescribed forms MSD-1111 & Requisite document as per MSD-1112. These forms are available on the MSO Website and can be downloaded for this purpose. The duly filled the application form along with all documents and a non refundable registration fee of Rs.10,000=00 in the form of a Bank Draft drawn in favour of PAO, GMSD, MUBAI and submitted to Govt. of India, Ministry of Health and Family Welfare, Government Medical Store Depot, Belasis Road, Mumbai Central, Mumbai-400 008. The laboratory should apply with all necessary documents and Bank Draft as earliest the process of registration should complete before 15th Dec. 2012.

Therefore you are requested to submit documents for registration of your PTL with in the jurisdiction of this depot i.e. State of Maharashtra, Gujrat, Madhya Pradesh (M.P.), Chattisgarh, Goa, Diu & Daman with MSO (Ministry of Health & Family Welfare) for testing the medicines.

Query regarding registration of PTL may contact to authority.

Yours faithfully,


(Dr. D. Sangadhar),
Chief Medical Officer(SAG).

Encl. :- MSD-1111 & MSD-1112

MSD-1111 APPLICATION FORM FOR REGISTRATION OF TESTING LABORATORY

| | | | | |
|-------|--|-----|----------|-----------|
| 1. | Name of the Testing Laboratory | | | |
| 2. | Full address of the Testing Laboratory/ firm. (in block letters) | | | |
| | Post Office | | Pin Code | |
| | Telephone | Fax | Mobile | E-mail ID |
| 3. | Full address of the Testing Laboratory/ unit (in block letters) | | | |
| | Post Office | | Pin Code | |
| | Telephone | Fax | Mobile | E-mail ID |
| 4. | Name under which licensed and the period for which the same are in force | | | |
| 5. | Who is the owner, Please give full name and | | | |
| | Post Office | | Pin Code | |
| | Telephone | Fax | Mobile | E-mail ID |
| 6(i) | Whether Your laboratory is Accredited with NABL ,if so give details | | | |
| (iii) | Stores Tested/ Testing Laboratory section wise | | | |
| 7. | Details of registered Testing laboratory chemists in each Section | | | |
| 8. | The annual Turnover of the Laboratory during the last three years. | | | |
| 9. | Name of your Bankers. | | | |
| | The name of the party in which the account stands | | | |
| | Address of your Bankers | | | |
| | Post Office | | Pin Code | |
| | Telephone | Fax | Mobile | E-mail ID |
| 10. | Are you on the list of registered Testing Laboratory on other Central Govt. Dept., State Govt.? If so, please furnish copies of letters issued by the Dept. Concerned. | | | |

| | | |
|-----|---|--|
| 11 | Did you apply for registration with this depot before under existing or other name? If so, with what | |
| 12. | Are you already doing business with GMSDs under some other name, if so please give details. | |
| 13. | Have you ever been convicted for contravening the provision of Drugs & Cosmetics Act and Rules there under in the past? If so, furnish details. | |
| 14. | Was your Testing licence suspended or cancelled in the past? If so, furnish particulars. | |
| 15. | Declaration to be made by the applicant. (Vide question 4 above). | |
| 16 | Whether all the documents listed in MSD-1112 is enclosed? | |

<NAME OF PARTNERSHIP / PROPRIETORSHIP OR COMPANY>

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 our constituted attorney.

PARTNER/ PROPRIETOR/ AUTHORISED REPRESENTATIVES

MSD-1112 LIST OF DOCUMENTS TO BE ENCLOSED WITH MSD-1111

| Sl. No. | Name of the Documents | Page No. | Remarks of the Depot |
|---------|---|----------|----------------------|
| 1. | The Registration fee of Rupees 10,000 (Rupees Ten Thousand only) as a Demand Draft drawn in favour of PAO, GMSD <i>mumbai</i> | | |
| 2 | Memorandum of Article / Partnership Deed /Constitution of the firm. | | |
| 3 | Valid GLP Certificate Issued by FDA/Drug controller/ licensing authority | | |
| 4 | Non Conviction Certificate issued by FDA. /Drug controller/ Licensing authority | | |
| 5 | Performance Certificate issued by FDA./Drug controller/ Licensing Authority | | |
| 6 | Annual Report/Latest statement of P & L Account and Balance Sheet of your firm/ concern & Turnover for the last 3 financial | | |
| 7 | Detailed Lay Out of your Laboratory with Measurements, Dimensions - for each Manufacturing Section | | |
| 8 | List of Equipments/Instruments and Plants & utilities - for each Testing Section | | |
| 9 | Particulars of Technical Persons (Approved by the Licensing authority under the Drugs & Cosmetics Act & Rules). | | |
| 10 | Copy of valid Drug Testing Licence and list of items for which Drug control Authority issued the Licence | | |
| 11 | Monetary limit of your firm duly certified by Bank or Chartered Accountant | | |
| 12 | The Testing capacity of products for each Testing Sections | | |
| 13 | PAN Number/Copy of Pan Card & latest Income Tax Return Filed/Acknowledgment of income Tax deposited | | |
| 14 | Ownership document of Firm's Land/Plot/Property | | |

Note: - All the above documents along with the application for registration of a testing unit are mandatory.

Incomplete application will be rejected.