

Token No: 6

INDENT FOR NEW DRUG / SURGICALS

Trade Name of Drug/Surgical (With Specification)	bbbb	
Generic Name (Chemical Content) Of The Above Drug	Chemical Name	Quantity
	aa	4
Therapeutic Class	aabb	
Manufacturer's Name	sss	
Supplier	l. sun	
Recommended Quantity Required for 1 month		

TO BE FILLED BY THE APPLICANT

Proposed indications for use:

Reason for suggesting this brand:

DECLARATION

To The Medical Director

The above-mentioned drug/surgical is Standard/Monopoly. We regularly prescribe these drugs for the above-mentioned indication. So I recommend and request you to make the same available at the lowest rate in the hospital pharmacy for the patients. I will take care of the stock clearance of the above product before 6 months of its expiry.

Applicant's Name

Signature & Date

Name of Unit Chief/HOD

Signature & Date

TO BE FILLED IN BY THE REPRESENTATIVE OF THE MANUFACTURER

DECLARATION

We are quoting the lowest rate of the above medicine as Rs (Inclusive of all tax). We are stocking the minimum quantity of Strip/Nos. The payment of the drugs has to be made only after the sale of the first supplied quantity. We are sure the above drug will be sold within one month otherwise we will return these drugs at our expense. We will not claim or argue with the hospital management for any payment regarding the above drug. Hence, we request you to issue the supply order of the above drug.

Name of the Representative

Address with Phone Number

Ammu

9876543254

Name of the Manufacturer

Signature