

National Medical Supplies Fund
 Quality Assurance Department
 Details of submitted samples and documents

Appendix (1)

Name of Local Agent:.....

No	S. No. in tender book	Item Code	Item Description	Manufacturer	Country of Origin	Copy of Manufacturer's Valid certificate of registration in Sudan	Registration status of product Reg./ Un Reg./ Under Reg.	Copy of Product's Valid certificate of registration in Sudan	No. of samples submitted
1									
2									
3									
4									
5									

*Remark: Sample must be labeled with Local Agent name, serial Number. & Code Number.

Name of Authorized person by local agent

 Telephone Number & Signature -----
 Date of Submission -----

Name of Authorized person by Quality assurance department

 Signature -----
 Date -----