

National Medical Supplies Fund
Quality Assurance Department
Details of submitted **Artwork 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	Artwork
1									
2									
3									
4									
5									

***Remark: Artwork must be labeled with Local Agent name, serial No. in tender book & Code No.**

Name of Authorized person by local agent

Telephone NO&Signature -----

Date of Submission -----

Name of Authorized person by Quality assurance department

Signature -----

Date -----