

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 labeled with Local Agent name, serial No. & 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 -----