

**Federal Ministry of Health**

**National Medical Supplies Fund**

**Quality Assurance Department**



**Tender for Supply of Medical Products (Medicines and Medical Consumables)**

**NMSF Tender No. 01/2025**

**Details of Submitted Artwork and Documents**

**Name of the Local Agent:**

#	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									

**Note: Artwork must be labeled with local agent name, serial No. in tender book & code No.**

**Local Agent Authorized Person:**

**Mobile NO:**

**Date:**

**Signature:**

- Annex (1)

**Quality assurance Authorized Person:**

**Mobile NO:**

**Date:**

**Signature:**