



INDIAN DRUGS & PHARMACEUTICALS LTD.
Marketing-Department
IDPL, Corporate Office-Gurgaon-122016

General- - Information of the Firm

NAME OF THE FIRM :

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FULL POSTAL ADDRESS:

NAME OF THE CONTACT PERSON:

PHONE NO.:**STD-CODE**.....

FAX NO.:**STD-CODE**.....

MOBILE NO:

E-MAIL ID:

WHOLESALE DRUG LICENSE NO.

DATE OF ISSUE:

GST NO:

Business Premises: Owned/Leased (Attach Owner Ship Paper In Case Of Ownership & Lease Deed In Case Of Lease)

Total Area of the Business Premises.....Square Ft.

Marketing- - Information of the Firm

01. Name of the Company Held :-

Sr. No	Name of The Company	Type of Activity C&F/Distributor/ Service Agent	Average Turnover
01			
02			
03			
04			
05			

02. Proposed Area of Operation:-

a. State:-.....

b. Name of Institutions.....

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03. Any Central Public Sector Undertaking: If yes, Please Specify :-

Sr. No	Name of CPSU	Institution Covered	Average Turnover
01			
02			
03			
04			
05			

Financial - Information of the Firm:-

01. Source of Fresh capital for IDPL:

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02. Name & Address of Banker.....

Phone & Fax No.

03.Details of the Cash Credit Limit or Any other facility being availed from bank :-

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04.Financial Data of Last financial Years:

Sr. No	Particular	Detail of F.Y. 2016-17	Detail of F.Y. 2015-16	Detail of F.Y. 2014-15
01	Sales			
02	Purchase			
03	Net Profit			
04	Stock			
05	Receivable			
06	Creditors			
07	Capital			
08	Borrowed funds			

05.Manpower & Infrastructure:

a) Manpower (For Office Work):

b) Manpower (For Field Work):.....

c) Branch, If Any, Give Details:.....

d) Transporter Name (Bank Approved), Specify :.....

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Legal - - Information of the Firm:-

01. Have you ever been convicted under drugs & Cosmetic Act ?, if Yes, Give Details :-

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02. Any case pending in the Court under the Drugs and Cosmetic Act, if Yes, Give Details

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03. Have you ever been Black listed by any procurement Agency, if Yes, Give Details :-

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Signature with Stamp

Date:.....

Place:.....

Please attach copy of : Balance Sheet , Lease Deed, PAN Card, GST Registration certificate, latest Bank Statement & Credit worthiness letter, Valid Drug License.

Approved by:-

Regional/ Zonal Manager

Dy. GM (Marketing)

GM I/c- Finance