Annexure-I

Application Form for Expression of Interest (EoI) for Verification/Testing of Indian Pharmacopoeia (IP) Monographs

Note 1: *If the space provided in this Application Form is insufficient, the applicant may furnish the required information on separate sheets, duly signed by the authorized signatory, with appropriate cross-references to the relevant item(s) of this Application Form.*

Note 2: *Any item(s) that are not applicable should be clearly marked as "Not Applicable (N/A)" or struck out.*

Item No. 1. Organization Details

Particulars	Details
Name of the Organization	
Type of Organization	
Year of Establishment	
Registered Office Address	
Laboratory Address (if different)	
Website	
GST No. (if applicable)	
PAN	

Item No. 2. Laboratory Accreditation

Particulars	Details
Accreditation Body (e.g., NABL)	
Accreditation Certificate No.	
Validity of Accreditation	
Scope of Accreditation	
Other Recognitions/Certifications	

Item No. 3. Scope of Testing Capabilities

Provide details of the scope of accreditation/testing capabilities

[Queries regarding this EoI, if any, may be sent by e-mail to arnd-ipc@gov.in; lab.ipc@gov.in]

Item No. 4. Major Analytical Instruments Available

S. No.	Instrument	Make/Model	Quantity
1			
2			
3			
4			
5			
6			
7			
8			

Item No. 5. Technical Experts

S. No.	Name	Designation	Qualification	Experience (Years)	Area of Expertise

Item No. 6. Experience in Pharmaceutical Testing

Brief details of the organization's experience in pharmaceutical testing, method validation, pharmacopoeial activities, regulatory testing, and collaborative research

Item No. 7. Nodal Officer Details

Particulars	Details
Name	
Designation	
Department	
Mobile Number	
Telephone	
E-mail Address	

[Queries regarding this EoI, if any, may be sent by e-mail to arnd-ipc@gov.in; lab.ipc@gov.in]

Item No. 8. List of Supporting Documents/Separate Sheets Enclosed

Note 3: *All supporting documents and separate sheets, if any, should be serially paginated and arranged in the order of the relevant item numbers of the Application Form.*

App. Form Item no.	Supporting Document/Separate Sheet	Page Range

Item No. 9. Declaration

I/We hereby certify that the information furnished in this application is true and correct to the best of my/our knowledge and belief. I/We have carefully read the terms and conditions of the Expression of Interest issued by the Indian Pharmacopoeia Commission and agree to abide by them.

I/We understand that submission of this application does not guarantee recognition by the Indian Pharmacopoeia Commission. I/We also confirm that participation in the verification/testing of Indian Pharmacopoeia monographs shall be without any financial implication to the Indian Pharmacopoeia Commission.

Place	
Date	
Name & Designation of Authorized Signatory	
Official Seal & Signature	