INDIAN PHARMACOPOEIA COMMISSION
Indian Pharmacopoeial Laboratory (IPL)
Ministry of Health & Family Welfare, Government of India
Sector-23, Raj Nagar, Ghaziabad- 201002
Tel. No.: 0120-2783400, 2783401, 2783392
E-mail: lab.ipc@gov.in, qualityassurance-ipc@gov.in,Website: www.ipc.gov.in

Expression of Interest (EOI) Submission Form for Performance Evaluation of Laboratories

Collaboration of the laboratories for the development of IP Reference Substances (IPRS)

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1. Contact Information

1.1 Laboratory details (indicate address of each site if more than one site must be assessed)

Particulars	Details
Name of Laboratory	
Name of Parent or Legal Organization	
Address of Laboratory	
Postal Address	
Telephone	
Email ID	
Website	
Year of Establishment	
Type of Organization (Govt./Private/Academic/R&D)	
Registration Number	
PAN Number	
GST Number	

1.2 Authorized Contacts for the Laboratory

Name of *first* authorized contact	Salutation (Dr, Mr, Mrs, Miss, Prof)	
	First Name	
	Middle Name	
	Last Name	
Authorized contact job title		
Authorized contact postal address	Department:	
	Street Name and No.:	
	City:	State/Province:
	Postcode:	Country:
Authorized contact telephone	Telephone:	Mobile phone:
Authorized contact e-mail		
Name of *second* authorized contact	Salutation (Dr, Mr, Mrs, Miss, Prof)	
	First Name	
	Middle Name	
	Last Name	
Authorized contact job title		
Authorized contact postal address	Department:	
	Street Name and No.:	
	City:	State/Province:
	Postcode:	Country:
Authorized contact telephone	Telephone:	Mobile phone:
Authorized contact email		

2.0 General Information about the Laboratory

Certification/Accreditation			
Title of Certificate	**Issue Date**	**Expiry Date**	**Issuing Organization**

Attach copies of all relevant certificates.

3.0 Laboratory Infrastructure

Laboratory facilities	Chemical Testing Laboratory ☐ Instrumentation Laboratory ☐ Microbiology Laboratory ☐ Controlled Storage Area ☐ Reference Standard Storage Facility ☐ Data Integrity compliance System ☐ Other ☐ If other, specify:
Instrumentation facilities	HPLC ☐ GC ☐ GC-MS ☐ UPLC ☐ ICP-MS ☐ LC-MS/MS ☐ Uv-Visible Spectrophotometer ☐ FTIR ☐ Dissolution Apparatus (Type I and Type II) ☐ Karl fisher Titrator ☐ Autotitrator/Potentiometer ☐ Vacuum Oven ☐ Muffle furnace ☐ Stability Chambers ☐

	Other Specialized Instruments ☐ If other, specify:

4.0 Testing Capabilities

Drug Substances	APIs (Active Pharmaceutical Ingredients) ☐ Antibiotics ☐ Peptides ☐ Steroids ☐ Herbal/Botanical Materials ☐ Excipients ☐ Others (Specify):
Drug Products	Tablets ☐ Capsules ☐ Injections ☐ Oral Liquids ☐ Topical Preparations ☐ Ophthalmic Preparations ☐ Inhalation Products ☐ Herbal Products ☐ Others (Specify):

5.0 Human Resources

Number of full-time or equivalent technical staff members who are currently employed in the laboratory? Include their technical expertise.	

6.0 Attachments

Attachments requested:

Attachment	Provided? (Y/N)	Comments
1. FDA Approval and GLP Certificate		
2. NABL ISO/IEC 17025:2017 Certificate and scope		
3. Laboratory Profile/Brochure		
4. List of Instruments and Equipment		
5. List of Personnel		

7.0 Submission of the EOI Form and Attachment

Please submit the duly filled Expression of Interest (EOI) form along with all the required supporting documents by email to **lab.ipc@gov.in** and **qualityassurance-ipc@gov.in** or send a hard copy of the complete application to the following address:

Indian Pharmacopoeia Commission
Ministry of Health & Family Welfare
Government of India
Sector 23, Raj Nagar
Ghaziabad – 201002, Uttar Pradesh
India

7. Declaration

I/We hereby certify that the information provided in this Expression of Interest is true and correct to the best of my/our knowledge. I/We agree to provide any additional information/documentation required for evaluation purposes.

Name of Authorized Signatory: _____

Designation: _____

Signature: _____

Date: _____

Official Seal of Laboratory