

EISEN PHARMACEUTICAL CO. (PVT.) LTD.

REGD Office : 34/7 ERANDWANA, PUNE, 411004, INDIA

www.eisenpharma.com | email – info @ eisenpharma.com

PHONE : (+91) 20-25431174, (+91) 8888842805 FAX : (+91) 20-25430024

CIN – U24232PN1951PTC008610 | GSTIN – 27AAACE4108N1ZM

**Expression of Interest (EOI) - For Supply of Goods / Services****A] Basic Information –**

1.	Name of the Manufacturer / Supplier	
2.	Address	
3.	Year of Establishment	
4.	Website	
5.	Telephone Nos.	
6.	Fax No.	
7.	Mobile Nos.	
8.	Name of person representing	
9.	E-mail ID for Communication	
10.	Type of Industry (If Applicable)	<input type="checkbox"/> Small / <input type="checkbox"/> Medium / <input type="checkbox"/> Large
11.	Business Type (Tick whichever is applicable)	
	<input type="checkbox"/> Company – (<input type="checkbox"/> Public Ltd / <input type="checkbox"/> Pvt Ltd / <input type="checkbox"/> LLP / <input type="checkbox"/> Government Undertaking) <input type="checkbox"/> Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ (Specify)	
12.	Nature of Business	
	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Distributors <input type="checkbox"/> Service Provider <input type="checkbox"/> Authorised Agent <input type="checkbox"/> Other-_____	
13.	Kind of products / services you offer -	
	<p style="text-align: center;">Dept - Store (Raw Material / Packing Material)</p> <input type="checkbox"/> Pharma Grade Raw Materials (Active Drugs) / <input type="checkbox"/> Pharma Grade Raw Materials - Excipients / Colours / Flavours & Fragrance Packing Materials - <input type="checkbox"/> Printed Aluminium R.O.P.P Caps & Foils , <input type="checkbox"/> PVC, PVC/PVDC Film's <input type="checkbox"/> Printed Items - Labels / Cartons / Corrugated box <input type="checkbox"/> Accessories-Measuring cup / Dropper <p style="text-align: center;">Dept - Store (General Items)</p> <input type="checkbox"/> Sanitation Material / Cosmetic Materials / Disinfectants <input type="checkbox"/> Stationery Items <input type="checkbox"/> Laundry Service <input type="checkbox"/> Hardware Items <input type="checkbox"/> Electricals Items <input type="checkbox"/> Furniture & Fixture <input type="checkbox"/> Computer/Laptop/Printer related AMC OR Repairing <input type="checkbox"/> Repair & Maintenance of Building <input type="checkbox"/> Painting & Epoxy Coating <input type="checkbox"/> Dress / Uniform <p style="text-align: center;">Dept – QA / QC</p> <input type="checkbox"/> Laboratory Chemicals & Reagents / <input type="checkbox"/> Laboratory Apparatus / Laboratory Instruments <input type="checkbox"/> Q.C./ Production / Store equipments / instrument calibration from NABL accredited Vendor <input type="checkbox"/> Air Handling System Validation Service provider having NABL accreditation <input type="checkbox"/> Consultation Services <p style="text-align: center;">Dept – Production</p> <input type="checkbox"/> Machinery & Equipments <input type="checkbox"/> Maintenance related to A/C, Compressor, Boiler Etc. / <input type="checkbox"/> Hardware Items / <input type="checkbox"/> Electricals Items <input type="checkbox"/> Furniture & Fixture / <input type="checkbox"/> Computer/Printer/Networking/Telephone related AMC OR Repairing <input type="checkbox"/> Consultation Services <p style="text-align: center;">Dept – Maintenance</p> <input type="checkbox"/> Compressor Supply <input type="checkbox"/> DG Set <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Gasket for Machine <input type="checkbox"/> Energy Saver Related Work <input type="checkbox"/> Boiler <input type="checkbox"/> Effluent Treatment Plant <input type="checkbox"/> Air Handling Unit <input type="checkbox"/> Water System <input type="checkbox"/> Electric Light Fitting <input type="checkbox"/> Cables <input type="checkbox"/> Insecticutor / Air Curtain <input type="checkbox"/> Fire Extinguisher <p style="text-align: center;">Dept – Sales / Marketing / General Administration / HR / Dispatch</p> <input type="checkbox"/> Stationery Items <input type="checkbox"/> Gift Items <input type="checkbox"/> Branding / Artwork / Communication Development <input type="checkbox"/> Training Services <input type="checkbox"/> Computer/Printer/Networking/Telephone related AMC OR Repairing <input type="checkbox"/> Goods Transport Services <input type="checkbox"/> Travel / tour operator services <input type="checkbox"/> Lodging / Hotel Stay provider <input type="checkbox"/> Certified Medial Professional for Medical Check up <p style="text-align: center;">Anything other (Please specify)</p>	

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14.	<u>Mention key features / benefits that you can provide in the best interest of EISEN</u>	
15.	Licenses Details (If Applicable) A. Mfg. Drug Lic. & Validity Date B. Shop Act Lic. & Validity Date C. FSSAI & Validity Date D. Other (Specify)	
16.	Bank Name & Address	
17.	Bank Account Number	
18.	IFSC Code	
19.	Permanent Account No. (PAN)	
20.	Company Identification No. (CIN) if applicable	
21.	GST Identification Number (GSTIN) with GST Type (Regular / Composition)	
22.	Legal Name of Business (as per GST portal)	
23.	Email id (registered on GST portal)	
24.	Mode of GST Returns	<input type="checkbox"/> Monthly / <input type="checkbox"/> QTRly / <input type="checkbox"/> Annual (Composition)
25.	Online Payment Gateway with CREDIT Card acceptance	<input type="checkbox"/> Available / <input type="checkbox"/> Not Available [Mandatory for Promotional Gift Suppliers]
26.	Swipe Payment machine (P.O.S.)	<input type="checkbox"/> Available / <input type="checkbox"/> Not Available [Mandatory for Promotional Gift Suppliers]
27.	For our reference, please provide your five customer details	
	Customer Name & Address	Contact Person & Contact No & Email id
A)		
B)		
C)		
D)		
E)		

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**Expression of Interest (EOI) - For Supply of Goods / Services****A] DOCUMENT REQUIREMENTS FOR : PHARMA GRADE RAW MATERIALS –**

	REQUIREMENT	Status / Details / Facility Available ?
1	Mfg. Drug Lic. Copy & its Validity	
2	Approved Product List	
3	GMP Certificate	
4	WHO Certificate if available	
5	Pre-shipment sample with COA	
6	Questionnaire List provided by Eisen Pharma.: To be filled & Signed by Manufacturer / Supplier.	

B] DOCUMENT REQUIREMENTS FOR : PACKING MATERIALS –

	Description	Requirement	Status / Details / Facility Available ?
1	Packing Materials : Shipper, Pet Bottles, Printed Aluminium R.O.P.P caps & Foils,PVC,PVC/PVDC Film's, Plastic Cups, Adhesive Tape / PVC Bags etc.	1) Dummy samples for Performance Check.	
		2) Questionnaire List provided by Eisen Pharma.: To be filled & Signed by Manufacturer / Supplier	
2	Printed labels, Cartons, Printed Foil Literature, Leaflet etc	1) Art work for Proof reading.	
		2) Shade cards for Proof checking	
		3) Questionnaire List provided by Eisen Pharma.: To be filled & Signed by Manufacturer / Supplier	

C) DOCUMENT ENCLOSURES FOR : ALL MATERIALS

	Enclosures	Status / Details / Facility Available ?
1	Shop Act Certificate	
2	ISO OR ANY OTHER Certification	
3	GST Registration Certificate	
4	PAN Card	
5	Cancelled Cheque of Bank A/c	
6	Samples for Observation	

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Expression of Interest (EOI) - For Supply of Goods / Services

Declaration

We are willing to supply the good / services to Eisen Pharmaceutical Co Pvt Ltd.
I/We the undersigned, do hereby declare that the entries made in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney. We also undertake the responsibility to inform all subsequent change in the constitution OR working of the firm, affecting the accuracy of the answers now given will be promptly communicated to your Organization. I take legal responsibility of all legal and tax compliances as per the law of the land.

Name of authorised signatory:

Functional Title :

Date :

Signature :

Please send scan of filled EOI form with required enclosures to purchase@eisenpharma.com
or send physical copy at : **Eisen Pharmaceutical Co. (Pvt) Ltd, 34/7 ERANDWANA, PUNE, 411004, INDIA**

Eisen Office Use

- EOI Supply Received On Date –
- EOI Received by Department –
- Verification of Technical Documents Done by –
- Comments about technical documents –
-
-
-
- Verification of GST Details & GST History Done by –
- Comments about GST compliance observed from portal –
 - GSTR1 filing on monthly basis (Yes / No)
 - GSTR3 filing on monthly basis (Yes / No)
-

Forwarded from receiving Department to following respective department

- | | |
|----------------------------------|-------------------------------------|
| 1) Stores / Purchase | 5) Maintenance |
| 2) Q.C./ Q.A. | 6) Administrative Office |
| 3) Production (Liquid) | 7) Sales / Marketing |
| 4) Production (Tablet / Capsule) | 8) Any other person / Department -- |

REMARK of Respective Department Head for Further action :-

Vendor is Recommended for Registration – Yes / No

Sign of Respective Department Head : -

Date :-