

GOVERNMENT OF INDIA/भारत सरकार
MINISTRY OF RAILWAYS/रेल मंत्रालय
(RAILWAY BOARD/रेलवे बोर्ड)

No. 2022/H/4/1/DP/Policy

New Delhi, Dated 17.10.2022

Pr. Chief Medical Director (s),
All Indian Railways,
&
Pr. Chief Medical Officer(s),
All Production Units including RDSO.

Sub:- Provision of Turn Over Certificate for registration of firm - regarding.

Ref:- (i) Board's letter No. 2003/RS(G)/11/3 Part 3 dated 20.05.2015

(ii) Board's letter No. 2015/H/4/1/Drug Procurement (Policy) dated 25.08.2015.

(iii) Board's letter No. 2021/H/4/1/DP/Policy dated 03.03.2021.

Attention is invited to the letters cited under reference. In this regard, it is mentioned that a proforma for verification of Domestic Turnover Certificate for drugs/ Pharmaceutical products by the zonal railway is enclosed at Annexure A and another proforma for verification of turn over certificate by the CA firm is enclosed at Annexure B. It is, therefore, requested that verification of turnover certificate may be sent in the enclosed proformas and strict compliance may be ensured.

This issues with the approval of Director General (RHS).



(Dr. A K Malhotra)

Principal Executive Director, Health
Railway Board

**RAILWAY
MEDICAL DEPARTMENT**

**Office of the
Principal Chief Medical Director
Address:**

No.

To
Sri/Smt/Ms
Address

e-mail:

Sub: Verification of Domestic Turnover Certificate for Drugs/Pharmaceutical Products issued by your office to M/s _____

Ref: Your office Certificate No. dt.

With reference to above, your firm has issued the Domestic turnover certificate for Drug/Pharmaceutical products dated _____ to M/s _____ Ltd. _____
(Full Address)
for financial years, as indicated below:

Sl.No.	Financial Year	Domestic Turnover in (Rs.)
1		
2		
3		
4		

The said firm M/s _____ Ltd. have applied for registration over Indian Railway for supply of Drugs/Pharmaceutical products.

It is advised to kindly confirm/verify, whether the above certificate is bonafide & issued by your firm to M/s _____

The same may be intimated to this office at the address mentioned above.

Name

Designation

Office e-mail & address

FORMAT THAT A CHARTERED ACCOUNTANT MUST GIVE A CONFIRMATION OF ANNUAL TURNOVER

ON THE LETTER HEAD OF THE CHARTERED ACCOUNTANT

C/o Name/Address/CA Reg.No. on

Date:

To
The Principal Chief Medical Director

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.....
.....

Sir,

- Sub: i) Verification of Domestic Turnover for Drugs/Pharmaceutical Products Certificate.
ii) CA Certificate issued for M/s _____

Ref: Your email/letter dated _____

With reference to your email/letter dated _____ it is certified that the certificate issued by me/ us in favour of M/s. _____ vide our letter number _____ date _____ has actually been issued by this office.

Domestic Turnover for Drugs/Pharmaceutical products only, as mentioned in our certificate is as under:-

Sr.No.	Financial Year	Domestic Turnover in (Rs.)
1		
2		
3		
4		

Average of above 3 years is Rs. _____

(Signature of the Chartered Accountant)

(Name of the Chartered Accountant)

Membership ID.

E-mail Address:

Mobile No.