

ANNEXURE – A
KARNATAKA ANTIBIOTICS & PHARMACEUTICALS LIMITED
(A GOVT. OF INDIA ENTERPRISE)
BENGALURU
INSTITUTION MARKETING DIVISION

PARTICULARS OF PROSPECTIVE PARTIES FOR SERVICE/ LIASION AGENT		
Sl.No	Details	Remarks
1	NAME & ADDRESS OF THE SERVICE/ LIASION AGENT	
2	TELEPHONE NO & FAX NO	
3	NAME OF THE OWNER/ PARTNERS/ WITH ADDRESS / YEAR OF ESTABLISHMENT	
4	NAME OF GOVT. INSTITUTIONS / STATES APPLIED FOR 2024-25 & 2025-26 (Attach Separate Sheet, if required)	
5	BUSINESS PROJECTION FOR 2024-25 & 2025-26	
6	WHETHER LIAISON AGENT FOR ANY OTHER PHARMACEUTICAL COMPANY (including CPSE), IF SO, NAME OF THE PHARMACEUTICAL COMPANY(S)	
7	ANNUAL TURNOVER FOR 2021-22, 2022-23 & 2023-24.	
8	NAME & ADDRESS OF GOVERNMENT INSTITUTIONS CATERED PRESENTLY	
9	AREA OF OPERATION	
10	DETAILS OF ORGANISATION	
	a. NUMBER OF SALES EXECUTIVES	
	b. OFFICE STAFF	
11	NAME & ADDRESS OF PARTY'S BANKERS	
12	COPY OF DOCUMENTS TO BE ATTACHED WITH THIS PROFILE	
	a) GST Regn. No	YES/NO
	b) PAN No.	YES/NO
	c) Aadhar Card No	YES/NO
	d) I.T Return	YES/NO
	e) GST Return for last 3 months	YES/NO
	f) Partnership/Pvt. Ltd. Deed Copy	YES/NO
	g) Offer letter to KAPL mentioning the interested Govt. Institutions	YES/NO
	h) Drug License	YES/NO
	i) Audited Balance Sheet for 3 Years	YES/NO
	i) Declaration to accept the Service Agency commission as decided by the company from time to time (as per Annexure-C)	YES/NO
	k) Integrity Pact (refer Tender documents in the portal)	YES/NO
	l) DD No.....dtd.for Rs.2000/- towards Tender processing fee (Non- Refundable) in favor of Karnataka Antibiotics & Pharmaceuticals Limited, payable at Bangalore	YES/NO

Xerox copies of all above documents (self-attested) to be attached with duly filled Annexure-A.

Date:

Signature of Proprietor/Partner

Place:

Rubber Stamp of firm with Address

Possible States for Appointment of Service/ Liaison Agent

Annexure - B

Sl.No	For State/ UT
1	Andhra Pradesh, Telangana
2	Bihar, Jharkhand
3	Chhattisgarh
4	Gujarat, Dadra & Nagar Haveli and Daman & Diu (UT)
5	Haryana, Punjab, Chandigarh (UT), Himachal Pradesh, Jammu & Kashmir (UT) , Ladakh (UT)
6	Karnataka
7	Kerala, Lakshadweep (UT)
8	Maharashtra, Goa
9	Madhya Pradesh
10	North Eastern States (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland & Tripura)
11	Odisha
12	Rajasthan
13	Tamil Nadu, Puducherry (UT)
14	Uttar Pradesh
15	West Bengal, Sikkim, Andaman & Nicobar (UT)
16	Delhi [National Capital Territory (NCT)], Uttarakhand

Annexure - C

Declaration

We hereby declare that we accept the Service / Liasoning Agency commission/ Hospital Stockist commission as decided by KAPL from time to time.

Date:

Signature of Proprietor/Partner

Place:

Rubber Stamp of firm with Address