

**DIRECTORATE GENERAL OF DRUG ADMINISTRATION
MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH**

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Annexure-3						
	FORM Title: Checklist for NOC Application for Donation and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F03-01	01	DEC' 21	DEC' 26		17-11-21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Commercial invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Ministry recommendation (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Recommendation from Ministry of Health (Donation from Government to Government)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

Issued by:

Issue date: 18 NOV 2021

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MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH**

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Annexure-4						
	FORM Title: Checklist for NOC Application to Import Raw material/ RS (Reference Standard)/ Innovator product/Impurity standard for Product Development and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F04-01	01	DEC' 21	DEC' 26		17.11.21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening	
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome	
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Challan with VAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Assessment Completed on						Total Duration				
Assessment Summary						Assessment Done By/Date				
Recommendation of Head of Vaccine & Biologics						Head of Vaccine & Biologics Sign/Date				

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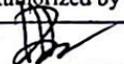
Issue date:

18 NOV 2021


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 BANGLADESH


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MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH**

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Annexure-5						
	FORM Title: Checklist for NOC Application to Export/Import Placebo and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F05-01	01	DEC' 21	DEC' 26		17.11.21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Placebo certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

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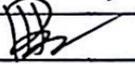


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 MINISTRY OF HEALTH AND FAMILY WELFARE
 BANGLADESH



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Annexure-6						
	FORM Title: Checklist for NOC Application for Export Purpose to get Registered and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F06-01	01	DEC' 21	DEC' 26		17-11-21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Letter from exporting country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

Issued by: 

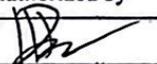
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 GOVT. OF BANGLADESH
 2021

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MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH

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Annexure-7						
	FORM Title: Checklist for NOC Application for the Medicine to Personal Use and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F07-01	01	DEC' 21	DEC' 26		17-11-21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Doctor's Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Details Quantity/Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

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Issue date:

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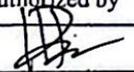


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Annexure-8						
	FORM Title: Checklist for NOC Application for Drugs/Medicine/Medical Device/IVD for Research Purpose and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F08-01	01	DEC' 21	DEC' 26		17.11.21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Protocol approval certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	IND certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Placebo certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Certificate of analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

Issued by:



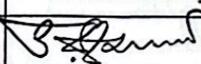
Issue date: 18 NOV 2021

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 MINISTRY OF HEALTH AND FAMILY WELFARE
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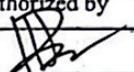
Annexure-9						
	FORM Title: Checklist for NOC Application to Supply in Govt. Agency/Hospital and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F09-02	02	JAN' 25	JAN' 30		18.12.24	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 DIRECTORATE GENERAL OF DRUG ADMINISTRATION (DGDA) MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH CONTROLLED COPY Issued Date: 12 DEC 2024
2.	Commercial/Proforma invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Work order/Award of Tender with specific amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	COPP (One of seven reference countries)/EMA/WLA/WHO prequalified/SRAs (For Vaccine and Biological products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	If the supplier is the agent to supply to the hospital both parties must have the agreement on supply including date, amount, originator country of medicine, brand name, generic name etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Certificate of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

DIRECTORATE GENERAL OF DRUG ADMINISTRATION
MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH

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Annexure-10						
	FORM Title: Checklist for NOC Application for Sending Samples to Another Country for Testing Purposes and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F10-01	01	DEC' 21	DEC' 26		17.11.21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Contract agreement/ any documents like copy of communication through mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

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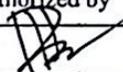


DIRECTORATE GENERAL OF DRUG ADMINISTRATION (DGDA), MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH



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Annexure-11						
	FORM Title: Checklist for NOC Application for Other Purposes and Assessment					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-MA-010/F11-01	01	DEC' 21	DEC' 26		17-11-21	01 of 01

Assessment Started on:

Section	Documents	Documents Availability				Submitted?			DGDA Screening
		Yes	No	NA	Sign	Yes	No	NA	Assessment Outcome
1.	Application as per Annexure-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Documents as per International guideline requirement case by case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Fees voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Completed on						Total Duration			
Issued by: Assessment Summary						Assessment Done By/Date			
Recommendation of Head of Vaccine and Biologics						Head of Vaccine & Biologics Sign/Date			

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 Director, Directorate General of Drug Administration
 Ministry of Health and Family Welfare, Bangladesh

