

### **Appointment of Volume Distributors for All India**

Hindustan Antibiotics Ltd. (HAL), Pimpri, Pune 411018 , a Govt. of India Enterprise is engaged in manufacturing and marketing of various pharmaceutical products such as Betalactum Powder Injectables, Cephalosporin Powder Injectables, Betalactum Tablets and Capsules, Non- Betalactum Tablets, IV Fluids, COVID-19 Products such as HAL Cloud Clinic, HALRUB- Alcoholic Hand Disinfectant (AHD), PPE Kit etc.

HAL would like to expand its Pharma business in various states of India. To cater to individual institutions and to provide the required service on behalf of HAL, company intends to appoint Volume Distributors for various Govt. Institutions in various states. We operate only in "cash & carry basis". Parties having sound pharma marketing strength and sound financial background may apply for working as volume distributors.

Basic functions of volume distributors are as under:-

1. To generate the maximum orders for our range of products from the Institution/s as approved by HAL.
2. To supply in time to Indenting Authorities.

The basic requirements for consideration of Volume Distributors are as follows:

1. Party shall provide interest free security deposit of Rs.25000/- (Rs. Twenty five thousand only) to the company.
2. Party shall have to provide the self attested copies of :-
  - a) Drug Licence
  - b) GST Regn. Certificate.
  - c) PAN card.

d) Aadhar Card

e) Partnership Agreement, if any. .

f) If dealing for other Pharma CPSU's, Details thereof:

Application accompanying with all relevant documents (self attested copies) to be forwarded on OR before 15.03.2021 upto 3.00 p.m., superscribing on the top of envelop **“APPLICATION FOR VOLUME DISTRIBUTOR FOR \_\_\_\_\_ (PLACE, STATE, NAME OF INSTITUTIONS)”**.

Application with the details as per enclosed format shall be sent to:

Marketing Officer  
Hindustan Antibiotics Ltd.  
Liaison Office  
Core 6, First floor  
Scope Complex, Lodhi Road  
NEW DELHI-110003  
(M.No:703805454)  
Email ID - halcorporatemkt@gmail.com

ANNEXURE-A  
HINDUSTAN ANTIBIOTICS LTD  
(A GOVT. OF INDIA ENTERPRISE)  
PIMPRI, PUNE 411 018

**MARKETING DIVISION**

**STATE:**

**DT:**

**LIST OF INSTITUTIONS TO BE COVERED:**

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PARTICULARS OF PROSPECTIVE PARTIES FOR  
VOLUME DISTRIBUTORSHIP

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1. NAME & ADDRESS OF THE DISTRIBUTOR :
  
2. TELEPHONE NO & FAX NO :
3. NAME OF THE OWNER/ PARTNERS/  
WITH ADDRESS
4. YEAR OF ESTABLISHMENT :
5. WHETHER STOCKIEST FOR ANY OTHER  
PHARMACEUTICAL COMPANY, IF SO  
  
NAME OF THE PHARMACEUTICAL  
  
COMPANY
6. ANNUAL TURNOVER FOR 2019-20 & 2020-21 :
7. NAME & ADDRESS OF GOVERNMENT :  
  
INSTITUTIONS CATERED PRESENTLY.

8. DO YOU HAVE ADEQUATE GODOWN :  
SPACE/ SCOPE FOR THE EXPANSION
9. AREA OF OPERATION :
10. WHAT IS THE EFFECTIVE RADIUS :  
OF DISTRIBUTION (IN KMs)
11. ARE YOU AGREE TO PROVIDE US :  
WITH THE INVOICE COPIES AS PER  
PRESCRIBED FREQUENCY
12. DETAILS OF ORGANISATION
- a. NUMBER OF SALES MAN :
- b. NUMBER OF DELIVERY VANS :  
ADVANCE PAYMENT WHETHER ACCEPTED
13. DO YOU HAVE REFRIGIRATOR :
14. COPY OF DOCUMENTS TO BE ATTACHED WITH  
THIS PROFILE.
- a) Drug Licence No. : YES/NO
- b) GST Regn. No. : YES/NO
- c) PAN No. : YES/NO
- d) Aadhar Card No. : YES/NO
- e) I.T Return. : YES/NO
- f) GST Return : YES/NO
- g) Partnership/Pvt.Ltd.Deed Copy : YES/NO

h) Offer letter to HAL

: YES/NO

Xerox copies of all above documents (self attested) to be attached.

17. BUSINESS PROJECTION FROM THE

:

INSTITUTION/S FOR 2021-22

DAT E :

PLACE:

SIGNATURE of Proprietor/Partner  
RUBBER STAMP OF FIRM WITH  
ADDRESS

## **Possible States for Appointment of Volume Distributors**

### **Annexure - B**

<b>Sr.No.</b>	<b>FOR STATE/s</b>
1	<b>JAMMU &amp; KASHMIR</b>
2	<b>PUNJAB &amp; HARYANA</b>
3	<b>DELHI</b>
4	<b>HIMACHAL PRADESH</b>
5	<b>UTTARAKHAND</b>
6	<b>UTTAR PRADESH</b>
7	<b>RAJASTHAN</b>
8	<b>GUJARAT</b>
9	<b>MADHYA PRADESH</b>
10	<b>CHHATTISGARH</b>
11	<b>GOA</b>
12	<b>MAHARASHTRA</b>
13	<b>ODISHA</b>
14	<b>WEST BENGAL</b>
15	<b>ASSAM &amp; N. E. STATES</b>
16	<b>BIHAR</b>
17	<b>JHARKHAND</b>
18	<b>ANDHRA PRADESH</b>
19	<b>TELANGANA</b>
20	<b>KERALA</b>
21	<b>KARNATAKA</b>
22	<b>TAMILNADU</b>