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| <br><b>AGRICULTURAL RADIATION PROCESSING FACILITY, RRCAT,<br/>INDORE</b> | Document No. | ARPF/OFR/04               |
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**ORDER REGISTRATION FORM**

|     |  |                                |                                     |
|-----|--|--------------------------------|-------------------------------------|
| 1.  | Client's Name  | :                              |                                     |
| 2.  | Client Registration Number allotted by ARPF Facility In-Charge | :                              |                                     |
| 3.  | Registered Office Address                                      | :                              |                                     |
|     | Phone No./ Fax No.   | :                              |                                     |
|     | Mobile no.   | :                              |                                     |
|     | E-mail   | :                              |                                     |
| 4.  | Description of Product (s) to be Irradiated                    | :                              |                                     |
| 5.  | Risk class of medical device as per CDSCO                      | :                              | Class- A/ Class-B/ Class-C/ Class-D |
| 6.  | Material used for Manufacturing of Product                     | :                              |                                     |
| 7.  | Purpose for Irradiation of Product (s)                         | :                              |                                     |
| 8.  | Are You First Time requesting for Radiation Processing         | If Yes; left blank point no. 8 | :                                   |
|     |  | If No; go to point no. 8       |                                     |
| 9.  | Product Dose Mapping No. issued by ARPF                        | :                              |                                     |
| 10. | Mode of irradiation  | :                              | Electron/ X-ray                     |
| 11. | What is the required minimum Dose (kGy)                        | :                              |                                     |
| 12. | What is the acceptable maximum dose (kGy)                      | :                              |                                     |
| 13. | Dimension of individual product box (L× D× H)                  | :                              |                                     |
| 14. | Weight of individual product box/ carton (in gm)               | :                              |                                     |
| 15. | Total no. of product boxes/cartons to be Irradiated            | :                              |                                     |
| 16. | Batch No., if any  | :                              |                                     |
| 17. | FDA Loan Licence No., if applicable                            | :                              |                                     |

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|     |                       |                 |   |
|-----|-----------------------|-----------------|---|
| 18. | Any other Information | :               |   |
|     |                       | Signature       | : |
|     |                       | Name            | : |
|     |                       | Designation     | : |
|     |                       | Seal of Company | : |

**For Use by ARPF Officials**

|  |   |                               |   |
|--|---|-------------------------------|---|
| Date of receipt                        | : |                               |   |
| QC remarks, if any                     | : |                               |   |
| Facility In-charge<br>Comments, if any | : |                               |   |
| Radiation Processing<br>Charges        | : | Per Box/ Carton Charges (Rs.) | : |
|  |   | Quantity                      | : |
|  |   | Any other Charges (Rs.)       | : |
|  |   | Total Amount (Rs.)            | : |

Notes:

1. ARPF Officials will assess the information that you have provided in this form.
2. On your acceptance of the quotation, you need to send the order registration form along with purchase order.
3. ARPF will take the subsequent action, to process the material as per the requirement specified in order registration form.
4. The PDM no. is required for future radiation processing.
5. ARPF assumes no responsibility for claims of loss of time and/or order cancellation.
6. Client shall fill the Undertaking letter given below.

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**UNDERTAKING ON CLIENT'S LETTER HEAD**

Ref No.:

Date:

To,  
The Facility In-Charge  
Electron Beam Radiation Processing Facility (ARPF)  
Devi Ahilya Bai Holkar Fal and Sabji Mandi premises,  
Near Phool Mandi, Nirbhay Singh Patel Marg,  
Western Ring Road, Indore, Madhya Pradesh- 452001

Dear Sir,

We are pleased to learn that you have an Electron Beam Irradiation facility for radiation processing various products like medical devices. We are desirous of availing your services for ..... (mention purpose of irradiation like medical sterilization) of our products.


We shall be sending you our products for Electron Beam Radiation processing duly packed in corrugated boxes through our transport with the Order registration form and hereby request you to deliver the processed products to our authorized transporter, when he comes for collection. We shall bear all the transportation charges.

The taxes and levies whichever is applicable as per prevailing government guideline on the products sent to you are paid. We are solely responsible for any kind due taxes/levies on products.

Also please note that we have obtained requisite insurance for the products to cover all risks of loss/ damage while they are in transit and/ or in your premises/custody.

In case of any claims arising out of products Irradiated by ARPF, ARPF's liability, if any, will in no case exceed process charges paid by us to ARPF for such product. No claims will be entertained after six months from the processing date.

The product specification and product orientation inside the box is in accordance with the recommendation of pre-irradiation product dose mapping report of the product. However, ARPF official will be allowed to open any box for verification of the contents or to place dosimeters for testing purpose (without any damage to primary packaging) or a video will be send to ARPF showing packaging arrangement inside the box. Such boxes should be resealed properly by the ARPF.

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Kindly note that our products do not require temperature-controlled storage and can be stored at ambient temperature at your premises.

Thanking you,  
Yours Sincerely,

For: .....  
Signature: .....  
Name: .....  
Designation: .....