Form-A

CLEARANCE OF SHIPMENT

PRE-REQUISITES FOR OBTAINING CERTIFICATION OF UNDERTAKING IN TERMS OF SPECIAL CLASSIFICATION PROVISION 9914 OF PAKISTAN CUSTOMS TARIFF

Specialized Healthcare Government Hospitals/Institutions

(A) Particulars of Hospital / Institution under administrative control of Provincial Government.						
1	Title and address of the Hospitals/Institution					
2	Bed Strength of Hospital / Institution					
3	Name and contact no. of CEO or Focal Person					
(B) Details of Imported Goods						
4	Declaration of Imported goods	**Description of goods**		**PCT Heading**	**Quantity**	
5	Whether goods are ' Self Imported' or 'Donated'					
6	Bill of Lading or Air way bill No. and Date					
7	Invoice No. and Date					
8	Invoice value of Imported goods					
9	Estimated Consumption period of current shipment(in case of consumables)					
10	Previous evidence of import of above goods along with quantities consumed & stock in balance	**Import GD number & date of last shipment**	**Description**	**PCT Heading**	**Quantity imported**	**Quantity Consumed**	**Quantity in Balance**
11	Specify in detail the purpose of current Import e.g. a) Hospital use or other uses (b) Name of Institute where this equipment will be installed (c) Name of institute where this drug will be distributed/used/supplied (d) Any other details deemed appropriate					

Documents to be attached with the Form :

1. The head of the importing institution or hospital shall furnish two undertakings addressed to;
   i. Secretary, Government f the Punjab, Specialized Healthcare & Medical Education Department
   ii. The respective Collector of Customs

   (dully serial numbered to the effect that imported goods are *bona fide* requirement of the project or for in house use and these shall not be sold, utilized or disposed of otherwise than for the purpose for which the same have been imported and binds itself to pay the leviable duty and taxes in the event of breach of the undertaking).
2. Invoices and Packing lists of current shipment and relevant past shipment (attested copy)
3. Bill of lading and airway bill (attested copy)

   Note: The Certification to be issued by Secretary Health, Government of Punjab shall only for the purposes of meeting requirements of Special classification provision 9914 and the Importing institution will be responsible to comply conditions / formalities of any other provincial and Federal laws for the time being in force.

Prepared by:

Signature: _____
Name:_____
Designation:_____
CNIC Number (Please attach a copy of CNIC):
					-								-	

Approved by Head of Institute:

Signature:_____
Name:_____
Designation:_____
CNIC Number (Please attach a copy of CNIC):
					-								-	

Form-B

CLEARANCE OF SHIPMENT

PRE-REQUISITES FOR OBTAINING CERTIFICATION OF UNDERTAKING IN TERMS OF SPECIAL CLASSIFICATION PROVISION 9914 OF PAKISTAN CUSTOMS TARIFF

Non-profit charitable Hospitals / Institutions

(A) Particulars of Hospital / Institution under administrative control of Provincial Government.							
1	Title and address of the Charitable Hospitals/ Institution						
2	NPO certificate No. & Date issued by the Commissioner IR						
3	Bed Strength of Hospital / Institution						
4	Name (s) and contact No. of Trustees						
5	Name and contact no. of CEO or Focal Person						
(B) Details of Imported Goods							
6	Declaration of Imported goods	**Description of goods**		**PCT Heading**		**Quantity**	
7	Whether goods are ' Self Imported' or 'Donated'						
8	Bill of Lading or Air way bill No. and Date						
9	Invoice No. and Date						
10	Invoice value of Imported goods						
11	Estimated Consumption period of current shipment(in case of consumables)						
12	Previous evidence of import of above goods along with quantities consumed & stock in balance	**Import GD number & date of last shipment**	**Description**	**PCT Heading**	**Quantity imported**	**Quantity Consumed**	**Quantity in Balance**
13	Specify in detail the purpose of current Import e.g. a) Hospital use or other uses (b) Name of Institute where this equipment will be installed (c) Name of institute where this drug will be distributed/used/supplied (d) Any other details deemed appropriate						

Documents to be attached with the Form:

1. Non-profit Organization certificate issued by Commissioner LTU (in case of charitable institution) duly verified by the Commissioner / Assistant Commissioner concerned for its validity.
2. The head of the importing institution or hospital shall furnish two undertakings addressed to;
   i. Secretary, Government f the Punjab, Specialized Healthcare & Medical Education Department **(on stamp paper)**
   ii. The respective Collector of Customs

   (dully serial numbered to the effect that imported goods are *bona fide* requirement of the project or for in house use and these shall not be sold, utilized or disposed of otherwise than for the purpose for which the same have been imported and binds itself to pay the leviable duty and taxes in the event of breach of the undertaking).
3. Copy of Trust deed/Article of Association & Memorandum of Association (attested copy).
4. Detail of Trustees along with their CNICs (attested copy).
5. Invoices and Packing lists of current shipment and relevant past shipments (attested copy)
6. Bill of lading and airway bill (attested copy)

   Note: The Certification to be issued by Secretary Health, Government of Punjab shall only for the purposes of meeting requirements of Special classification provision 9914 and the Importing institution will be responsible to comply conditions / formalities of any other provincial and Federal laws for the time being in force.

Prepared by:
Signature: _____
Name:_____
Designation:_____
CNIC Number (Please attach a copy of CNIC):

					-								-	

Approved by Head of Institute:
Signature:_____
Name:_____
Designation:_____
CNIC Number (Please attach a copy of CNIC):

					-								-	