



भारत सरकार / GOVERNMENT OF INDIA  
डॉ राम मनोहर लोहिया अस्पताल,  
अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली  
DR. RAM MANOHAR LOHIA HOSPITAL,  
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001



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No. Proc-11017/6/2024-Proc. Section-Dr. RMLH/1642


Dated: 4/4/25

### **CIRCULAR**

The New Drugs and Disposables/Consumables Approval committee's next meeting will be held in the month of May 2025 for consideration to include New Drugs and Disposables/Consumables items in hospital formulary, for patient care.

All Head of the Departments are hereby requested to send requirements of inclusion of new medicines/disposable/consumable in hospital formulary, in prescribed forms to Chairman, NDAC. It is also requested to send a fresh demand, in case, the requirement was already sent previously.

Details of number of approx. beneficiaries in a year, cost of medicine and approx. financial burden in a year, for OPD/IPD patient, may please be mentioned in the requirement.

  
Dr. (Prof.) Pulin Kumar Gupta  
Director Prof. & Chairman (NDAC)

Copy for information & necessary action to:-

1. PS to Medical Superintendent
2. All Head of the Departments
1. Officer I/c E-Governance with request to upload the same on hospital website.

Dr. Pulin Kumar Gupta  
MD (Medicine)  
Professor (Medicine) & Dr. RMLH  
New Delhi, India

**ABVIMS & DR. RML HOSPITAL, NEW DELHI.  
PROFORMA FOR APPROVAL OF NEW DRUG IN  
THE HOSPITAL INVENTORY**

Name of Department-

Name of Officer I/c-

Contact No. & Email :-

1. Name of Medicine to be introduced & its Details:

(If proposed drug is FDC or contains more than one ingredient, specify all ingredients with their strength)

Generic name of proposed drug	
Dosage form (tab, Inj, Syb)	
Strength (mg, mg/ml) Also mention Packing (Ampoule/vial)	
Name of Manufacturer /manufacturers (If single manufacturer kindly specify it)	

2. Indication for which approval is sought:

3. Justification/ Rationale (reason the proposed drug is required or preferred over currently available therapy in inventory.)

4. Any other benefits/advantage of the proposed drug (*e.g. Cost effectiveness*)

5. Side effects of proposed drug

6. Target population

Out Patient                      Inpatient                      Both

7. Are you recommending any restrictions for use of proposed drug? Yes    No

8. If YES, please indicate what restrictions should apply.

(*e.g. to be provided with countersign of faculty/specialist. Only for IPD patients, etc*)

9. Whether drug is approved by DCGI for said indications

Yes                      No



**ABVIMS & DR. RML HOSPITAL, NEW DELHI  
PROFORMA FOR NEW DISPOSABLE ITEMS PROPOSED TO BE  
INTRODUCED IN THE HOSPITAL INVENTORY**

1. Name of Department.....
2. Name of Officer I/c .....
3. Name of the Disposable Article/Consumable.....
4. Availability in India .....
5. Single manufacturer or not .....
6. Justification for its introduction for hospital purchase .....
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(Please attach authentic literature for the perusal of committee) (Separate sheet if space is not enough)

7. Approximate Annual consumption.....
8. Existing items used from the inventory at present for the same indications .....
9. Evidence based advantage of the item over the existing item .....
10. Details of item that would be affected by the introduction of the above .....
11. Approximate unit cost of the new above item .....
12. Cost per annum based on anticipated patient and uses .....
13. Cost per annum of the currently used item/s .....
14. Whether will be free/chargeable used item/s .....
15. Any hazard of this Item .....

Signature of HOD with Stamp