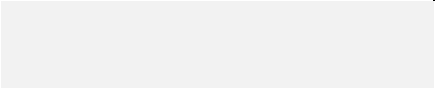


CATEGORY- Water Treatment Consumables - UNSPSC CODE - 471016 GEM/DCEO/DJ/NADCC

Sodium Dichloroisocyanurate(NADCC) Tablets - UNSPSC CODE- 47101699 ITCHS:30049099

S. NO.	PARAMETERS	Character / Numerical	VALUE 1	VALUE 2	VALUE 3	UNIT	VALIDATION/Remarks	FILTER REQUIRED	PRIORITY	DEMAND AGGREGATION
1	Conformity to Indian Standard for Sodium Dichloroisocyanurate(NADCC)	CH	IS:15773 Latest							Number of tablets
2	ISI Marked	CH	YES	No				YES	1	
3	BIS Licence No.and Validity if yes	Ch					Must Declare			
4	Sodium Dichloroisocyanurate(NADCC)	Ch	Type I (Dihydrate)	Type II(Anhydrous)				Yes		
5	Weight of Tablet	ch				mg	Must Declare i.e 3.5 mg ,3500mg etc.			
6	Strength of tablet	CH				mg	Must Declare i.e 3.5 mg ,3500mg etc.	YES	2	
7	Minimum available Chlorine	ch				mg	Must Declare i.e 2.0 mg ,2000mg etc.	yes		
8	Stability of chlorination in water(minimum)	N	24			Hours				
9	Packing Type	CH	Air-Tight Plastic's Container					YES	3	
10	No of Tablets in a Bottle	N					Must Declare	YES	4	
11	Shelf Life(minimum)	CH	2			Years				
12	Statutory Certificates required for NADCC tablets /granules 1)Drug Licence	Ch	Yes							

13	Drug licence No.and date	ch								
14	2) Product licence	ch	Yes							
15	Product licence No.and date	ch								
16	3)GMP certificates	ch	Yes							
17	GMP licence No.and date	ch								
18	4) Free sale certificates	ch	Yes							
19	Free sale licence No.and date	ch								
20	Toxicology research certificate from agency of CSIR or From CSIR (Council of scientific and industrial Research)	Ch	Yes							
21	Toxicology research certificate no. and date									
22	Certificate to be furnished to the buyer on demand	ch	Yes							
23	Availability of Test Reports from NABL/IL AC accredited/Centre Government Lab covering all the Declared Parameters as per IS Specification alongwith self life of 2 years of the material and its stability of chlorination in water for min. 24 hours.	CH	YES				**	NO		
24	Test Report No	CH					**	No		
25	Test Report Date	CH					**	NO		
26	Name of the Lab	CH					**	NO		
27	Address of the Lab	CH					**	NO		



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\* one is to one validation

\*\* Field may be made mandatory