

FORM NO. 8(A)

{See rule 15 (1)}

Application for the license to sell, store and exhibit for sale & distribute drugs by way of pharmacy.

1. I / We _____ .of M/S _____ hereby apply for

Licence of Pharmacy;

2. The sale of drugs will be under the personal supervision of;
(name, registration No, NIC No & address with qualification).

1. _____
2. _____

3. I / We am / are submitting herewith the following documents;

A) Testimonials of the person (s), registered under section 24(1)(a) of the Pharmacy Act 1967, who has agreed to personally supervise the sale of drugs for license in Form 9 (pharmacy) and the proprietor (s)

i) Three attested copies of registration certificate issued by a pharmacy council.

ii) four attested copies of National Identity Card & passport size photographs of the proprietor (s) and person (s) incharge who has agreed to personally supervise the sale of the drugs.

iii) Affidavit of the person who will supervise the sale of drugs and the proprietor, duly verified, to the effect that they:-

a) shall comply with the provision of the Drugs Act, 1976 and rules framed there under;

b) have not been convicted of any offence from any Court of law.
[See rule 19 (1) (e)];

c) shall inform the Licensing Authority for any change in supervisory staff etc.

d) are not working in any government / semi government / autonomous organization.

e) shall not sell / stock any expired, spurious, substandard, unregistered misbranded, counterfeit or any drugs in violation to the drugs laws in force.

B) Plan indicating the exact location and specification of the premises including covered area, dimensions, signboard, air conditioning and refrigeration facilities and addresses of go-down (if any).

C) Treasury receipt / challan No & dated _____ amounting to Rs. _____ in the Head of Account 1252-Health & Other receipts.

Dated: _____

Signature: -----

Signature: -----

Name, address and Permanent Home
Address of the person (s) who will
personally supervise the sale of drugs.

Name, address and Permanent Home
Address of the proprietor (s)

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FORM NO. 8(B)

{See rule 15 (1)}

Application for the license to sell, store, exhibit for sale & to distributedrugs
excluding the drugs specified in Schedule “G” by way of Medical

Store

1. I / We _____ .of M/S
_____ hereby apply for

Licence of Medical Store;

2. The sale of drugs will be under the personal supervision of;
(name, registration No, NIC No & address with qualification).

1. _____

2. _____

3. I / We am / are submitting herewith the following documents;

A) Testimonials of the person (s), registered under section 24(1)(a) or (b) of the Pharmacy Act 1967, who will supervise the sale of drugs for license in Form 10 (medical store)and the proprietor (s); and

Testimonials of the person (s), registered under section 24(1) of the Pharmacy Act 1967, who will personally supervise the sale of drugs for license in Form 10 (medical store)and the proprietor (s).

i) three attested copies of registration certificate issued by a pharmacy council.

ii) four attested copies of National Identity Card & passport size photographs of the proprietor (s) and person (s) incharge who has agreed to personally supervise the sale of the drugs.

iii) Affidavit of the person who will supervise the sale of drugs and the proprietor, duly verified, to the effect that they:-

f) shall comply with the provision of the Drugs Act, 1976 and rules framed there under;

g) have not been convicted of any offence from any Court of law.

[See rule 19 (1) (e)];

h) shall inform the Licensing Authority for any change in supervisory staff etc.

i) are not working in any government / semi government / autonomous organization.

j) shall not sell / stock any expired, spurious, substandard, unregistered misbranded, counterfeit or any drugs in violation to the drugs laws in force.
B) Plan indicating the exact location and specification of the premises including covered area, dimensions, signboard, air conditioning and refrigeration facilities and addresses of godown (if any).

C) Treasury receipt /challan No & dated _____ amounting to Rs. _____ in the Head of Account 1252-Health & Other receipts.

Dated: _____

Signature: -----

Signature: -----

(i) Name, address and Permanent Home
Address of the person (s) who will
personally supervise the sale of drugs.

Name, address and Permanent Home
Address of the proprietor (s)

(ii) Name, address and Permanent Home
Address of the person (s) who will
supervise the sale of drugs (if different
from (i) above.