

DOCUMENTS TO ACCOMPANY APPLICATION FOR FRESH DRUGS LICENCES

Rs. 2/- Court Fee Stamp is to be affixed on the application

1. Form 19 correctly filled in showing all the particulars.
2. Questionare - No column should be left blank.
3. Original Chalan receipts remitted under the head of account "0210-04-104-99 Drugs Licence fee"
4. Justification on starting a medical store.
5. Attested copy of the Pharmacy registration certificate of the registered pharmacist.
6. Declaration of the Pharmacist signed before an Inspector.
7. Declaration on the activities of the applicant during the preceeding three years.
8. Declaration on conviction and court cases pending against the applicant.
9. Declaration regarding storage facilities provided, with diammension of each item.
10. Declaration regarding working hours and holiday.
11. Attested copy of the purchase invoice of the refrigerator.
12. Option Form
13. Affidavit in Rs. 25/- stamp paper on sole proprietorship/partnership/company signed before a notary who have jurisdiction over the area.
14. Ownership certificate and location plan of the buidling if there is a sub number in the building number.
15. Attested copy of the partnership deed/Articles of Association and Memorandum of Association attested by a notary wherever applicable.
16. List of Directors showing full address in the case of Company.
17. Covering letter.

In the case of application for fresh licences due to change of ownership the following documents are also to be furnished.

1. List of drugs transferred duly signed by both the partners.
2. Details of bill books transferred.
3. Details of purchase invoices transferred.
4. Transfer affidavit in Rs. 25/- stamp paper signed before a notary who is having jurisdiction over the area.

Application to change the name of an existing firm

The licensee shall furnish an affidavit stating that the name change is (1) Not to avoid the liability in the existing business dealings (2) Not to avoid court cases in the existing business dealings.

National Savings Certificate

QUESTIONNAIRE
(To be attached with Form 19/19 C)

Photograph
of the
Applicant

1. Name of the Applicant :
2. Age :years Sex: M/F
3. Educational Qualifications :
4. Permanent Address (Res) :
- Phone No.Pin
5. Name and address of the shop:
- Phone No.Pin.....
6. Whether own or Rented building :
- 6 (i) If rented, a) Name and address of owner :
b) Date of Occupancy :
7. Reason for filing application : Fresh/Renewal
- 7(a) If Fresh application Specify whether
- (i) New application
 - (ii) Change of ownership
 - (iii) Change in constitution
 - (iv) Shifting of Premises
8. Ownership
- a) Sole Proprietor
 - b) Partnership Firm
 - c) Company
 - d) Govt. Organisation
 - e) Co- operative Society
 - f) Others
9. Type of business : Retail/ wholesale/ Both retail & wholesale

10 Area of the shop : M²

Dimensions in metres L
B
H

11. Approximate value of Drugs

Stocked or intended to be stocked :

12. Storage Facilities

(a) Cold Storage : Refrigerator/ Walk in cooler
Make
Capacity.....Liters

b) Cool & Dry place m³

(i) Cupboard with wooden shutters :

(ii) Cupboard with glass shutters :

13. Flooring :

14. Ceiling :

15. Electricity connection :

16. Name of registered

Pharmacist , Competent Person :

Qualification :

Experience :

17. Is Pharmacy provided :

(a) If Yes specify area :

18. Business hours of the shop
and holiday

19. Is any previous conviction
awarded to the applicant
under any law :

DECLARATION

I, hereby declare that the statements made above are true and correct. I also declare that ,I shall follow the provisions of the Drugs and Consmetics Act 1940 and Rules 1945 framed there under .

Place:

Signature :.....

Date :

Name.....

FORM NO. 19

[See Rule 59 (2)]

Application for grant or renewal of a license to sell, stock or exhibit for sale or distribution of drugs other than those specified in Schedule X

1. I / We,

.....
.....
hereby apply for license to sell by * wholesale/retail drugs specified in Schedules C and C (1) excluding those specified in Schedule X and / or Drugs other than those specified in Schedules C. C (1) and X to the Drugs and Cosmetics Rules, 1945 and also to operate a pharmacy on the premises

Situated at

2. ** The sale and dispensing of drugs will be made under the personal supervision of a qualified person, namely:-

(Name) (Qualification)

(Name) (Qualification)

3. Categories of drugs to be sold

4. Particulars for special storage accommodation

5. A fee of rupees has been credited to the Government account under the head of account

Date:

Signature

- * Delete whichever is not applicable.
** To be deleted if drugs will be sold only by wholesale.
*** Required only if products requiring special storage are to be sold.

D E C L A R A T I O N

I,(Name) S/O,D/O,W/o
.
.(Address)holder of pharmacy
Registration Certificate No. dated
renewed/OP toBachelor of Degree/
Diploma inhereby declare that
I am working/I shall work as Registered Pharmacist/Competent
person as per the Drug and Cosmetics Rules 1945 at
.with effect from
I was employed atand I left their
service on My working hours will
be fromtoexcept
I also declare that I will be working at the above firm from
.AmtoPm on all working days.

Name:

Sign:

Date:

AFFIDAVIT SOLE PROPRIETORSHIP CONCERN

I, S/o D/o W/o.....

.....House, D.No.....
Panchayat/.....Taluk.....District, Presently
residing at.....

.....hereby solemnly declare that I am the sole Proprietor of the

I further declare that I am the occupant of the said premises in my capacity as its^{*lawful}
owner/<sup>*Legal tenants, /^{*by virtue of the order dated...../at the}
consent of.....</sup>

.....in case No.....by Virtue of
the consent given by its owner. ^{*The said premises is owned by.....}

These declarations are made for the purpose of grant/renewal of licences
under the Drugs and Cosmetics Act 1940 and Rules 1945

^{*Delete whichever is not applicable}

AFFIDAVIT FOR COMPANIES INCLUDING PARTNERSHIP FIRMS

(i) We.....

.....

(ii)

.....

(etc). Solemnly declare that we are the Partners/Directors of.....

.....

a firm constituted as per the deed of Partnership dated.....company

formed as per the Memorandum and Articles of Association dated.....

and Registered at.....as No.....

dated.....we further declare that the following partner (s)/Director (s)

would be the person (s) responsible for the conduct of the business unless & until notified

otherwise.

We also declare that we are the occupants of the premises No.....

Street.....(Locality).....

Place.....(Pin.....) as Lawful owners/ Legal

tenants by virtue of order dated.....of the Court of.....

in case No...../by virtue of the consent agreement with its owner.....

.....premises is owned by.....

These declarations are made for the purpose of grant/renewal of licences under the
Drugs and Cosmetics Act 1940 and Rules, 1945.

*Delete whichever is not applicable