

## **Chief Drugs Controller, Punjab**

## **Centralized Drug Sales Licensing**

	CHECKLIST (FOR NEW DSL)		
New License		File Submit ion Date	:
cuments related to POS			Available (Y/N)
Application Form * Pharmacy 8-A, Medical St	ore 8-B, Distribution 8-C		
Bank Chalan Fee** Challan Form # 32-A Fee De	posited In (*NBP) A/C # CO-2841 Health		
Authorization Letter for Distribution Setup**			
Rent deed to be Attested from Area Police Statio	n.		
Property Ownership Document (Attach Copy Of F	egistry)		
Location Map			
cuments related to proprietor			
1 Affidavit (Attested from 1st class Judicial Magistra	ate		
2 Original CNIC.**	Valid Not Expired		
sumants related to Qualified Person			•
cuments related to Qualified Person  1 Affidavit (Attested from 1st class judicial Magistra	nte		
2 Original CNIC.**	Valid Not Expired		
3 original category and renewal	vana Not Expired		I
APPLICATION FORMS,	Fee For Licence	Ī	1
Form 8(A) For Pharmacy,	New Licence Fee : RS.3000		
Form 8 (B) For Medical Store	New Licence Fee : RS.2000		
Form 8 (C) for Distribution.	New Licence Fee : RS.5000		
Note:For New Category Attach Rs			
Activity	Name	Date	Signature
File Checked by			
Scanning Operator			
Data Entry Operator			
Quality Check by			

Note: Physical Appearance Of Properitor & Qualified Is Mandatory With Valid Original CNIC Not Expired. Affidavit Of Properitor & Qualified Person Printed On Rs 50 Stamp Paper Attested By 1st Class Judicial Magistrate. Rent Deed/ Registry Copy Attested By 1st Class Magistrate/ Area Police Station.