



Chief Drugs Controller, Punjab

Centralized Drug Sales Licensing

CHECKLIST (For Change of Qualified Person)

Qualified person Change

File Submission Date:

Documents related to POS

Available (Y/N)

| | | |
|---|---|--|
| 1 | Application Form * <i>Pharmacy 8-A, Medical Store 8-B, Distribution 8-C</i> | |
| 2 | Bank Chalan Fee** <i>Challan Form # 32-A Fee Deposited In (*NBP) A/C # CO-2841 Health</i> | |
| 3 | Old License Attach Original | |

Documents related to Qualified Person

| | | |
|---|---|--|
| 1 | Affidavit (Attested from 1st class judicial Magistrate) | |
| 2 | Original CNIC.** <i>Valid Not Expired</i> | |
| 3 | original category and renewal | |

APPLICATION FORMS,

Fee For Qualified
Change

Form 8(A) For Pharmacy,

1500

Form 8 (B) For Medical Store

1000

Form 8 (C) for Distribution.

2500

Note: For New Category Attach Rs.750 Pay Order Name of (Secretary Punjab Pharmacy Council)

| Activity | Name | Date | Signature |
|---------------------|------|------|-----------|
| File Checked by | | | |
| Scanning Operator | | | |
| Data Entry Operator | | | |
| Quality Check by | | | |

Note : Physical Appearance Of Qualified Person Is Mandatory With Valid CNIC Not Expired.