



Chief Drugs Controller, Punjab

Centralized Drug Sales Licensing

Application For:	Pharmacy: <input type="checkbox"/> Form 8(A)	Medical Store: <input type="checkbox"/> Form 8(B)	Distribution: <input type="checkbox"/> Form 8(C)
	Renewal <input type="checkbox"/>	New License <input type="checkbox"/>	

Outlet Information

M/s:	<input type="text"/>	Old License No.:	<input type="text"/>
Premises Address:	<input type="text"/>		
Division:	<input type="text"/>	District:	<input type="text"/>
		Town:	<input type="text"/>
No. of Proprietor(s)	<input type="text"/>	No. of Qualified Person(s)	<input type="text"/>

Proprietor Information

Name:	<input type="text"/>	C.N.I.C No.:	<input type="text"/>
Father Name:	<input type="text"/>		
Contact No. 1:	<input type="text"/>	Contact No. 2:	<input type="text"/>
Present Address:	<input type="text"/>		
Permanent Address:	<input type="text"/>		

Qualified Person

PS Name:	<input type="text"/>	PS C.N.I.C No.:	<input type="text"/>	
PS Father Name:	<input type="text"/>		Registration No.:	<input type="text"/>
Category:	Category A: <input type="checkbox"/>	Category B: <input type="checkbox"/>	Dispenser: <input type="checkbox"/>	
Contact No. 1:	<input type="text"/>	Contact No. 2:	<input type="text"/>	
Present Address:	<input type="text"/>			
Permanent Address:	<input type="text"/>			
Bank Challan No.:	<input type="text"/>	Dated:	<input type="text"/>	
		Rs:	<input type="text"/>	

Signature	<input type="text"/>	Date	<input type="text"/>
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Godown Address:

