

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(Proprietor) _____ of

2. M/S (premises name with address) _____, hereby apply for

License of Pharmacy;

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

1. _____

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)

1)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 CO- 2841-Health & Other receipts.

Dated: _____

Signature(QP): _____

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

Signature(PROP): _____

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