

**[FORM NO. 8(B)**

{See rule 15 (1)}

**Application for the license to sell, store, exhibit for sale & to distribute drugs  
excluding the drugs specified in Schedule "G" by way of Medical Store**

1. I / We (Prop) \_\_\_\_\_ .of

2. M/S (Premises name with address) \_\_\_\_\_ hereby  
apply for

**License of Medical Store;**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. I / We am / are submitting herewith the following documents;

A) Testimonials of the person (s), registered under section 24(1)(a) or (b) of the  
Pharmacy Act 1967, who will supervise the sale of drugs for license in Form 10 (medical  
store) and the proprietor (s); and

Testimonials of the person (s), registered under section 24(1) of the Pharmacy Act  
1967, who will personally supervise the sale of drugs for license in Form 10 (medical  
store) and the proprietor (s).

i) 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) in charge 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: -

f) shall comply with the provision of the Drugs Act, 1976 and rules  
framed there under;

g) have not been convicted of any offence from any Court of law.

[See rule 19 (1) (e)];

h) shall inform the Licensing Authority for any change in  
supervisory staff etc.

i) are not working in any government / semi government /  
autonomous organization.

j) 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 godown (if any).

Treasury receipt /challan No & dated \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ in the  
Head of Account CO-2841-Health & Other receipts.

Dated: \_\_\_\_\_

Signature (QP): -----

Signature (Prop): -----

Name, address and Permanent Home

Address of the person (s) who will personally supervise the sale of drugs.