FORM 24

[See Rule 69]

Appl	icatio	In for the grant of or renewal of a licence to manufacture for sale or for distribution of drugs other than those specified in Schedule C , $C(1)$ and X .
1.	I/W	e
	man	sufacture on the premises situated at the following drugs being drugs other than those
	spec	cified in Schedule C and C(1) and X to the Drugs and Cosmetics Rules, 1945.
2.	Nan	ne(s) of drugs categorized according to Schedule M.
3.	Nan	ne(s), qualifications and experience of technical staff employed for manufacture and testing.
4.	A fe	ee of Rs
		Signature
Note-	The a	pplication should be accompanied with a plan of premises.
		FORM 24-A
		[See Rule 69-A]
		n for grant of or renewal of a loan licence to manufacture for sale or for distribution of drugs other than those specified in Schedule C, C(1) and X. e
	grai	nt/renewal of a loan licence to manufacture on the premises situated at
		the under mentioned drugs, other than those specified in Schedule C and
	C(1) and X to the Drugs and Cosmetics Rules.
	Nar	ne(s) of drugs (each substance to be separately specified)
2.		name(s), qualifications and experience of the expert staff actually connected with the manufacture
		testing of the specified products in the manufacturing premises.
3		e encloses
٥.	a)	A true copy of a letter from me/us to the manufacturing concern whose manufacturing capacity is
	a)	intended to be utilized by me/us.
	1 \	
	b)	A true copy of a letter from the manufacturing concern that they agree to lend the services of their
		expert staff, equipment and premises for the manufacture of each item required by me/us and they
		will analyze each batch of finished product and maintain the registers of raw materials, finished
		products and reports of analysis separately in this behalf.
	c)	Specimens of labels, cartons of the products proposed to be manufactured.
4.	A fe	ee of Rs

		Annex. D FORM 24-C
		[See Rule 85-B]
		grant of or renewal of a licence to manufacture for sale or for distribution of Homoeopathic ce to manufacture potentised preparations from back potencies by licensee holding licence in Form 20-C.
1.	I/We	
	20-C hereby a	apply for the grant/renewal of a licence to manufacture the under mentioned Homoeopathic mother
	tinctures/ Pote	entised and other preparations on the premises situated at
	Name	(s) of Homoeopathic preparation
	(Each	item to be separately specified)
2.	Name(s), qual	ifications and experience of technical staff employed for manufacture and testing of Homoeopathic
	medicines.	
3.	A fee of Rs	
Da	te	Signature
		FORM 27
		[See Rule 75]
1.		Application for grant of or renewal of a licence to manufacture for sale or for distribution of drugs specified in Schedule C and, C(1) excluding those specified in Part XB and Schedule Xof hereby apply for the grant/renewal of a licence to manufacture on the premises
	situated at	the under mentioned drugs, being drugs specified in Schedule C and C(1).
	excluding thos	se specified in Part XB and Schedule X to the Drugs and Cosmetics Rules, 1945.
	Name(s) of dr	ugs.
	(Each item to	be separately specified)
2.	Name(s), qua	lifications and experience of technical staff responsible for manufacture and testing of above-
	mentioned dru	igs:
	a)	Name(s) of staff responsible for test
	b)	Name(s) of staff responsible for manufacture
3.	The premises	and plan are ready for inspection/ will be ready for inspection on
4.	•	and an inspection fee of Rs. has been credited to the Govt. Account
	under the head	-
Da	te	Signature

Date

Signature

Annex. 'F'

FORM 27-A

[See Rule 75]

		Application for grant of or renewal of a loan licence to manufacture for sale or for distribution of drugs specified in Schedule C and, C(1) excluding those specified in Part XB and Schedule X.
1.	I/We.	of hereby apply for the grant/renewal of a loan
	licence	e to manufacture on the premises situated at
	C/o	the under mentioned drugs, being drugs specified in Schedule C and C(1), excluding
	those s	specified in Part XB and Schedule X to the Drugs and Cosmetics Rules, 1945.
	Name((s) of drugs.
	(Each	substance to be separately specified)
2.	Name((s), qualifications and experience of expert staff actually connected with the manufacture and testing of the
	specifi	ed products in the manufacturing premises.
	a)	Name(s) of expert staff responsible for manufacture
	b)	Name(s) of expert staff responsible for testing
3.	I/We e	encloses
	a.	A true copy of a letter from me/us to the manufacturing concern whose manufacturing capacity is
		intended to be utilized by me/us.
	b.	A true copy of a letter from the manufacturing concern that they agree to lend the services of their expert
		staff, equipment and premises for the manufacture of each item required by me/us and they will analyse
		each batch of finished product and maintain the registers of raw materials, finished products and reports
		of analysis separately in this behalf.
	c.	Specimens of labels, cartons of the products proposed to be manufactured.
4.	A fee	of Rs
	under	the head of Account:
Da	te	Signature

FORM 27-C

[See Rule 122-F]

Applic	cation fo	or grant of or renewal of a licence for the operation of a Blood Bank for processing of whole blood and/or preparations of Blood Components.
1.	I/We.	
	M/s	hereby apply for the grant/renewal of licence number
		dated to operate a Blood Bank, for processing of whole blood and/or for preparation of its
	compo	nents on the premises situated at
	1.	
	2.	
2.		The name(s), qualifications and experience of competent technical staff are as under:
	a)	Name(s) of Medical Officer
	b)	Name(s) of staff Technical Supervisor.
	c)	Name(s) of Registered Nurse.
	d)	Name(s) of Blood Bank Technician
3.	The pr	emises and plan are ready for inspection/ will be ready for inspection on
4.	A fee o	of Rs
	under t	the head of Account:
Da	te	Signature
NT 4		

Note:

- 1. The application shall be accompanied by a plan of the premises, list of machinery and equipment for collection, processing, storage and testing of whole blood and its components, memorandum of association/constitution of the firm, copies of certificate relating to educational qualifications and experience of the competent technical staff and documents relating to ownership or tenancy of the premises.
- 2. A copy of application together with the relevant documents shall also be sent to Central Licence Approving Authority and to the Zonal/Sub Zonal Officers concerned of the Central Drugs Standard Control Organisation.

FORM 27-D

[See Rule 75]

Appli	cation for the grant of or renewal of a licence to manufacture for sale or for distribution of Large Volume Parenterals/Sera and Vaccines				
	excluding those specified inSchedule X				
1.	I/We of				
	for sale or distribution on the premises situated at the under mentioned Large Volume				
	Parenterals/Sera and Vaccines, specified in Schedule C and C(1) to the Drugs & Cosmetics Rules, 1945.				
2.	Name(s) of drugs(s). (Each item to be separately specified)				
3.	The name(s), qualifications and experience of the competent technical staff responsible for the manufacture of the				
	above mentioned drugs.				
	a) Name(s) of staff responsible for testing				
	b) Name(s) of staff responsible for manufacturing				
	The premises and plan are ready for inspection/ will be ready for inspection on				
5.	A fee of Rs				
	under the head of Account:				
Da	te Signature				
Note:					
1.	The application is to be accompanied by a plan of the premises, list of equipment and machinery to be employed for manufacturing and testing; memorandum of association/constitution of the firm; copies of qualifications and experience of the competent technical staff and documents relating to ownership or tenancy of the premises.				
2.	A copy of application together with the relevant enclosures shall also be sent each to Central Licence Approving Authority and Zonal/Sub Zonal Officers concerned of the Central Drugs Standard Control Organisation.				
	Form-31				
	(see rule 139)				
Applic	ation for the grant or renewal of a license to manufacture cosmetics for sale or for distribution				
1.	I/we, of hereby apply for the grant / renewal of a license to manufacture on the premises situated at the following cosmetics:-				
2.	Name of cosmetics				
3.	3. Names, qualifications & experience of technical staff employed for manufacture & testing				
4.	A fee of rupees has been credited to government under the head of account				
	Date Signature				
	Note – The application should be accompanied by a plan of premises				

Annex. 'I-1'

Affidavit of Proprietor/ Partners/ Director(s)/ Managing Director

(Perio	orma to be submitted on Rs 10/= Non-judicial Stamp paper duly attested by the Notary Public)					
	I,, Caste, Resident					
of	declare solemnly on oath as under:-					
1)	That I am proprietor/partner/Managing Director/ Director of M/s, (Name & Complete Address of manufacturing site)					
2)	That following are the other partners/ Directors of the firm:-					
	S.N.(1) Name(s)& Father's name Age Residential address					
3)	That the building in which manufacturing activities are proposed are taken on rent/ lease from					
	/ are own premises which are adapted as per Schedule M/ M-I/M-III of the					
	said rules.					
4)	That adequate qualified technical staff has already been appointed as per site Master file & other documents submitted along with the application.					
5)	That I will be solely responsible for the conduct of day-to-day activities of the firm for the purpose of					
	Section 34 of the said Act as well as other prevailing enactments established by Law of Government of					
	India & shall abide by all the provisions of Drugs & Cosmetics Act 1940 & Drugs Price Control Order					
	1995 as amended from time to time.					
Witne	ss No. 1 Witness No. 2					
(Signa	ature, Name and Address) (Signature, Name and Address)					
	(DEPONENT) (Name)					
	<u>VERIFICATION</u>					
	I,verify that the contents of para 1 to 5 of this affidavit are true to the best of my					

knowledge and belief. So GOD help me.

Date	
Place	(DEPONENT) (Name)
	Annex 'J'
Performa of affidavit Power of Attorne	ey to be executed by Partners/ Managing Director
I,s/o : w/o ; d/o Sh	ri, Resident of -
dec	lare solemnly on oath as under:-
1) That I am partner/Managing Director of N	M/s, (Complete Address of manufacturing
site) by whom an appli	ication for grant of manufacturing licenses for manufacturing
drugs/ medical devises/ cosmetics/ loan lie	cense has been made to the Drugs controller, Rajasthan, Jaipur
under the provision of Drugs & Cosmetics	Act, 1940 and Rules, 1945.
2) That Shri s/o : w/o ; d/o	Age, Caste Resident of
	nd submit documents on behalf of the firm to the Licensing
Authority and Drugs controller, Rajasthan	
3) That the signatures of Shri a	re hereby attested as under:
Signatures of Shri	
Witness No. 1 Witness No.	. 2
(Signature, Name and Address) (Signature, 1	Name and Address)
	(DEPONENT)
	Name
$\underline{\mathbf{V}}$	<u>ERIFICATION</u>
I, verify that the	contents of para 1 to 3 of this affidavit are true to the best of
my knowledge and belief. So GOD help me.	
Date	
Place	
	(DEPONENT)

Annex. 'K-1'

Perf	Forma of Affidavit to	be submit	ted by Manufactı	ıring & Analytica	l Chemist	
	I, s/o :;		_		, Resident of	
		declare so	nemniy on oath as t	inder:-		
1) That I l	nave following qualifica	ation:-				
S. N. (1)	Qualification (2)		University	(3)		
2) That I l	nave following experier	ice:-			1	
S.No.(1)	Name and address of	the firm(2)	Period of work	ing with dates(3)		
3) That I h	nave been approved in t	he following	sections for manufa	acturing / analysis of	f drugs:-	
S.No.	Section in which app	proved Ap	proving Authority	Letter no. & date		
4) That I l	nave joined M/s		-, (Complete Addre	ss of manufacturing	site)	
- on	and will info	rm the Licen	sing Authority & D	rugs Controller, Raja	asthan, Jaipur as soon	
as I res	ign from this firm by re	gistered post	-			
5) That I	was working previous	ly with M/s		, (Complete Addre	ess of manufacturing	
site)	up to -	and ha	ave informed the Li	censing Authority o	on	
regardi	ng my resignation from	this firm.				
	31.1	41 (/ 1 . 1		C 41 C	
·	will be responsible fo		c ,		1 1	
	Section 34 of the said Act as well as other prevailing enactments established by Law of Government of					
India						
Witness No. 1		Witness No.	2			
(Signature, Na	Signature, Name and Address) (Signature, Name and Address) (DEPONENT) Name					
		<u>VE</u>	<u>RIFICATION</u>			
I,	verify that	the content	s of para 1 to 6 of	this affidavit are tr	rue to the best of my	

knowledge and belief. So GOD helps me.

Date			
Place		(DEPONENT)	Name
		Ar	nnex. 'L-1'
	Performa for approval of	products	
	(Name of firm & complete	address)	
Name of Product:			
 Pharmacopoeal Name 	e		
Edition & page no.			
Category:			
Composition:			
Dosage:			
Expiry:			
Packing:			
 Similar Market Produ 	ct:		
	(Name & signature of autho	rized Person)	

Name of firm

UNDERTAKING

- 1. I/We undertake that any addition there to or any deletion there from will not be done without prior permission of the Licensing Authority.
- 2. I/We undertake to comply with all the provisions of the law in force and the directions issued from time to time by the Licensing Authority and not to manufacture any drug/cosmetic under a name belonging to another manufacturer in the country. We also undertake that facility/ license to manufacture above category of drug from Licensing Authority is granted and available with me/us.
- 3. I/We undertake not to manufacture or sale or distribute any drug even if it is included in the approved list of product if it is or is as and when it will be banned by the Licensing Authority or by Drugs Controller General of India or by Government of India.
- 4. I/We undertake that all pharmaceutical aids used in the product shall be non-toxic, safe and non-hazardous.
- 5. I/We undertake to pack all the approved formulations as per Schedule P-1 and will assign expiry date not exceeding as per Rule 96 (1) (a) (vii) of Drugs & Cosmetics Rules, 1945. The label shall bear the specific storage conditions as per requirement of Schedule P and official Pharmacopoeia.
- 6. I/We undertake that formulation, for which approval has been sought for, has not been permitted to us/me under more than one brand name except for export or for contract manufacturing.
- 7. I here with under take that the thermo labile products which will be manufactured by me will be subjected to the stability studies for the period of at least one year with periodic testing (every three months) for three batches of every product & reports there of will be submitted to the licensing authority.
- 8. I undertake that we have manufacturing facilities as required vide schedule M to the Drugs & Cosmetics Rule 1945 for which application for aforesaid additional item has been made.

(Name & signature of authorized Person) Name of firm

Performa of affidavit to be submitted by Proprietor/ Partners/ Director(s)/ Managing Director/Managing Trustee

	I,	s/o : w/o ;	d/o Shri	, Age	e, Caste	, Resident of -
			declare	solemnly on oath	as under:-	
1)	That I am p	proprietor/partner/Manag	ing Directo	or/Managing Trus	tee/ Principle Medic	cal Officer of M/s
		, (Complete Addr	ess of man	ufacturing site)	by v	whom an application
	for grant o	f license for the operat	ion of a B	lood Bank for p	rocessing of Whole	Human Blood and
	preparation	of Blood Components /	manufactu	re of Blood Prod	ucts has been made	on Form Nos. 27-C,
	/27-E, to th	e Licensing Authority a	nd Drugs c	ontroller, Rajasth	an, Jaipur under the	e provision of Drugs
	& Cosmetic	es Act, 1940 and Rules, 1	945.	_	-	
2)	That follow	ving are the other partners	s/ Directors	/Trustees of the f	irm:-	
	S.No.(1)	Name(s)(2)	Age(3)	Residentia	al address(4)	
	. ,				. ,	
3)	That the bu	ilding in which manufac	turing activ	rities are proposed	l are taken on rent/ l	ease from
		are own pre	emises/ Gov	vernment Buildin	g which are adapted	d as per Schedule F,
	Part XII-B/	C of the said rules.				
4)	That adequa	ate qualified technical sta	aff has alrea	adv been appointe	ed.	
,	-	-				
5)	That I will	be responsible for the co	onduct of d	ay-to-day activitie	es of the firm for the	e purpose of Section
	34 of the sa	aid Act as well as other pr	revailing er	nactments establis	shed by Law of Gove	ernment of India.
Witnes	ss No. 1	Witness N	o. 2			
		and Address) (Signature,			(DEPON	ENT) Name
(~-8		(- 101-2-0		(= == 0 0 0 0	
			VERIE	<u>ICATION</u>		
	т	vomi Cv. 41a			5 of this offiderates	wa tuu a ta tha haat af
		verify th		ents of para 1 to	3 of this afficavit at	ie true to the best of
my Data	knowledge	and belief. So GOD help	is ine.			
LIOTA						

				Annex. 'N-1'		
Per	rforma o	f affidavit to be submi	tted by N	Medical Officer, Lab T	'echnician, Re	gistered nurse
	Ι	s/o : w/o	; d/o Shri	, Age	, Caste	, Resident of -
			decla	re solemnly on oath as un	der:-	
1)	That I ha	ave following qualification	1:-			
S	. No.(1)	Qualification(2)		University(3)		
2)	That I ha	ave following experience:	-			
S	. No.(1)	Name and address of the	e firm(2)	Period of working wit	th dates(3)	
3)	That I ha	l ave already been approved	by Licen	l sing Authority	as Competent	Technical staff
	for Oper	ration of Blood Bank vide	letter No.	Dated /on t	the licences of B	lood Bank issued
	to	bearing	g Licence	No granted on		
4)	That I ar	n Registered with Medica	l Council	of Raiasthan / Nursing Co	ouncil of Raiasth	an at No
- ,		or That I have alread		_		
		al staff for Operation of Bl				
	Blood B	ank issued to		bearing Licence No	granted on -	
5)	That I ha	ave joined M/s		. (Complete Address of m	anufacturing site	e)
3)		and will inform		· -	_	
		gn from this firm.			, <u>,</u>	, , <u>F</u>
<i>(</i>)	That I w		with M/a	(Co	annista Addusas	of manyfootymin
6)		vas working previously v up to				
		g my resignation from this		we informed the Licensin	g Authority	OII
_,	C					
7)		vill be responsible for the				
	the said	Act as well as other preva	iling enac	tments established by Lav	v of Government	t of Ingla
Witne	ss No. 1 -	Witness	No. 2			
(Signa	ture, Nan	ne and Address) (Signatur	e, Name	and Address)		

(DEPONENT)	Name
(DEI OI (EI (I)	1 (01110

VERIFICATION

I, verify that the	e contents of para 1 to 7 of this affidavit are true to the best of
my knowledge and belief. So GOD help me.	
Date	
Place	
	(DEPONENT)
	Name