FORM 24-D
(See Rule 153)

APPLICATION FOR THE GRANT OF A LICENCE TO MANUFACTURE FOR SALE OF AYURVEDIC/SIDHA OR UNANI DRUGS.

1. I/We_____of_____hereby apply for the grant of a license to manufacture Ayurvedic, Sidha or Unani drugs on the premises situated at_____

_____

2. Name of drugs categories according to Schedule T to be manufactured (with details)

3. Names, qualifications and experience of technical staff employed for manufacture and testing of Ayurvedic,Siddha or Unani drugs_____

_____

_____

4. A fee of rupees_____has been credited to the government under the head of account_____ and the relevant Treasury Challan/online transaction slip is enclosed herewith is enclosed herewith.

Dated_____

Signature_____

Applicant

Note: The application should be accompanied by a plan of the premises.

PROFORMA FOR APPLICATION FOR LICENSE FOR MANUFACTURING OF AYURVEDIC/UNANI/HOMOEOPATHIC/SIDHA DRUGS.

1. Name of Sole proprietor/Firm Company/Co-op.Socieity etc. _____

2. Nature of Organization (Sole proprietor firm/company'co-op-Socieity etc.). _____

3. Registered Office/Head office. _____

4. Name(s) of Sole Proprietor Partner/ Member of Board of Directors/ Company. _____

5. (I) Authorized capital _____

   (II) Subscribed capital _____

   Permanent address _____

6. Name of Manager/Chief Executive: _____

7. Name & Permanent address of _____

   Technical person(s)

   Incharge of production: _____

8. Location of the factory: Place_____

   Gali_____-_____

   Plot_____

   Tehsil_____District_____

9. Building: i) Whether own building or rented_____

ii) Total area of land/Plot _____

iii) Total construction plinth area _____-_____

of building.

iv) Detail of rooms/halls _____

Sr.No.	Purpose for which to be used	Size of rooms/halls
I.		
II.		
III.		

V. Type of construction _____

VI. Specification of floor/room. _____

VII. Total estimated/actual cost of construction. _____

VIII. Annual rent, if rented (enclose Rent deal) _____

9. **Surrounding**

i) Distance from road _____

ii) Detail of other building & their use in North, South,East and West. _____

iii) Whether any public urinal, toilet, Polluting agent present in the surrounding (give detail). _____

iv) Source of Water: _____

v) Whether the water of other dirt is proposed to be discharged. _____

vi) Whether permission from water and Air pollution control board obtained or not. _____

10. Name pf quality of toxic, inflammable or license raw material to be used in products during the process.

i) _____

ii) _____

iii) _____

iv) _____

11. Name of drugs proposed to be manufactured give information .

12. Quantity of drugs proposed to be produced in first two years _____

Name of drugs	Proposed quantity to be manufactured.

13. **Quality Control**

i) Laboratory facilities (give detail of equipment) _____

ii) Lab/test facilities proposed to be utilized from outside. _____

iii) Details of tests to be conducted to access quality of raw material/finished products. _____

iv) Parameters for testing quality of finished drugs _____

14. Has the drug been clinically tested in any hospital/ _____

Institution gives details.

_____

15. Tupe of packing/size in which proposed to be _____

marketed.

16. **Detail of machinery/equipment**

Sl.No.	Name of machinery/equipment	Specification	Cost
1.			
2.			
3.			
4.			
5.			

(Attach additional sheet if necessary)

17. Technical staff proposed to be employed

Designation	Pay Scale	Essential qualifications

Other staff proposed to be employed..

18. **Details of record to be maintained regarding manufacture**

i) Manufacturing Register

Name & Designation of person responsible manufacturing.

ii) Products and sale

iii) Raw material stock.

19. Whether the firm has taken CST/State Sales tax number

If so, give details _____

20. Loan raised/proposed to be raised

and sources. _____

21. Number of working days and holidays

Proposed to be observed. _____

22. Normal working hours of the factory _____

23. Whether registered under factory Act. _____

24. Connected electrical load K.Wattts. _____

25. Any other relevant information _____

I/We hereby certify that the information given the application is correct and nothing material concealed therein. I/We understand that if the license is granted/renewed on the basis of above information and if any information/part thereof is found incorrect/false the licensing authority may cancel/revoke/suspend the license.

II. I/We do hereby undertake to abide by all provide of the drugs and Cosmetics Act, 1940 and the rules made thereunder any other legislature enacted by the Central/State Gove. Or local authority relating to manufacture and sale of drugs.

III. I/We further undertake to abide by all direction of the Licensing Authority or any other officer authorized by him this behalf, relating to manufacture/quality control and sale of drugs.

Signature_____
Name of Applicant_____
Designation_____
Address for correspondence
Telephone No., if any.