



RENEWAL OF LICENSE FOR THE MANUFACTURE OF DRUGS, COSMETICS, MEDICAL DEVICES AND HOUSEHOLD CHEMICAL SUBSTANCES

A.PARTICULARS OF APPLICANT

Name of Company:õ õ õ õ õ õ õ õ .õ õ õ õ õ õ õ õ õ õ õ õ

Postal Address: õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .õ .õ õ õ õ

Tel:.....õ õ õ õ õ õ õ ..õ õ õ õ õ õ . Fax:õ õ õ õ õ õ õ õ õ õ õ õ õ õ

E-mailõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ ..õ õ õ õ õ ...

Location Address:õ .. õ õ õ õ õ õ õ .õ õ .õ õ õ õ õ õ õ õ õ õ õ ..õ õ õ õ õ .
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B .DETAILS OF MANUFACTURE

Product sub-category (tick one or more boxes)

- Active pharmaceutical ingredient
- Non-sterile drug
- Sterile drug
- Herbal product
- Homeopathic product
- Sterile device
- Non-sterile device
- Cosmetic product
- Household chemical substance

C. ITEMS BEING MANUFACTURED

(Tick the appropriate box or boxes)

| | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| Tablets | <input type="checkbox"/> | Aerosol Dispensed Medication | <input type="checkbox"/> |
| Capsules | <input type="checkbox"/> | Powders (including oral and topical) | <input type="checkbox"/> |
| Ointments, non-sterile (including creams, jelly, paste) | <input type="checkbox"/> | Medical gas | <input type="checkbox"/> |
| Liquids(including solutions, suspensions, elixirs, tinctures) | <input type="checkbox"/> | Chemical synthesis | <input type="checkbox"/> |
| Sterile non-injectables | <input type="checkbox"/> | Plant/Animal Extract | <input type="checkbox"/> |
| Suppositories | <input type="checkbox"/> | Liquid for Oral use | <input type="checkbox"/> |
| Large volume parenterals | <input type="checkbox"/> | Liquid for topical use | <input type="checkbox"/> |
| Small volume parenterals | <input type="checkbox"/> | | |
| Items not classified elsewhere | <input type="checkbox"/> | | |

D. State any major change in manufacturing equipment or process

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Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:õ õ

Position:õ .

Signature:õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ

Date:õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .

Official Stamp: