

FORMAT OF APPLICATION OF DRUGS LICENSE		
Fresh / Renewal	a. Fresh b. Renewal c. License No.(if renewal)	
Application Type	d. Retail e. Wholesale	Choose any One
1	Name of Applicant	
2	Name of Enterprise	
3	Contact Number	
4	Email ID	
5	Address of the Applicant	
6	Address of the Premise	
7	Drug Category Other than those specified in Schedule C, C(I) and X Drugs specified in Schedule C and C(I) Drug specified in Schedule X	Multiple choice possible
8	The sale and dispensation of drugs will be made under personal supervision of qualified person(s) namely Name _____ Qualification _____ Name _____ Qualification _____ Name _____ Qualification _____ (Provision to add more rows)	
9	Particulars for special storage accommodation	Descriptive answer