SELF APPRAISALS FOR GRANT / RENEWAL OF LICENCES OF SALES CONCERNS.

Sl.No.	Details of Information	F	Remar	ks
1.	Name and Address of the Sales Concern			
2.	Constitution of the Firm, Proprietor / Partnership/ Firm			
3.	Name & Address of the Proprietor/ Partners/ Directors.			
4.	Whether partnership deed / MOA enclosed	Yes	No.	N.A
5.	Whether applied for Grant / Renewal of Licenses in Form 20, 21, 20B, 21B, 20F, 20G, 20BB, 21BB, 20A & 21A.	Yes	No.	N.A
6.	Whether applied in Statutory applications Forms in required copies, Form-19, 19A, 19AA, 19C.		N.A	
7.	Whether requisite fee is paid and challan enclosed Challan No. dated. Rs.	Yes	No.	N.A

8.	Whether plan & Layout of the premises submitted	Yes	No.	N.A
9.	Whether the area of premises complied with statutory	Yes	No.	N.A
	requirement areasSq.mts.			
10.	Whether Rental / Lease Agreement enclosed	Yes	No.	N.A
11.	Whether Tax Receipt / Relevant document to Show the	Yes	No.	N.A
	ownership of owner enclosed.			
12.	Whether the premises is suitable for stocking the drugs	Yes	No.	N.A
13.	Whether refrigerator or cold storage facilities provided and they are adequate.	Yes	No.	N.A
14.	Whether proper refrigerator receipt/ the proof of	Yes	No.	N.A
	possessing Refrigerator is enclosed			
15.	Whether Registered Pharmacist/ Qualified person is appointed	Yes	No.	N.A
	Name:			
	Registration No. Date:			
16.	Whether the original Registered Pharmacist / Qualified	Yes	No.	N.A
	Person Certificate of Pharmacist enclosed.			
17.	Whether affidavit of Pharmacist with required details is enclosed	Yes	No.	N.A
18.	Whether the photograph and photo stat certificates of	Yes	No.	N.A
	Registered Pharmacist is enclosed.			
19.	Whether Relieving letter of the Pharmacist from the previous employer / Proof of Tendering Resignation Letter to the Employer at least one month prior to this application [Enclosed]	Yes	No.	N.A
20.	Whether intimation of the relieving of the Pharmacist	Yes	No.	N.A
	intimated to the concerned Drugs Inspector			
21.	Whether competent person for Whole Sale dealings was	Yes	No.	N.A
	appointed			
22.	Whether photo on Photostat copy of qualification of	Yes	No.	N.A
	competent person enclosed.			
23	Whether experience Certificate with required period and	Yes	No.	N.A
	Particulars enclosed.			

24.	Whether Motor vehicle use for distribution the drugs is on	Yes	No.	N.A
	the firm's proprietors name			
25.	Copy of Registration of vehicle enclosed.	Yes	No.	N.A
26.	Whether Original Drug licences enclosed	Yes	No.	N.A
	(in Case of Renewal)			
27.	Whether all the above them from 4 to 26 submitted in	Yes	No.	N.A.
	duplicate set.			

Signature of the Proprietor / Partner of the firm / Director

Specific Remarks of the Inspecting Authority.	Recommended / Not recommended
Reasons for Not recommended:	
Date:	Signature of Inspecting Authority.
Remarks of the Licensing Authority	Accepted / Rejected.
	Signature of the Licensing Authority.