

Application Form for the Grant/Renewal of a License to Manufacture for  
Sale of Ayurvedic or Unani Medicine

1. I/We \_\_\_\_\_ of  
\_\_\_\_\_ hereby apply for the grant/renewal  
of a license to manufacture Ayurvedic or Unani Drugs on the premises situated at  
\_\_\_\_\_ .

2. Name of drugs to be manufactured (with Details)

\_\_\_\_\_  
\_\_\_\_\_

3. Name qualifications and experience of technical staff employed for manufacture and  
Testing of Ayurvedic or Unani Drugs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. A fee of Rupees \_\_\_\_\_ has been Credited to the Government  
under the head of account \_\_\_\_\_ and the relevant Treasury  
challan is enclosed here with.

Date

Signature of the applicant

**Office of the Chief Medical Officer, Jammu**

I here by declare that I receive the application From Mr/Miss/Mrs. \_\_\_\_\_  
bearing the Application No. \_\_\_\_\_

Date :

Signature of the Receiving Authority

Place :

Note :- The Copy of the Plan of the Premises will be attached along with this application  
form