

Application Form for the Grant/Renewal of a License to Manufacture for
Sale of Homeopathic Medicines

1. I/We _____ of
_____ hereby apply for the grant/renewal
of a license to manufacture Homeopathic Medicines 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 Homeopathic Medicines _____

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