

FORM 19-B

Application For Grant Or Renewal Of A (Licence To Sell, Stock, Exhibit Or Offer For Sale, Or Distribute) Homoeopathic Medicines

1. I/We _____ of _____ hereby apply for licence to sell by * wholesale/retail Homoeopathic medicines on the premises situated at _____.

2. +The sale & dispensing of drugs will be made under the personal supervision of the following competent person-in-charge :-

Name _____

Qualification _____

3. Names of drugs to be sold :-

4. ++ Particulars of storage accomodation:-

5. A fee of Rs. _____ has been credited to the Govt. account under the head of account 104(1).

Signature _____

Name _____

Full Address _____

Phone No. _____

* Delete whichever is not applicable.
+ To be deleted if drugs will be sold only by wholesale.
++ Required only if products requiring special storage are to be sold.

ADDITIONAL INFORMATION

- 1. Hming : _____
Kum : _____
Pa hming : _____
Address : _____

Telephone No. : _____
Educational Qualification : _____
Damdawi lama thiamna/experience : _____
- 2. Registered Pharmacist i ruai dawn em? : _____
Registered Pharmacist hming : _____
Registration No. : _____
- 3. Tunah eng hna nge i thawh/enge i tih thin? : _____
- 4. Nangmah ngeiin Drugs Store i siamin i enkawl thei dawn em? : _____
Chu chu i ta nge i luah hawh tur? : _____
Tunah i luah tawh nge i hauh mek? : _____
Eng ang building nge (Assam/Pucca) : _____
A zau zawnng : A dung: ____ft. A vang: ____ft = _____sq.ft
- 5. Licence i dilna veng/khuaa khawsa i ni em? : _____
Khawsa i nih chuan engtia rei nge i awm tawh? : _____
- 6. I dilna khuaa in awm zat? (Thingtlang a chengte tan) : _____
Mihring zat : _____

Date : _____

Signature _____

Name _____

Full Address _____

Phone No. _____