

FORM 19
[See Rule 59(2)]

Application For Grant Or Renewal Of A [License To Sell, Stock, Exhibit Or Offer For Sale, Or Distribute] Drugs Other Than Those Specified In Schedule X

1. I/We _____ hereby apply for license to sell by wholesale/retail drugs specified in Schedules C and C(1) excluding those specified in Schedule X and/or drugs other than those specified in Schedules C,C(1) and X to the Drugs and Cosmetics Rules, 1945 and also to operate a pharmacy on the premises situated at _____

2. The sale & dispensing of drugs will be made under the personal supervision of the Qualified persons namely:-

Name _____

Qualification _____

3. Categories of Drugs to be sold: _____

4. Particulars for specified storage accommodation: _____

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

Signature _____

Name _____

Full Address _____

Phone No _____

ADDITIONAL INFORMATION TO BE FURNISHED BY THE APPLICANT

1. Hming : _____
Kum : _____
Pa hming : _____
Address : _____
Telephone No : _____
Eizawna : _____
2. Educational Qualification : _____
Experience:
 Damdawi pangngai zawrh leh enkawl : _____
 Homeo damdawi zawrh leh enkawl : _____
3. Pharmacist rawih tur hming : _____
 Regn. No.: _____ Ph: _____
 Tuna thawh mek leh thawhna hmun : _____
 Address : _____
4. Licence i dilna veng/khua : _____
 Dawr tur chu mahni ta nge luah hawh tur? : _____
 Eng ang building nge (Assam/Pucca) : _____
 A zau zawng : A dung ___ ft , A vang: ___ ft = _____ sq ft

Lehkha pawimawh thil tel ngai te:

1. *Fee pekna challan copy 2.*
2. *Educational qualification certificate.*
3. *Venchhung mi ngei tih hriattirna LC/VC lehkha.*
4. *Supervision Agreement letter for Form 19*
5. *Plan layout of drug store.*
6. *Mi dawr luah tur tan in neitu remtihna lehkha.*
7. *Diltu passport thlalak (6 copies).*
8. *Voter ID/Aadhar Card*