

Applicant/Authorized Person Declaration Form
for Renewal (20,21,20-B,21-B,20-F,20G)

Name :-

Father's/Husband's Name:-.....

Address :-

.....

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Hereby declare that:

1. I am having Drug Sale License No.....And No..... and Valid up to with the name M/s
Add:.....
2. I am applying for renewal of Licence for the period w.e.f TO
3. Licence issued to me has never been suspended/cancelled.
4. There is no change in constitution of the firm.
5. Mr. will work as Registered Pharmacist/Competent person of the firm.
6. I have never been convicted under Drugs & Cosmetic Act, 1940 And Rules, 1945.

***. As applicable**

Place:-

Name :-.....

Date: -

Signature:-.....