

## Applicant/Authorized Person Declaration Form

Name :- .....

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

Address :- .....

.....

### I hereby declare that:

1. I/Authorized person have applied for retail/Wholesale License in Form No. 20, Form 21/20B, Form 21B
2. **I/Any Director/Partners/Society Members/Trusty**, have never been convicted under Drugs & Cosmetic Act, 1940 And Rules, 1945.
3. **I/Any Director/Partners/Society Members/Trusty**, have never been granted Drug Licence under Drug & Cosmetic Act, 1940 And Rules, 1945.
- 4\*. **I/Any Director/Partners/Society Members/Trusty**, have been granted Licence with the name of M/s .....License No..... Dist.....never been suspended/cancelled.
- 5\*. **I/Any Director/Partners/Society Members/Trusty**, have appointed Mr.....to work as Registered Pharmacist. Medicines will be sold under personal supervision of Registered Pharmacist. All purchase and sale record will be maintained by registered pharmacist.
6. **I/Any Director/Partners/Society Members/Trusty**, have appointed Mr.....to work as Competent Person. Medicines will be sold under personal supervision of Competent Person. All purchase and sale record will be maintained by Competent Person.
7. **I/Any Director/Partners/Society Members/Trusty** declare that the premises which was licenced earlier still in my possession as per my ownership deed / as per previous rent agreement with consent of owner Mr./Ms.....

\*. As applicable

Place:-

Name :-.....

Date: -

Signature:-.....