



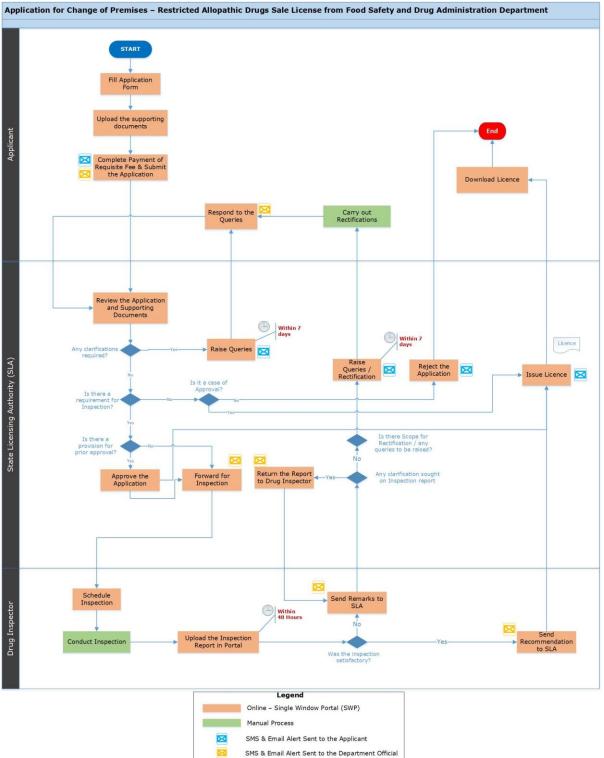
Application for Change of Premises-Restricted Allopathic Drugs Sale License from Food Safety and Drug Administration Department

Procedure, List of Supporting Documents and Fees

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1 Procedure



2 Checklist of Supporting Documents

| S. No. | Document | |
|--------|--|--|
| 1. | Photograph of the Applicant (s) | |
| 2. | Form 19 (C1) or Form 19 (Other than Schedule C & C1) | |
| 3. | Encumbrance Certificate or Property Tax Receipt or Sale Deed Copy of Building or Equivalent Document | |
| 4. | Proof of address of the business owner (Rental Agreement or Lease Agreement, Passport, Aadhaar Card (UID)) | |
| 5. | Letter of Authorisation or Board Resolution (if applicable) | |
| 6. | Copy of Pharmacy Council Registration Certificate of the Pharmacist (if applicable) | |
| 7. | Education Qualification (Highest Qualification) and Experience Certificate of the Pharmacist / Competent Person | |
| 8. | 3. Legal Tenancy Affidavit | |
| 9. | Declaration Form | |
| 10. | Purchase Bill of Refrigerator, Air Conditioner and Generator and its working condition or installation certificate | |
| 11. | Blueprint of the Plan of the Premises Duly Signed by Licensed Surveyor and the Applicant | |
| 12. | Rental Agreement (in case of rental property) | |
| 13. | Latest Renewal Certificate Copy or Retention Fees Paid Receipt / Challan Copy (If available) | |
| 14. | Any other relevant details or documents to establish the correctness of the details or documents or claims made with regard to the above items | |

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3 Fees

| S. No. | Fee Туре | Amount (INR) |
|-----------|----------------------|--------------|
| 1 | Itinerant Vendor | 20 |
| 2 | Non-Itinerant Vendor | 500 |

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