

**DOCUMENTS TO
DECLARATION OF THE PROPRIETOR / PARTNER / DIRECTOR /
REGISTERED PHARMACIST / COMPETENT PERSON.**

1. Shop Name :
2. Full Name (Block Letters) :
3. Father's/Husband's Name and his profession :
4. Age :
5. Permanent Address (Proof to be attached) :
6. Present Residential Address with Contact tel/cell number :
7. Educational Qualification :
8. Details of Earlier Occupation For last five years :
9. Whether You / Your Spouse are in possession of any Licences under Drugs and Cosmetics Rules Earlier or Present ? If yes, Details :
10. Whether at any time Your / Your Spouses Drug Licences Cancelled? If yes, Details :
11. Whether You / Your Spouse at any time convicted under any Criminal law ? if yes, Details :
12. Either alone or with any body, You / Your spouse involved in any Drug Cases ? If yes, Details :
13. Are You /Your spouse convicted / Acquitted in any Cases Under Drugs and Cosmetic Act, 1940? If Yes, Details :
14. Are you studied the Rules and Regulations of Drugs and Cosmetics Act, 1940 and Rules 1945 and under-stand Responsibilities of a Licensed Dealer?



Certified that the above information furnished by me is true and correct and in case if any above stated information is found to be false, I am liable for Criminal Action to be taken by the officers of the Drugs Control Administration, Andhra Pradesh.

Place :

SIGNATURE

Date :

Witnesses signature with addresses:

1.

2.

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SPECIAL DECLARATION OF REGISTERED PHARMACIST

I.....S/o/D/o.....Age.....Years residing at
House No.....and state on
oath as follows:

I am a Registered Pharmacist / Qualified Person with certificate bearing
No.....Dated.....

I have been engaged as partner/employee by
M/s.....and the constitution of the above
shop.....
.....are partners of the said
shop situated at D.No.....since
dated.....as full time Registered Pharmacist / Qualified Person.

I will not work in any other firm in any capacity as long as I continue as the
Registered Pharmacist / Qualified Person of
M/s.....

In case I have to leave the above firm I will give advance notice both to the Drugs
Control Authorities and to the shop owner and I will supervise the sale of drugs in
this shop as required by the rules of the Drugs and Cosmetics Rules, 1945.

I hereby declare that the above matter is herein is true and correct to the best of
my knowledge.

I will be held responsible for any thing happens during the sale of drugs in this shop
and for any contraventions of Drugs and Cosmetics Act, 1940 and Rules, 1945
during my service in this above shop.

Place:

Date:

SIGNATURE

DECLARATION OF BUILDING OWNER

From:

.....
.....
.....

To,

The Assistant Director,
District Licensing Authority,
.....,
.....District,
Andhra Pradesh.

Sir,

I.....
hereby declare that I am the owner of the Building situated at
D.No.....

I have let out a portion of my above Building to M/s.....

.....
Represented by its Proprietor / Partner / Managing Director / Authorized
Signatory.....to run medical business.

The portion has been allotted D.No.....
.....and
the portion which was let out admeasures.....Sq.meters.

I am herewith submitting attested copy of E.C / other legal document as a proof of
ownership of the premises and also the plan of the premises of the said building let
out to the said firm duly attested by me.

Thanking you,

Yours faithfully

BUILDING
OWNER
PASSPORT
SIZE
PHOTO.
ATTESTED
BY
GAZETTED
OFFICER

SIGNATURE OF THE BUILDING OWNER.
(Attested by Gazetted Officer)

AFFIDAVIT

(Rs.20/- stamp paper with Notary)

I, Sri....., S/o.....aged about.....years, resident ofdo hereby affirm on oath as under.

1. That I am Managing Director / Director of M/s..... on whose behalf an application for grant of license to sale drugs has been made to the Assistant Director, Licensing Authority,District, Drugs Control Administration, Government of Andhra Pradesh.
2. That I am responsible for the day to day affairs and conduct of business of M/s.....for the purpose of Section 34 of Drugs and Cosmetics Act, 1940. I along with the company M/s.....and its other Director / Directors are held liable for any Act of Omission / Commission which are punishable under the Drugs and Cosmetics Act, 1940 and other enactments enforced by the officers of Drugs Control Administration.
3. That in the event of any change in the constitution of the company, I will inform the Licensing Authority and the Drugs Inspector concerned.

The following are the Directors of the company whose names, position and Permanent addresses are given below

S.No	Name	Father/Husband Name	Age	Present position held in the company	Permanent Residential address

Witnesses with full address.

- 1.
- 2.

I,do hereby declare on oath that the above contents are true to the best of my knowledge and belief and nothing has been hidden.

DEPONENT