



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་འབྲུག་བཟའ་ཆས་དང་སླན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY

Controlled Substances and Medical Device Division



Form No: P(A)

Regulation No: 4.1 (Part III)

APPLICATION FOR REGISTRATION IN RESPECT OF SCHEDULE V SUBSTANCES

<p>1. License Holder: (name, address, phone, fax, email)</p>	<p>2. License Details:</p> <p>a) License Name:</p> <p>b) License Number:</p> <p>c) Tax Payer Number:</p>
<p>3. Particulars of Director/Partners/Proprietor: (name, address, phone, fax, email)</p>	<p>4. Nature of Business:</p>
<p>5. Whether the company/firm or its Directors/Partners/Proprietors or the applicant has ever been convicted or charged with criminal offence under the law of Bhutan.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>6. Address of the premises where the schedule V substances will be kept/stored/manufactured, etc.</p>

I hereby declare that the information provided above it true to my knowledge and belief. I shall be liable for the consequences if any if the information provided is found to be false or misleading.

Signature:

Name:

Designation:

Address:

Official Seal:

PABX: +975-2-327031/325993 for Food and Biosecurity Division, 337074/337075 for Medical Product Division and 335371/336577 for Controlled Substance & Medical Devices Division



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Ministry of Health, Royal Government of Bhutan



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