

Application for GMP Certificate

M/s.....
 located at (address)
hereby apply for GMP certificate for the dosage forms,
 categories, list of products and activities as follows:

| Dosage form(s) | Category(ies) | Activity(ies) |
|-----------------------|----------------------|----------------------|
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Declaration (please tick the boxes):

- I hereby declare that the documents submitted above/all information provided in the document above is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravene the provision(s) of the act and regulations made there under.
- If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority.

Dated Signature of applicant
 with name and contact No