

SCHEDULE IV

APPLICATION FORM FOR CERTIFICATE OF REGISTRATION OF A DRUG BY AN IMPORTER

(To be filled in triplicate by applicant)

I/We of hereby apply for registration of the drug namely details of which are enclosed herewith.

Signed :.....,
Address :.....,
Designation of applicant :.....

For official Use only

Application No. :..... Dated :.....
Decision : Registered/Not registered. Dated :.....
Registration No :..... Dated :.....
Fees paid :..... Receipt No :.....

Date :..... Signature :.....
Authority