

## **DOCUMENTS TO BE SUBMITTED FOR THE GRANT OF WHOLESALE DRUG LICENCE**

1. **Form-19** duly filled in by the applicant- *in original*.
2. **Copy of the online generated receipt of the Challan** for Rs. 3000 (Rupees Three Thousands) credited in Government account as per the following codes-*in original*.

Treasury Code:	SOL05	Major : 0210	Sub-major: 02
DDO Code:	019	Minor: 800	Sub-Head: 09

3. **Affidavit** on behalf of the applicant duly verified by the Notary Public (as per the prescribed language)- *in original*
4. **Site and Layout plan** (to the scale) of the proposed premises clearly indicating size of the shop, adjoin areas, details of the furniture and fixtures provided, including location of the building- *2 copies in original*.
5. **Copy of the approved map** issued by the Municipal Corporation in Urban area and copy of the map duly stamped and signed by the Pradhan in rural area, indicating details of the owner- *in original*
6. **Proof of ownership/ possession** of the proposed premises i.e. Latest copy of the jamabandi/ letter of allotment/Rent deed in case of rented/allotted accommodation- *attested photo copies*.
7. **Photo IDs** (Aadhaar card, Voters card etc.) of the applicant- *attested photo copies*.

### ***Documents related to Registered Pharmacist/ Competent or Qualified person:***

8. **Affidavit** on behalf of the applicant duly verified by the Notary Public (as per the prescribed language)- *in original*
9. **Affidavit** on behalf of the appointed qualified person duly verified by the Notary Public where applicant himself/herself is not Registered Pharmacist or competent person. (as per the prescribed language)- *in original*
10. **Pharmacist's Registration certificate** duly issued by the Himachal Pradesh Pharmacy Council, Shimla- *attested photocopy*.
11. **Qualification certificates** i.e. Matriculation/ Diploma/ Degree etc.- *attested photocopy*
12. **Experience certificate** duly verified by the concerned Drug Department in favour of applicants or competent person, as the case may be, applying for the grant of wholesale drug license- *original copy*.

13. **Photo IDs** (PAN Card, Adhaar card, Voters card etc.) of applicant/registered pharmacist/ qualified or competent person- *attested photo copies.*
14. **Photographs of the Registered Pharmacist/competent persons-** *passport size- 1 attested and 4 plain.*

**Additional documents to be submitted in case of Partnership firm/ Private or public limited company/ Societies**

15. **Authorization in favour of applicant** on behalf of the partners in case of partnership deed/ copy of the resolution passed by the Board of Directors in case of the company- *in original.*
16. **Memorandum and Article of association/ Partnership deed/Regn under Society Act-** *attested photocopy.*
17. **Photo IDs** (PAN Card, Adhaar card, etc.) of all the Directors/ partners/ key members of the society- *attested photo copies.*

**Additional documents to be submitted in case Wholesale License**

18. *Affidavit* on behalf of the director/ partner/ proprietor of the firm/company issuing experience certificate in favour of the competent person (as per the prescribed language)- *in original*

## FORM-19

See Rule 59(2)

*Application for the GRANT or RENEWAL of the drug license to sell, stock, exhibit for sale or offer for sale or distribute drugs other than those specified in Schedule X.*

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1. I \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ of M/S. \_\_\_\_\_ do hereby apply for license to sell by RETAIL/ WHOLESale drugs specified in Schedule C and C (1) excluding those specified in Schedule X, AND / OR drugs other than those are specified in Schedule C and C (1) and X to the Drugs and Cosmetics Rules, 1945 and also to operate a pharmacy on the premises \_\_\_\_\_ situated \_\_\_\_\_ at \_\_\_\_\_ The. \_\_\_\_\_ District \_\_\_\_\_ of Himachal Pradesh.

2. The sale and dispensing of drugs will be made under the personal supervision of the qualified person namely:

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

3. Categories of drugs to be sold: *As covered under License on Form-20 AND Form-21*

4. Particulars for the special storage accommodation:

\_\_\_\_\_

5. A fee of Rs. 3000 (Rupees Three thousands only) has been credited to the Government account under the head of account: *Copy of the challan attached*

Treasury Code:	SOL05	Major : 0210	Sub-major: 02
DDO Code:	019	Minor: 800	Sub-Head: 09

**Signature**

Date: \_\_\_\_\_

Name

Address: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affix passport size photograph here	Affix passport size photograph here	Affix passport size photograph here
Name	Name	Name
Applicant	Pharmacist	Competent Person

## GRANT WHOLESALE DRUG LICENSE

Language of affidavit to be submitted by the applicant of the firm, on a stamp paper duly attested by the PUBLIC NOTARY.

**Instructions:** Entire affidavit has to be typed/ printed and nothing should be hand written. Omit words those are not applicable.

### AFFEDAVIT

I \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ age \_\_\_\_ years, resident of village/town \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh do hereby solemnly affirms and declare as under:

1. That I am authorized Director/ authorized partner/ sole proprietor of the firm named as M/S. \_\_\_\_\_ situated at \_\_\_\_\_ town/village \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh. (in case of partnership firm only) Following are the additional directors/ partners of the said firm:
  1. Name son of \_\_\_\_\_ resident of \_\_\_\_\_
  2. Name son of \_\_\_\_\_ resident of \_\_\_\_\_
2. That the above said firm is hereby applying for the grant of /WHOLESALE drug license for the first time.
3. That I am never been convicted OR I have and any of the Directors/partners of the said firm has never been convicted under any provision of the Drugs and Cosmetics Act, 1940 anytime and anywhere.
4. That I am legal owner of the proposed premises (in case where applicant is owner of the proposed premises)

#### **OR (In case of rent premises)**

That Shri/Smt. \_\_\_\_\_ son/ wife of Shri \_\_\_\_\_ is legal owner of the proposed premises, who is resident of village: \_\_\_\_\_, PO \_\_\_\_\_ Tehsil: \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh and has agreed upon to rent out the said premises in my favour for carrying out this business and possesses an area as per the map submitted to the Licensing Authority, at the above said location and address.

5. That I am the competent person of the above said firm and possesses qualification as prescribed under the Drugs and Cosmetics Rules 1945, i.e.

Passed Matriculation/ Senior Secondary/ Graduation examination: from \_\_\_\_\_ (mention name and place of school/ college) under he \_\_\_\_\_ (mention examination board/ university) and possesses \_\_\_\_\_ (in words) years working experience under the supervision of Shri \_\_\_\_\_ at M/S. \_\_\_\_\_ situated at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. And/ OR is registered with Himachal Pradesh Pharmacy Council vide No. \_\_\_\_\_ dated \_\_\_\_\_ and is not engaged anywhere else in any kind of service or business.

**OR (in case of appointed competent person)**

That Mr./Shri/Smt. \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ resident of \_\_\_\_\_ is competent person of the above said firm and possesses qualification as prescribed under the Drugs and Cosmetics Rules 1945, i.e. Passed Matriculation/ Senior Secondary/ Graduation examination: from \_\_\_\_\_ (mention name and place of school/ college) under he \_\_\_\_\_ (mention examination board/ university) and possesses \_\_\_\_\_ (in words) years working experience under the supervision of Shri \_\_\_\_\_ at M/S. \_\_\_\_\_ situated at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

6. That sale, distribution and preservation of the drugs the firm entitled to deal in, shall be affected under my personal supervision only.

**OR (in case of appointed competent person)**

That sale, distribution and preservation of the drugs the firm entitled to deal in, shall be affected under supervision of the qualified person as detailed in para 5 above only. In case if he leaves the said firm I shall intimate the Licensing Authority immediately and appoint a fresh person at least before one month of such change with prior permission of the Licensing Authority.

7. That I have provided adequate arrangement i.e. Refrigerator closed cabinets etc. for the storage of drugs, in order to maintain their potency during the period of shelf life of the drugs.
8. That I shall maintain proper sale and purchase record in accordance with the provisions given in the Drugs and Cosmetics Act.,1940 and Rules, 1945 made thereunder.
9. That I shall inform the Licensing Authority at least three months before closing the business.

10. That I shall abide by all the instructions issued under the provisions of the Drugs and Cosmetics Act, 1940 and Rules, 1945 made there under as amended from time to time.

11. That in case there will be any change or alteration in the premises or name of the firm or constitution of the firm. I shall obtain a fresh license within the period of three months of such change.

DEPONENT

Verification: I the above said deponent further state on oath that the contents of the above affidavit are true to the best of my knowledge and nothing relevant has been concealed there from and as such I verify the same.

Place: \_\_\_\_\_

Date; \_\_\_\_\_

DEPONENT

## GRANT-WHOLESALE DRUG LICENSE

*Language of affidavit to be submitted by the APPOINTED COMPETENT PERSON, on a stamp paper duly attested by the PUBLIC NOTARY.*

**Instructions:** Entire affidavit has to be typed/ printed and nothing should be hand written. Omit words those are not applicable.

### AFFEDAVIT

I \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ age \_\_\_\_ years, resident of village/town \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh do hereby solemnly affirms and declare as under:

1. That I am full time paid employee of the firm named as M/S. \_\_\_\_\_ situated at \_\_\_\_\_ town/village \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ Of Himachal Pradesh from \_\_\_\_\_ (mention date of joining) and Shri \_\_\_\_\_ prop. Of the firm is my employer.
2. That I have never been convicted under any provision of the Drugs and Cosmetics Act, 1940 and Rules. 1945 made there under anytime and anywhere.

That I am the competent person of the above said firm, and possesses qualification as prescribed under the Drugs and Cosmetics Rules 1945, i.e. Passed Matriculation/ Senior Secondary/ Graduation examination: from \_\_\_\_\_ (mention name and place of school/ college) under he \_\_\_\_\_ (mention examination board/ university) and possesses \_\_\_\_\_ (in words) years working experience under the supervision of Shri \_\_\_\_\_ at M/S. \_\_\_\_\_ situated at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_, and is registered with Himachal Pradesh Pharmacy Council vide No. \_\_\_\_\_ dated \_\_\_\_\_ and/ OR is not engaged anywhere else in any kind of service or business.



3. That sale, distribution and preservation of the drugs the firm entitled to deal in, shall be affected under my personal supervision only.
4. That I shall intimate the Licensing Authority at least one month before leaving the firm without any failure.
5. That I shall maintain proper sale and purchase record in accordance with the provisions given in the Drugs and Cosmetics Rules, 1945.
6. That I shall abide by all the instructions issued under the provisions of the Drugs and Cosmetics Act, 1940 and Rules, 1945 made there under as amended from time to time.

DEPONANT

Verification: I the above said deponent further state on oath that the contents of the above affidavit are true to the best of my knowledge and nothing relevant has been concealed there from and as such I verify the same.

Place: \_\_\_\_\_

Date; \_\_\_\_\_

DEPONANT

## GRANT-WHOLESALE DRUG LICENSE

### Supporting affidavit for Competent Person applying for the wholesale license

*Language of affidavit to be submitted by the Authorized Director/ Authorized partner/ Proprietor of the company/ firm, under whose supervision the applicant/ competent person has acquired work experience, on a prescribed fee stamp paper duly attested by the PUBLIC NOTARY.*

**Instructions:** Entire affidavit has to be typed/ printed and nothing should be hand written. Omit words those are not applicable.

### AFFADEVIT

I \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_ age \_\_\_\_ years, resident of village/town \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh do hereby solemnly affirms and declare as under:

1. That I am sole proprietor/ managing partner of the firm named as M/S. \_\_\_\_\_ situated at \_\_\_\_\_ town/village \_\_\_\_\_ P.O. \_\_\_\_\_ Tehsil. \_\_\_\_\_ Distt. \_\_\_\_\_ of Himachal Pradesh. Following are also partners of the said firm:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_

2. That the above said firm is in possession of the RETAIL/ WHOLESALE drug license vide Nos. 20- \_\_\_\_\_ 21- \_\_\_\_\_ / 20-B \_\_\_\_\_ 21-B \_\_\_\_\_ granted on \_\_\_\_\_ and renewed up to \_\_\_\_\_.

3. That Shri. \_\_\_\_\_ Son of Shri \_\_\_\_\_ permanent resident of Village: \_\_\_\_\_, PO: \_\_\_\_\_ Tehsil: \_\_\_\_\_ Distt: \_\_\_\_\_ has worked as assistant/ salesman under my direct supervision for the period from \_\_\_\_\_ to \_\_\_\_\_.

4. That during his/her services he has been assisting in procurement/ purchase, storage, dispatch and sales of drugs along with other activities as are under taken by us. His signatures are duly entered in our record over the period of his services and the same can be produced as and when required by the drugs Licensing Authority.

5. That I have maintained records of his salary paid during his services with us. Month wise statement thereof is attached herewith.

DEPONENT

Verification: I the above said deponent further state on oath that the contents of the above affidavit are true to the best of my knowledge and nothing relevant has been concealed there from and as such I verify the same.

Place: \_\_\_\_\_

Date; \_\_\_\_\_

DEPONENT