

DOCUMENTS TO BE SUBMITTED FOR THE GRANT OF RETAIL 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.

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 and 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-RETAIL DRUG LICENSE

Language of affidavit to be submitted by the applicant by the *APPLICANT* of the firm 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.

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 Director/ partners of the said firm, namely:
 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 RETAIL/ WHOLESALE drug license for the first time.
3. That I am the person to carry out day to day activities of the firm/company and also responsible for the conduct of business.
4. That I am never been convicted OR I have and any of the directors/partners of the said company/firm has never been convicted under any provision of the Drugs and Cosmetics Act, 1940 anytime and anywhere.
5. That I am legal owner of the proposed premises (in case where applicant is owner of the proposed premises)

OR (In case of rented 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 Site and Layout plan submitted with this application, at the above said location and address.

6. That the competent person of the above said firm is Mr. _____ S/o _____ resident of _____ and qualification is _____ & possess _____ year experience in the sale purchase of allopathic drugs with M.s _____ situate at _____ as prescribed under the Drugs and Cosmetics Rules 1945. And 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 Sh./Smt./Ms. _____ son/daughter of Shri _____ resident of village/town _____ Tehsil. _____ Distt. _____ is full time appointed competent/qualified person of the above said firm, who possesses qualification as prescribed under the Drugs and Cosmetics Rules 1945 and is registered with Himachal Pradesh Pharmacy Council vide No. _____ dated _____ and he/she is not engaged anywhere else in any kind of service or business / _____ years working experience under the supervision of Shri _____ at M/S. _____ situated at _____ from _____ to _____.

7. That sale, distribution and preservation etc. 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 etc. of the drugs the firm entitled to deal in, shall be affected under the personal supervision of the competent/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.

8. That I have provided adequate arrangement for the prescribed storage of drugs, in order to maintain their potency during the period of shelf life of the drugs.

9. 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.

10. That I shall inform the Licensing Authority at least three months before closing the business.

11. 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.

12. 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-RETAIL DRUG LICENSE

Language of affidavit to be submitted by the applicant by the *APPOINTED COMPETENT/QUALIFIED PERSON* 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 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.
3. That I am the competent person of the above said firm, and possesses qualification as prescribed under the Drugs and Cosmetics Rules 1945, and is registered with Himachal Pradesh Pharmacy Council vide No. _____ dated _____ and is not engaged anywhere else in any kind of service or business.
4. That sale, distribution and preservation of the drugs the firm entitled to deal in, shall be affected under my personal supervision only. By virtue of which I am responsible for the day to day activities of the firm/company and also responsible for the conduct of the business.
5. That I shall intimate the Licensing Authority at least one month before leaving the firm without any failure.

6. That I shall maintain proper sale and purchase record in accordance with the provisions given in the Drugs and Cosmetics Rules, 1945.
7. 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.

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