

**CHECK LIST FOR APPLICATIONS FOR
GRANT / CHANGE OF CONSTITUTION / CHANGE OF PREMISES
OF LICENCES IN FORM- 20,21 (RETAIL) FOR FIVE (5) YEARS
DOCUMENTS TO BE SUBMITTED TO THE REGIONAL ASSISTANT DIRECTOR,
DRUGS CONTROL ADMINISTRATION BY THE APPLICANT - ALL IN DUPLICATE.**

1. Covering Letter.
2. Statutory form – Form –19 for licenses in form 20,21
3. S.B.H Challan of **Rs. 1500/-** for each License (for each form) for the required amount under the Head of Account 0210-Medical and Public Health, 04-Public Health, 501 Services & Service fees, 77 User charges.
4. Declaration by the Proprietor / Partner/ Director / Regd. Pharmacist /Q.P.
5. Attested copy of Partner ship Deed / Memorandum of Association.
6. Declaration of Registered Pharmacist / Qualified Person with Drugs Inspector's endorsement
7. Special Declaration by Registered Pharmacist on Rs.10/- Non-Judicial Stamp Paper.
8. Original Registered Pharmacist certificate, Renewed up to date. With 3 attested copies.
9. Plan of the Shop and copy of approved building plan by local authority i.e. Municipality , panchayat etc.
10. Declaration of Building owner Attested by Gazetted Officer.
11. Rental Agreement.
12. Document showing the proof of ownership of Building by Building owner.
13. Refrigerator Purchase Bill.
14. Xerox Copies of National Saving Certificates Rs. 1000/-.
15. SELF ADDRESSED ENVELOPE WITH POSTAL STAMPS (Rs.25/-) FOR REGISTERED POST WITH ACK.