

To,

The Drugs Controller, Assam

Hengrabari, Ghy-36

Fresh in Form
20 & 21

DRUGS CONTROL ADMINISTRATION

Inspection Report on sales premises

Issue No. 3990/SHT/R/1540/P/Drugs Date 11/12/2017

1.I.R.No. Dated Time

2.Name of Establishment M/s. Niyati Medico's
K.B. Chowk (Nepali Chowk), Noonmati, Guwahati-20

Working Hours 9-A.M. to 9-P.M. Weekly Holiday X

Premises with the documents, Correct ✓

3.Nature of transaction (a)Retail ✓ Wholesale X

4.Class of Drugs Sale:-

- a) Household Remedies ✓ b) Homoeopathic Drugs X
c) Chemicals ✓ d) Schedule (I) Drugs ✓
e) Schedule C Drugs ✓ f) Schedule H & L Drugs ✓
g) Schedule E Drugs ✓ h) Ayurvedic Drugs ✓

5.If the application is for fresh license, who was the business ordinarily carried on by the application within last three years Fresh Nil

Has the applicant any experience in drugs trade? Yes Self Pharmacist

The establishment is a manufacture X / Drugs Store X

Chemist and Druggists ✓ /Importer, exporter X

General Stores X /Pan-biri shop X /Restaurant X

Ownership sale proprietor ✓ Partnership X Limited Co X

Checked the Partnership deed/Registration. Dipjyoti Nakanta s/o Mitradar Nakanta
Chungali Bilpara Bye Lane 2,
P.S. & P.O. Noonmati Ghy-20
Correct

Tallies

6.Qualified Person	Qualification if	Experience	Hours of
Name	Pharmacist, State		working
	Registration No		
	Date and State		

7. Checked Licence, Exhibited Fruste

Form

No

Date

No, of certificates in
From 21 C and date.

✓ 20/20A
 20B
 20-C
 20-D
 ✓ 21/21A
 21-B

Applied for

(Please mention the latest renewal certificate number and date against the appropriate Licence Number)

Date of application 07-11-2017 TC 11/2661 dt. 07-11-2017 Rm 3051Visit: Routine ☒ Surprise ☒ Complaint ☒

8. Checked the area of :-

Premises one room in sq. metres 10 x 15 sq. ft. RentedState, General cleanliness good Counters ☒ Shelves ☒Cupboards ☒ Congestion ☒9. (a) Checked refrizerator working LG Model No. GL8181RSL

(b) Checked Ice Box with Ice..... (c) Under ground vault

checked..... (d) Purchase record with (with a metallar)

Entries (i) From date..... to date &.....

Vouchers (ii) As per Rule..... (iii) Tally with corresponding
sale entries..... (iv) Produced for inspection.....

Note:- If voucher records are not available, State the reason in brief.....

(at least 5 entries should invariably be checked in town areas) (e) Wholesale records.
sale.

Vouchers (i) From date..... to date.....

(ii) As per Rule..... (iii) Tally with wholesale
Purchase.....

Purchase (i) From date..... to date.....

Vouchers (ii) As per Rule..... (iii) Tally with wholesale
Sale.....

Note:- If vouchers are not available, State the reason in brief:-

10. Remarks of the Inspector The drug licences in Form 20 & 21 may Please
be considered.

Date.....

11/11/2017
 Signature
 Name of Inspector

11. Remarks of the Licensing Authority