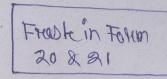
The Drugs Controller, Assam

Hengrabari, Ghy-36



DRUGS CONTROL ADMINISTRATION

Inspection Report on sales premises

Issue No. 3990 SHY	[R 1540 P	Drugs	Date 11 12 2017	
1.I.R.No			Time	
2. Name of Establishmen	nt Tolls. Niys	ati Medico's K), Noonmali, Guwah	ali-20	
9 60	1. 1. 1. 2 m	2 NA		
Working Hours. 9-10			yX	
Premises with the document	ments, Correct			
3. Nature of transaction	(a)Retail	W	Tholesale	
4.Class of Drugs Sale:-				
a) Household Reme	dles	b) Homoeopathi	c Drugs	
c) Chemicals d) Schedule (I) Drugs				
e) Schedule C Drug	s	f) Schedule H &	L Drugs	
g) Schedule E Drug	gs	h) Ayurvedic Dr	ugs	
5.If the application is for	fresh license, who	was the business ordinarily	carried on by	
the application within la	ast three years. Fru	sk- Nil		
Has the applicant any ex	xperience in drugs t	rade? Yeo, Self Phonu	nareiot	
The establishment is a r				
Chemist and Druggists/Importer, exporter×				
General Stores	×	/Pan-biri shop×	./RestaurantX	
Ownership sale propriet	orPar	rtnershipLimite	d Co.	
Checked the Partnership	deed/Registration.	Dipjyoti Makanta & Chundali Bilpate 1 P.s. & P.C. Noonmatt	d Co. X 10 Mithadev Mahanla 6 Ye Lanu 2, 6 NY-20	
		C	011000	
6 Ovalified Daman	0.1:6:		allies	
6.Qualified Person Name	Qualification i Pharmacist, Stat		Hours of	
	Registration No Date and State	0	working	

7. Checked Licence, Exh	Land	(2)	
Form	No	Data	
	110	Date	No, of certificates in From 21 C and date.
20/ 20 A			and date.
20B			
20-C	•••••	> Applied for	
20-D		- APPLIEGIUM	
21/21A			
21-B	••••		
(Please mention the late Number)	est renewal certificate r	number and date against	the appropriate Licence
Date of application. Visit: Routine.	-11-2017 T/c 1	1/2661 dt. 07-11-	2017 fin 7305/
8. Checked the area of:- Premises The HUTTON State, General cleanline	in sq. metres	FIS'sq.fl. Rented	
Cupboards			
9. (a) Checked refrizerato			1
(b) Checked Ice Box w	ith Ice	. (c) Under grount vaul	
checked	(d) Purchase record v	with(with a metaller)	
Entries (i) From date			
Vouchers (ii) As per Ru	le (iii	Tally with correspond	ing
sale entries	(iv).Produced fo	or inspection	
Note:-If voucher record	s are not available, Sta	the reason in brief	10
(at least 5 entries should sale.	invariably be checked	in town areas) (e) Who	lesale records.
Vouchers (i) From date	to de	ate	
(ii) As per R		ii) Tally with wholesale	

Purchase (i) From da	te1	to date	
Vouchers (ii) As per Ru	ile	(iii).Tally with wholesa	nle
	*******************	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Note:- If vouchers are no	ot available, State the re	eason in brief:-	
0.Remarks of the Inspect	or The dong lieur	ices in Form 20) & 21 max Please
Date		Sign Name of 1	ature
		Name of l	Inspector