|  |  |  |  |
| --- | --- | --- | --- |
| Company Name & Address | | Date |  |
|  |  |
| *Page No.* | 1 of |
|  |  |
| *Name of Product* |  | Category |  |
| *Indication Claim* |  | | |
| *Dose* | 1 tsp twice a day before meal | | |
| *Direction of Use* |  | | |
| *Special Instructions* |  | | |
| *Side Effect* |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PART-1 [REFERENCE DETAIL] | | |  |
| Sr. | Name of Active Ingredient | Purpose | Reference [Page Attachment] |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PART-4 [Purpose of Excipients/Inert/Any Other Material] | | | |
| Sr. | Name of Excipient/Inert/Any Other Material | Purpose | Reference [Page Attachment] |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

## **Undertaking**

1. I/we hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I may be held liable for it.
2. I/we hereby declare that the Excipients used in the Products are pharmacologically inactive materials and under the best of my knowledge not affecting the APIs. The Amount of excipient in the dosage are under the prescribed limit or in controlled manner. The Excipients used in the formulation are Non-Toxic and having No Side Effect.
3. I/we hereby declare the product effective as mentioned in indication claim and I am responsible for effectiveness of product. In case any of the above indication claim is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I may be held liable for it.
4. I/we hereby declare that this detail is submitted online by using my user id and password so I am not signing this document but I am responsible for all documents submitted online. I/we am/are aware that I/we may be held liable for it.