**FORM-19**

(See Rule 59(2)

Application for Grant of license to sell stock exhibit or offer for sale or distribute drugs than those specified in Scheduled.

I.

**1. KHAJA PASHA S/o ABDUL SATTAR**

proprietor of **M/s INDIAN MEDICAL AND GENERAL STORES** Hereby apply for license to sell Retail drugs specified in Schedule-C and C (1) excluding those specified in Schedule –X and \* / or drugs other than those specified in Schedule –C, C (1) and X to the drugs and Cosmetics Rules 1945 and also to operate a Retail shop on the premises situated at **D:No:14-67, STATION ROAD, KOTHAKOTA VILLAGE AND MANDAL, WANAPARTHY (Dist)**

**2**. The sale and dispensing of drugs will be made under the personal supervision of the qualified person namely:-

Name: **MOHD IMRAN**

Qualification: **D.PHARMACY**,

**3**. Categories of drugs to be sold **ALL DRUGS EXCEPT SCHEDULED X DRUGS.**

**4**. ++ particulars for special storage accommodation:

**5**. A Fee of rupee  **Rs 3000 /-** has been credited to the Government Account under the Head of Account:

0210 - Medical and Public Health.

04 - Public Health.

01 - Fees, Fines etc. 001 - Other Receipts.

Paid in S.B.H/S.T.O. WANAPARTHY Challan No: **…………………..,** Dated:

**……………………..**

Place: wanaparthy.

Date:

**(KHAJA PASHA)**

**SELF APPRAISAL FOR GRANT OF LICENSESS OF SALES CONCERNS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Details of Information** | | **Remarks** | | |
| 1. | Name and Address of Concern  **M/s INDIAN MEDICAL STORES, SHOP NO:14-67, STATION ROAD, ,KOTHAKOTA VILLAGE AND MANDAL, WANAPARTHY (Dist)** | | | | |
| 2. | Constitution of the firm, partnership | | | | |
| 3. | Name & Address of the partners  **1. KHAJA PASHA** Age: 30 yrs S/o **ABDUL SATTAR**  R/o H.No.2-72, Kotla anjaneya ,kothakota Village And Mandal,wanaparthy (Dist) | | | | |
| 4. | Whether partnership deed enclosed | Yes | | No | N.A |
| 5. | Whether applied for Grant of Licenses in Form 20,21 | Yes | | No | N.A |
| 6. | Whether applied in statutory applications Forms in required copies, Form -19. | Yes | | No | N.A |
| 7. | Whether requisite fee is paid and challan enclosed  Challan No: **…………….**, Date: **………………..**, Rs.**3000/-.** | Yes | | No | N.A |
| 8. | Whether plan of the premises submitted. | Yes | | No | N.A |
| 9. | Whether the area of premises complied with statutory requirements area **.......** Sq.Fts. | Yes | | No | N.A |
| 10. | Whether Lease agreement enclosed. | Yes | | No | N.A |
| 11. | Whether Tax Receipt to show the ownership of the owner enclosed. | Yes | | No | N.A |
| 12. | Whether the premises is suitable for stocking the drugs. | Yes | | No | N.A |
| 13. | Whether refrigerator or cold storage facilities provided and they are adequate. | Yes | | No | N.A |
| 14. | Whether proper refrigerator receipt is enclosed. | Yes | | No | N.A |
| 15. | Whether Registered Pharmacist appointed Name: **KHAJA PASHA** ,Qualification,Degree, | Yes | | No | N.A |
| 16. | Whether Original Registered Pharmacist Certificate of Pharmacist enclosed | Yes | | No | N.A |
| 17. | Whether Affidavit of Pharmacist with required details is enclosed | Yes | | No | N.A |
| 18. | Whether photograph and Photostat certificates of registered pharmacist is enclosed. | Yes | | No | N.A |
| 19. | Whether relieving letter of the Pharmacist from the previous employer/proof of Tendering Registration Letter to the Employer at least one month prior to this application(enclosed) | Yes | | No | N.A |
| 20. | Whether intimation of the relieving of the pharmacist intimated to the concerned Drugs Inspector. | Yes | | No | N.A |
| 21. | Whether competent person for wholesale dealing was appointed. | Yes | | No | N.A |
| 22. | Whether photo on Photostat copy of qualification of competent person enclosed. | Yes | | No | N.A |
| 23. | Whether experience certificate with required period and particulars enclosed. | Yes | | No | N.A |
| 24. | Whether Motor Vehicle use for distribution the drugs in on the Firm’s proprietor name | Yes | | No | N.A |
| 25. | Copy of the Registration of vehicle is enclosed | Yes | | No | N.A |
| 26. | Whether Original Drug Licence enclosed(In case of renewal) | Yes | | No | N.A |
| 27. | Whether all the above them from 4 to 26 submitted in duplicate set. | Yes | | No | N.A |

(**KHAJA PASHA**)

Specific remarks of the inspecting authority recommended/Not Recommended

Reasons for not recommended

Date: Signature of the Inspecting authority

Remarks of the Licensing Authority Accepted/Rejected

Signature of the Licensing Authority

**DECLARATION OF THE PROPRIETOR**

1. Shop Name & Address With Ph.No : **M/s INDIAN MEDICAL STORES** S.No: **7-112/3,IN GROUND FLOOR, STATION ROAD,**

Village: **KOTHAKOTA**

Mandal: **KOTHAKOTA**

Dist. **WANAPARTHY**

1. Full Name(Block Letters) : **KHAJA PASHA**
2. Father’s Name : **ABDUL SATTAR**
3. Age : 43 Years
4. Permanent Address : H.No:2-72, Kothakota(V&M),

Wanaparthy(Dist)

1. Present Residential Address : -do-
2. Educational Qualification :
3. Details Of Earlier occupation for :

Last Five years

1. Whether you/ your spouse are in

Possession of any Licenses under

**PHOTO**

Drugs and Cosmetics Rules earlier

Or present? If yes, details : -No-

1. Whether you/ your spouse Drug

License cancelled? If yes, details : -No-

1. Whether you/your spouse at any time

Convicted under any criminal law?. If yes,

Details : -No-

1. Either alone or with anybody you/your

Spouse involved in any Drug cases? If yes,

Details : -No-

1. Are you/your spouse convicted/

Acquitted in any cases under drugs and

Cosmetics Act? If yes, details : -No-

1. Have Studied the rules and regulations

Of Drugs and Cosmetics Act.1940 and

Rules 1945 and Understand responsibilities

Of a license Dealer : -Yes-

Certify that the above information furnished by me is true and correct and in the case if anything above stated is found false I am liable for Criminal Action to be taken by the Officer of the Drugs Control Administration.

Place: Mahabubnagar. PAN: Signature

Date: EMAIL:

Specimen Signature CELL:

1. **(KHAJA PASHA)**

2. Signature before me

3. Signature and Stamp of the Gazetted officer

**DECLARATION OF THE BUILDING OWNER**

From, To,

**MADIRAJ USHAMMA** The Assistant Director,

W/o **MADIRAJ ELLANNA** Drug Licensing Authority,

R/o H.No:7-112/3,Station Road, MAHABUBNAGAR DIST Kothakota (V& M)

WANAPARTHY (Dist) TELANGANA.

I, **MUDIRAJ USHAMMA** hereby declare that I am owner of the building situated at **D:No:7-112/3, IN GROUND FLOOR, STATION ROAD, KOTHAKOTA VILLAGE AND MANDAL, WANAPARTHY (Dist)**, I have let out a portion of my above building to **M/s INDIAN MEDICAL AND GENERAL STORES** represented by its Proprietor  **KHAJA PASHA** to run medical business. The portion has been allotted to **S:No: 7-112/3, IN GROUND FLOOR, STATION ROAD, KOTHAKOTA VILLAGE AND MANDAL, WANAPARTHY (Dist)**, and the portion which was letout and measures **......**sq.......ft. I am here with submitting property tax receipt/ownership certificate and also the plan of premises of the said building letout to the said firm duly attested by me.

Thanking you

Your’s faithfully

Building Owner Passport size photo

**(MUDIRAJ USHAMMA)**

Attested by Gazetted Officer