**COVERING LETTER FOR CHANGE OF PREMISES**

From To

**KHAJA PASHA** (PROPRIETOR) **THE ASSISTANT DIRECTOR**

**MOHD IMRAN** (RP) District Drug Licence Authority

**M/S INDIAN MEDICAL & GENERAL STORES** Mahbubnagar District

D.no:7-112/3, In Ground Floor, KOTHAKOTA

(Vill & Mndl), WANAPARTHY DISTRICT

( Through Drug Inspector- Wanaparthy )

CHANGE OF PREMISES

Madam, I KHAJA PASHA for CHANGE OF PREMISES of DL inD.no:14-67,situated at Station Road, KOTHAKOTA (Vill & Mndl),WANAPARTHY DIST **CHANGED TO** D.no: 7-122/3, Situated at Station Road, KOTHAKOTA (Vill & Mndl) WANAPARTHY DIST Namely  **M/S INDIAN MEDICAL & GENERAL STORES I also pay the sum of Rs/-3000/- Three thousand rupees only), Challan No: ………………………………, Date:……………….., at** , so kindly issue of Grant(20,21), Drug licence in Form. The enclosures are given below.

Date: Yours Obediently,

KHAJA PASHA

1. Self-Appraisal

2. Form-19

3. Original Challan

4. RP Declaration 5. Qualification certificate

6. Experience certificate & there D.L.Xerox

7. Declaration of Building owner

8. Tax Receipt Xerox

9. Shop plan & 10. Shop photo