

**DIRECTORATE OF FOOD & DRUGS (ADMN.)  
PANAJI - GOA.**

Additional Information to be attached alongwith the fresh application in Form 19/19A.

1. Name of the Establishment :-

2A. Address of the firm House No. Road Vaddo Taluka Tel. No.

B. Particulars of Proprietor / Partners

3. Category of the establishment :-  
( Wholesale / Retail / Restricted / Hospital )

4. Name of the Applicant	Address	Age	Qualification
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5. If the Applicant is holder of Power of Attorney.  
( Certified copy of Power of Attorney)

6. Details of working experience of Partnership / Proprietor.

7. Was the applicant ever engaged himself or on behalf of the firm in dealing with drugs. If so please furnish the details.

Name and category of the Establishment	Address of Establishment	Licence No & Date	Whether in business.
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8. Name of the qualified person appointed

Name	Address	Age	Qualification	Registration No.
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9. Whether the qualified person was employed during previous 3 years. If yes, give details:

Name of the Establishment	Address	Category	Reason for leaving
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10. If the application is for wholesale, please, furnish the name and address of the manufacturers, which he will represent as sole distributors / importer.

Name of the manufacturer	Address
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11. Besides drugs whether the applicant wants to deal with any other commodities like milk powder, cosmetics etc. If so, give details whether separate cupboards are provided. Whether applied for licence for stocking food items.

12. Hours of business and working days.

13. Whether the applicant is prepared to do the night duty voluntarily.

14. Whether there is any Hospital, Nursing Home/ PHC / RMC in locality, If, so give details.

15. Whether there is any licenced retail dealer near to proposed premises of drugs. If so, give details along with the distance from your premises.

Name of the Establishment	Category	Distance
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I, hereby declare that the above information is true to the best of my knowledge and belief. I understand that if any information given here above is found false or incorrect, I will be liable for appropriate action under the provisions of the Drugs and Cosmetics Act, 1940 and Rules made thereunder.

Date:-

Name:

Signature :

(Proprietor/Partner/Partner/MD.  
Power of Attorney )