

**ADDITIONAL INFORMATION DATA TO BE SUBMITTED ALONG WITH APPLICATION FOR RENEWAL OF LICENCE
FOR MANUFACTURE OF DRUGS**

I. Name and address of the firm:

II. Details of licences held by the firm

Licence held by the firm	Form No.	Date of grant licence	Valid up to
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III. Name of Partners/Proprietor/director as on 1.1.98 and details of any changes made in the last licencing period:

Date	Name of partner/ Director/proprietor	Residential address	Date of inclusion of Appointment	Date of retirement
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IV. a) whether there is any change in the constitution of firm since 1.1.2000:

- b) If yes, the date of change in constitution
- c) Whether application for grant of new licence is, made. If so, the date of submission:

IV. Particulars of expert technical staff employed including / sst. Training Chemist

Date	Name of person	Qualification	Section In which Approved	Approval letter no. and date	Date of appointment	Date of resignation
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V. Whether applicant has loaned their manufacturing facilities to other units. If so, please give details :

Sr. Name of the firm	Loan Licence No.	Form No.	Date of grant of Licence	Valid upto	Category drugs manufactured	No. of total products Permitted

VI. Whether applicant manufactures their product at other units under loan licence. If so give details.

Sr. Name of the firm	Loan Licence No.	Form No.	Date of grant of Licence	Valid upto	Category drugs manufactured	No. of total products Licence

VIII. Details of additional products granted during last licencing period and number of batches manufactured.

Name of the product	Permission Granted on	No. of batches manufactured	Date of submission of samples and test Reports of 1 st batches

- IX. a) Any material alteration in the plan of the premises since 1.1.2000 if so, give details.
- b) Whether same was initiated to DFDA and approval obtained. If yes, give letter No. and date.
- X. Details of any machines installed/ removed during last licencing period

Name of machine	Name of manufacturer	Date of Installation	Date of removal if any	Capacity	Approximate value
XI. Details of workers employed as on date of appointment:					
XII. Approximate sales turnover for the last two financial year					

I hereby solemnly declare that above information furnished here above is true to the best of my knowledge.

Signature

Name & Designation
Of Authorised signatory

N.B. If space provided in proforma is not adequate please attach separate annexure