Check list for Grant of Licence
To manufacture for the sale of Ayurvedic/Homeopathic Medicines

<table>
<tr><td>Sr. No.</td><td colspan="2">Provisions</td></tr>
<tr><td rowspan="2">1.</td><td>Application on prescribed Form no. 24-D for Grant of Original License
Application on prescribed Form no. 24-E for Grant of Loan License</td><td>For Ayurveda</td></tr>
<tr><td>Application on prescribed Form no. 24-C for Grant/Renewal of License</td><td>For Homoeopathy</td></tr>
<tr><td>2.</td><td colspan="2">Ownership proof.</td></tr>
<tr><td>3.</td><td colspan="2">Site Plan of the premises.</td></tr>
<tr><td>4.</td><td colspan="2">Following Attested/Scanned Documents to be attached.
01. No objection certificate from Pollution Control Board.
02. Power Availability certificate from HPSEB/Electrical details (load - K.Watts).
03. Registration as a S.S.I Units
04. Weight & measurement
05. GST/CGST number
06. Registration under factory Act.
07. Project Report
08. NOC from Fire Department
09. NOC from State Bio Diversity Board</td></tr>
<tr><td>5.</td><td colspan="2">Requirement of schedule 'T' for Ayurveda and schedule ‘M’ for Homoeopathy are to be fulfilled for which Departmental Inspection Team will conduct the inspection and submit its report on the prescribed Performa.</td></tr>
<tr><td>6.</td><td colspan="2">Bank draft of as per requirement given below, payable at Punjab National Bank Kasumpti in the name of Director Ayurveda Himachal Pradesh.
(Ayurveda/Homoeopathy)
<table>
<tr><th>For Ayurveda</th><th>For Homoeopathy</th></tr>
<tr><td>01. Original licence
Rs. 5000 GMP Fee
Rs. 3000 for first 10 Proprietary Products Fee
Rs. 2000 for Classical Products (one time) Fee
02. Loan Licence
a) Rs. 3000 for first 10 Proprietary Products Fee
Rs. 2000 for Classical Products (one time) Fee</td><td>01. Original licence
a) Grant – Rs. 600+500 = 1100
b) Renewal - Rs. 700+500 = 1200</td></tr>
</table></td></tr>
<tr><td>7.</td><td colspan="2">Attach list of machinery as per group/section of medicines
<table>
<tr><th>Sr. no.</th><th>Category of medicine</th><th>Name of machinery</th><th>Specification</th><th>Cost</th><th>Year of Purchase</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>8.</td><td colspan="2">Attach list of Lab equipments for in house quality control lab.
<table>
<tr><th>Sr. No.</th><th>Name of equipment</th><th>Specification</th><th>Cost</th><th>Year of Purchase</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
</table>

<table>
<tr><td>9.</td><td>Attach list of medicines to be manufactured /category wise
<table>
<tr><td>Sr. no.</td><td>Category Classical/Proprietary/Patent</td><td>Group/Section</td><td>Name of medicine</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>10.</td><td>Technical Staff: (As per the Drugs and Cosmetics Act 1940 & rules 1945)
Production Section
As per Rule 157 (2)
Quality Control Section
As per Rule 157(1) Schedule T-1.1 (N) (11)</td></tr>
</table>

FORM 24-D
(See Rule 153)

APPLICATION FOR THE GRANT/RENEWAL OF A LICENCE TO MANUFACTURE FOR SALE OF AYURVEDIC/SIDHA/UNANI DRUGS.

1. I/We_____of_____hereby apply for the grant/renewal of license to manufacture Ayurvedic (including Sidha) Or Unani drugs on the at_____

2. Name of drugs to be manufactured (with details).

3. Names, qualifications and experience of technical staff employed for manufacture and testing of Ayurvedic (including Sidha) or Unani drugs_____

_____

4. A fee of rupees_____has been credited to the Government through Demand Draft in the favour of Director AYUSH-Cum-Licencing Authority Shimla, HP Dated_____

Signature of Applicant
With full address.

Note: The application should be accompanied by a Site plan of the premises.

PROFORMA FOR APPLICATION FOR LICENSE FOR MANUFACTURING OF AYURVEDIC/UNANI/HOMOEOPATHIC/SIDHA DRUGS.

1. Name of Sole proprietor/Firm Company/Co-op. Society etc. _____

2. Nature of Organization (Sole proprietor firm/company'co-op-Society etc.). _____

3. Registered Office/Head office. _____

4. Name(s) of Sole Proprietor Partner/ Member of Board of Directors/ Company. _____
_____
_____
_____

5. (I) Authorized capital _____

(II) Subscribed capital _____

Permanent address _____
_____
_____

6. Name of Manager/Chief Executive: _____

7. Name & Permanent address of _____

Technical person(s)

Incharge of production: _____

8. Location of the factory: Place _____

Gali_____-_____

Plot_____

Tehsil_____District_____

9. Building: i) Whether own building or rented _____

ii) Total area of land/Plot _____

iii) Total construction plinth area _____-_____

of building.

iv) Detail of rooms/halls _____

Sr.No.	Purpose for which to be used	Size of rooms/halls
I.		
II.		
III.		

V. Type of construction _____

VI. Specification of floor/room. _____

VII. Total estimated/actual cost of construction. _____

VIII. Annual rent, if rented (enclose Rent deal) _____

9. **Surrounding**

i) Distance from road _____

ii) Detail of other building & their _____

use in North, South,East and West. _____

iii) Whether any public urinal, toilet, _____

Polluting agent present in the surrounding _____

(give detail). _____

iv) Source of Water: _____

v) Whether the water of other dirt is proposed to be discharged. _____

vi) Whether permission from water and _____

Air pollution control board obtained or not.

10. Name pf quality of toxic, inflammable or License raw material to be used in products during the process.

i) _____

ii) _____

iii) _____

iv) _____

11. Name of drugs proposed to be manufactured give information .

12. Quantity of drugs proposed to be produced in first

two years _____

Name of drugs	Proposed quantity to be manufactured.

13. **Quality Control**

i) Laboratory facilities (give detail of equipment) _____

ii) Lab/test facilities proposed to be utilized from outside. _____ _____

iii) Details of tests to be conducted to access quality of raw material/finished products. _____

iv) Parameters for testing quality of finished drugs _____

14. Has the drug been clinically tested in any hospital/ Institution gives details. _____ _____

15. Type of packing/size in which proposed to be marketed. _____

16. **Detail of machinery/equipment**

Sl.No.	Name of machinery/equipment	Specification	Cost
1.			
2.			
3.			
4.			
5.			

(Attach additional sheet if necessary)

17. Technical staff proposed to be employed

Designation	Pay Scale	Essential qualifications

Other staff proposed to be employed.

18. **Details of record to be maintained regarding manufacture**

i) Manufacturing Register — Name & Designation of person responsible manufacturing.

ii) Products and sale

iii) Raw material stock.

19. Whether the firm has taken CST/State Sales tax number
If so, give details _____

20. Loan raised/proposed to be raised
and sources. _____

21. Number of working days and holidays
Proposed to be observed. _____

22. Normal working hours of the factory _____

23. Whether registered under factory Act. _____

24. Connected electrical load K.Wattts. _____

25. Any other relevant information _____

I/We hereby certify that the information given the application is correct and nothing material concealed therein. I/We understand that if the license is granted/renewed on the basis of above information and if any information/part thereof is found incorrect/false the licensing authority may cancel/revoke/suspend the license.

II. I/We do hereby undertake to abide by all provide of the drugs and Cosmetics Act, 1940 and the rules made thereunder any other legislature enacted by the Central/State Gove. Or local authority relating to manufacture and sale of drugs.

III. I/We further undertake to abide by all direction of the Licensing Authority or any other officer authorized by him this behalf, relating to manufacture/quality control and sale of drugs.

Signature_____

Name of Applicant_____

Designation_____

Address for correspondence& Phone No.

FORM 24-C
(See Rule 85-B)

Application for the grant or renewal of a licence to manufacture for sale (or for distribution) of Homoeopathic medicines or a licence to manufacture potentised preparations from back potencies by licensees holding licence in Form 20-C

1. I/We_____ of _____ holder of licence No._____in Form 20-C hereby apply for grant/renewal of licence to manufacture the undermentioned Homoeopathic Mother Tincture/Potentised and other preparations on the premises situated at _____

Names of the Homoeopathic preparations_____.
(Each item to be separately specified).

2. Names, qualifications and experience of technical staff employed for manufacture and testing of Homoeopathic medicines.

3. A fee of rupees_____ has been credited to Government under head of account _____

Date:

Signature

_____

Note: The application should be accompanied by a plan of the premises.

FORM 24-E
(See Rule 154-A)

Application for Grant of a Loan License to manufacture for sale Ayurvedic (including Siddha) or Unani Drugs

1. I/We*_____ of_____ hereby apply for the grant/renewal of a loan licence to manufacture Ayurvedic (including Siddha) or Unani Drugs on the premises situated at_____ C/O _____ .

2. Names of drugs to be manufactured (with details).

3. The names, qualifications and experience of technical staff actually connected with the manufacture and testing of Ayurvedic (including Siddha) or Unani drugs in the manufacturing premises.

4. I/We enclose

   (a) A true copy a letter from me/us to the manufacturing concern whose manufacturing capacity is intended to be utilized by me/us.

   (b) A true copy of a letter from the manufacturing concern that they agree to lend the services of their competent technical staff, equipment and premises for the manufacture of each item required by me/us and that they shall maintain the Registers of raw materials and finished products separately in this behalf.

   (C) Specimen of labels, cartons of the drugs proposed to be manufactured.

5. A fee of rupees_____has been credited to the Government through Demand Draft in the favour of Director AYUSH-Cum-Licencing Authority Shimla, HP

Dated_____

Signature_____ (applicant)