



དཔལ་ལྷན་འབྲུག་གཞུང་། གསེ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།
ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY



I/we hereby apply for authorization to
advertise the following medical product;

i. Detail of the Product:

- a) Product Name:
- b) Product Registration no.:
- c) Market Authorization Holder:

ii. Contents of the Advertisement:

.....
.....
.....

(Use additional sheet if required)

iii. Advertisement platform *(how it will appear to the public)*:

.....
.....

(Use additional sheet if required)

iv. Copy of the Clinical Evidence of the product applied for (if any)

Declaration:

- ☐ I hereby declare that the documents submitted above or all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- ☐ If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Date:

Signature of applicant:
Name, address, contact no: