



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་རྒྱན་ལག འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

**ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY**



I/we(name of competent person) of(name of firm)
hereby apply for (Tick one of them):

- Export Authorization
- Certificate of Pharmaceutical Product
- Free Sale Certificate

Drug details:

Sl. No	Product Name	Compositions	Pack size	Registration No.	Registration Validity	Importing country

(Attach separate sheet in case of multiple products)

Declaration (please tick the boxes):

- I hereby declare that the documents submitted above or all the information provided in the document is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravene the provision(s) of the act and regulations made there under.
- If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority.

Signature of applicant:
Name, address, contact no:

Date:.....