

**Application for GMP Certificate**

M/s.....  
..... located at (address) .....  
.....hereby apply for GMP certificate for the dosage forms,  
categories, list of products and activities as follows:

<b>Dosage form(s)</b>	<b>Category(ies)</b>	<b>Activity(ies)</b>

Declaration (please tick the boxes):

- I hereby declare that the documents submitted above/all information provided in the document above 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.

Dated Signature of applicant  
with name and contact No