

## APPLICATION FOR REGISTRATION OF MEDICINES VIA COMPANY RECOGNITION

M/s .....hereby apply for registration of the product specified below for sale/distribution in Bhutan.

Type of medicines (*Circle the appropriate one*):

- |                           |                                       |
|---------------------------|---------------------------------------|
| i. Human Allopathic       | iv. Herbal                            |
| ii. Veterinary Allopathic | v. API for extemporaneous preparation |
| iii. Sowa-Rigpa           |                                       |

Product Name	Pack Size	Composition (With Strength)	Manufacturer

**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 contravenes 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.