

**GOVERNMENT OF MEGHALAYA
OFFICE OF THE HEALTH AND FAMILY WELFARE**

**APPLICATION FORM FOR THE GRANT /RENEWAL OF LICENSE TO
MANUFACTURE FOR SALE OR FOR DISTRIBUTION OF LARGE VOLUME
PARENTERALS/SERA AND VACCINES EXCLUDING THOSE SPECIFIED IN
SCHEDULE X**

FORM - 27 D

(see Rule 75)

*Please specify the purpose of application- **New registration for Grant of license / Renewal of license (Dropdown)**

*Do you hold any previous cancelled license-Yes/No(Dropdown)(**To be activated only if above answer is "New registration for Grant of license"**)

*Please specify license no- (To be activated only if above answer is Yes)

*Select the district of manufacturing premise- **East Khasi hills, West Garo hills, West Jaintia hills, West Khasi hills, East Garo hills, Ri Bhoi district, South Garo hills, South West Garo hills, South West Khasi hills, East Jaintia hills, North Garo hills, Eastern West Khasi hills.**

Comment [DM1]: Backend mapping for directing the application form to the concerned inspector of drugs

Name of the applicants	Multiple inputs to be allowed using "+
Residence address of the applicant	Multiple inputs to be allowed using "+
Address of the manufacturing premise	To be segregated
Email id to be registered	
Mobile number to be registered	
Name of drug/s	10 inputs to be allowed using "+
Please enter details of technical staff employed for manufacturing	Multiple inputs to be allowed using "+
Name	
Qualification	
Experience	

Please enter details of staff employed for testing	Multiple inputs to be allowed using "+"
Name	
Qualification	
Experience	
License no	To be activated only for renewal
Is the premise ready for inspection(Yes/No)	Dropdown
Will be ready for inspection on	Calendar entry
Expiry date of license	To be activated only for renewal(Calendar input)
Plz specify if any additional item is required	Multiple inputs to be allowed using "+"

Comment [DM2]: To be activated if above answer is " No"

*If expiry date has exceeded 6 months from the date of application for renewal, user to get pop up as "Your license no –() is no longer valid"

Self Declaration-

****I am ready to abide by the rules and regulation of and to pay necessary fees fixed by the office of health and family welfare and I declare that all information given above is true to my knowledge and belief (check box)***

****I declare that the above mentioned drugs are large volume parenterals/seras and vaccines excluding those in schedule X(check box)***

****If declare I have abided by Schedule M- GOOD MANUFACTURING PRACTICES AND REQUIREMENTS OF PREMISES, PLANT AND EQUIPMENT FOR PHARMACEUTICALPRODUCTS (check box)***

Comment [DM3]: Schedule M to be made downloadable to user here