

**List of Enclosure for Wholesale drug License:**

#	Name of Enclosure	Description	Mandatory (Y/N)
1	Recent Photograph of applicant		Y
2	Educational Qualification of applicant		Y
3	Valid Aadhar/EPIC		Y
4	Specimen signature of applicant		Y
5	NOC from Municipal Board/ Local Durbar/Cantonment Board		Y
6	Scheduled tribe Certificate/ T.N.T Certificate		Y
7	Appointment letter(s) from the company(s)/ Manufacturer (s)		Y
8	Complete Product List		Y
9	Documents pertaining to tenancy of the premise	Lease deed/ sales deed/ etc.	Y
10	Layout and site plan of the premise		Y
11	Purchase Invoice/ Documents for cold storage facility	Optional	N (Optional)
12	Duly Filled Undertaking I	Format available for download	Y
13	Duly Filled Undertaking II	Format available for download	Y
14	Provisional list of staff with complete biodata along with Photograph		Y
15	Educational Qualification certificates of above-mentioned staff/ pharmacist		Y
16	Educational Qualification of registered pharmacist		Y
17	Experience certificate of the experienced person or up to date registration certificate of pharmacist with Meghalaya Pharmacy Council		Y
18	Age certificate of registered pharmacist/ experienced person		Y
19	Specimen Signature of registered pharmacist/ experienced person		Y
20	Specimen signature of staff		Y
21	Partnership deed/ agreement for partnership fir/Ltd. Company Or Declaration of Proprietorship	Either one of these	Y

**List of Enclosure for Retail drug License:**

#	Name of Enclosure	Description	Mandatory (Y/N)
1	Recent Photograph of applicant		Y
2	Educational Qualification of applicant		Y
3	Valid Aadhar/EPIC		Y
4	Specimen signature of applicant		Y
5	NOC from Municipal Board/ Local Durbar/Cantonment Board		Y
6	Scheduled tribe Certificate/ T.N.T Certificate		Y
9	Documents pertaining to tenancy of the premise	Lease deed/ sales deed/ etc.	Y
10	Layout and site plan of the premise		Y
11	Purchase Invoice/ Documents for cold storage facility	Optional	N (Optional)
12	Duly Filled Undertaking I	Format available for download	Y
13	Duly Filled Undertaking II	Format available for download	Y
14	Provisional list of staff with complete biodata along with Photograph		Y
15	Educational Qualification certificates of above-mentioned staff/ pharmacist		Y
16	Educational Qualification of registered pharmacist		Y
17	Experience certificate of the experienced person or up to date registration certificate of pharmacist with Meghalaya Pharmacy Council		Y
18	Age certificate of registered pharmacist/ experienced person		Y
19	Specimen Signature of registered pharmacist/ experienced person		Y
20	Specimen signature of staff		Y
21	Partnership deed/ agreement for partnership fir/Ltd. Company OrDeclaration of Proprietorship	Either one of these	Y