Application for grant of U D P S - 2 for possession and sale manufactured drugs on prescription of Registered Medical Practitioner.

1. I/We ........................................ of + ..................................................
   hereby apply for the grant of a licence to possess and sell, manufactured drugs, on prescription of Registered Medical Practitioner, through my/our premises situated at .................................................................

2. I/We ........................................ Director/partner/Owner of the
   above mentioned firm do hereby state that our mentioned premises
   is licensed under drug selling licence Nos. ............. F20 and
   F21 and ........... F20 under the provisions of Drugs and Cosmetics Rules, 1945.

3. Names of the manufactured drugs intend to possess and sell
   (Specify the type/category of formulation & its strength).
   ........................................................................................................

4. Name of the qualified person under whose supervision sale would
   be made.
   ........................................................................................................

5. Particulars of special storage.
   ........................................................................................................

5. A fee of Rs. ........... has been credited to Government under
   Head of Account ..............

   Signature .................................................................
   & Name of the applicant .................................................

* Here State the name of the Chemist & Druggist store/pharmacy
  or name of the firm under which store/pharmacy is being
  operated.

O Strike out whichever is not applicable.

KV/-
5/11/97