

Application form for Registration of Manufacturers/Wholesalers of Psychotropic Substances

Application for

1. Details of Manufacturer *

(i) Name of the Company/Firm

(ii) Complete Address*
Address Line1

Address Line 2

Address Line 3

Village/Town/City

Pin Code

State

District

(iii) Contact Details*

Telephone No.

Mobile No.

Fax

Email

(iv) PAN No.*

2 Details of the Psychotropic Substances to be Manufactured/Wholesaled *
(List all substances with their countries of import/export)

Psychotropic Substances details

Sr. No.	Psychotropic Substance	Import Countries	Export Countries

Trade Name/Product Details

Sr. No.	Psychotropic Substance	Trade Name	Number per Package	Unit of Package	Amount of Salt/package (mg.)
				Strip/Bottle	

3. Details of Incorporation of Company under Companies Act, 1956/Certificate of registration under Industries Act * (Applicable for Manufacturers)

Certificate No.

Issuing Authority

Date of Issue

4. Details of Facilities within the purview of the Company* (List all facilities such as Manufacturing Units, Depots, C&F Agencies, Super Stockiest etc.) (Manufacturers need to provide details of all facilities, wholesalers details of CST/Excise/Drug License without details of facilities)

Sr. No.*	Details of facility (at least one i.e. the registered unit itself)																											
1	<p>Name of facility* <input type="text"/></p> <p>Type of Facility* <input type="text"/></p> <p>Address of Facility* <input type="text"/></p> <p>Registration under Central Sales Tax Act, 1956*</p> <table border="0"> <tr> <td>Registration No.</td> <td>Date</td> <td>Taxpayer Identification NO. (TIN)</td> <td>Issuing Authority</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Drug License to deal with the Substance(s)*</p> <table border="0"> <tr> <td>License No.</td> <td>Date</td> <td>Validity</td> <td>Issuing Authority</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Company/Firm registration with Central Excise* (If any)</p> <table border="0"> <tr> <td>Excise reg. No.</td> <td>Name of Range</td> <td>Name of Division</td> <td>Issuing Authority</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>				Registration No.	Date	Taxpayer Identification NO. (TIN)	Issuing Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	License No.	Date	Validity	Issuing Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Excise reg. No.	Name of Range	Name of Division	Issuing Authority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2.																												

5. Payment Details* (i.e Amount, DD number and date with bank details, etc), if any.

The undersigned hereby declares that the above information submitted by me, to the best of my knowledge is complete and correct.

Full Name

Designation in the Company

Application Date

**Signature
Seal**