FORM-3

[(See rule 3(3)]

APPLICATION FOR ENLISTMENT OF LOCALLY MANUFACTURED INDIGENOUS UNANI MEDICINE, HERBAL MEDICINAL PRODUCTS (PHYTOMEDICINE) HOMEOPATHIC, MEDICINE OR HEALTH PRODUCTS FOR TRADITONAL USE NUTRITIONAL OR STRUCTURE- FUNCTION CLAIMS

(Attach readable soft copy with application)

I/We…….…… Owner (s) of M/s……hereby apply for enlistment of following products manufactured by my firm/company (has already applied as manufacturer) located at the premises as under

1. Product Profile

S.No	**Brand Name of Product.**				
	List of ingredients With strength	Common Name of ingredients	Recommended use	Pack size	Maximum Retail price

2. Master Formula.
3. Manufacturing process.
3. Testing specifications.
4. Shelf life and storage.
5. Recommended Conditions for use.
6. Packaging and labeling.
7. Maximum Retail price.
8. Fee deposit receipt.
9. I undertake and certify that the contents stated above are correct and true to the best of my knowledge (please attach undertaking on the notarized stamp paper).

Name of the owner
Signature

Seal of the Firm/ Company

Dated.....