FORM-4
[(See rule 3(3)]

APPLICATION FOR ENLISTMENT OF LOCALLY MANUFACTURED INDIGENOUS UNANI, HERBAL MEDICINAL PRODUCTS OR PHYTOMEDICINE HOMEOPATHIC, MEDICINE OR HEALTH PRODUCTS FOR THERAPEUTIC OR DISEASE REDUCTION 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 and in-process controls
3. Testing specifications for raw material and finished products.
4. Shelf life and storage.(shelf life shall base on stability data)In case data not available then letter of commitment for submission of data be submitted.
5. Recommended Conditions for use (evidence for therapeutic or disease reduction claims as per standards of evidence.
6. Packaging and labeling information.
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.....