

SCHEDULE A

[See rule 3]

Form 1

[See of rule 3(3)]

**APPLICATION FOR ENLISTMENT OF MANUFACTURER OR CONTRACT GIVER
(Attach readable soft copy with application)**

I/WE

(1)..... (2)..... (attach list of partners)

Holder (s) of CNIC No.

Owner of M/S.....hereby apply for
enlistment of my firm/company established under company/partnership Act.....

Having NTN located at the premises as
under.....

(A) That I am manufacturing following classes of therapeutic goods

1. Alternative Medicines. (Attach detail information as Annex-A)

- a. Herbal Medicinal product
- b. Indigenous or Unani Medicines or traditional Medicines.
- c. Homeopathic Medicines.(mother tincture, sarcode, Nosode , Allersode, Isode or any other homeopathic preparation or dosage form)
- d. Bio-chemic Medicines.
- e. Herbal oils / Balms
- f. Any other alternate/ complementary medicines.

2. Health and OTC Products. (**Attach the information as Annex-B**)

- a. Food supplements (Neutraceuticals or dietary or health supplements).
- b. Nutritional supplements, pro-biotic and pre-biotic
- c. Baby Milks and Foods (infant or baby formulae, follow up formulae, formulae for special medical purposes or complementary foods intended for infants and young children).
- d. Disinfectants.
- e. Medicated cosmetics, and shampoos containing natural ingredients.
- f. Medicated Soaps containing natural ingredients
- g. Tooth pastes/mouthwashes/throat lozenges/gargles containing natural ingredients.
- h. Medicated cosmetics/Derma-care products/Balms/ patches/ medicated oils natural ingredients
- i. Any other.

3. That my manufacturing unit has following facilities:

(Attach the site master file as Annex-C)

4. Total size of the plot/ building issq/feet. 25

5. No. of sections are as under: - (Attach list of equipment and instruments available with copy of invoice for each section)

- a. Tablets.
- b. Capsules.
- c. Dry Syrup.
- d. Dry powder (s).
- e. Liquid Solution, Syrup, emulsion, suspensions, drinking ampoules and Drops.
- f. Ointment and Creams.
- g. Sachet/herbal teas/joshanda.
- h. Eye/ Ear/ Nasal Drops.
- i. Packaging and Labeling.
- j. Quality Control Lab (pharmacognosy, chemistry and microbiology laboratories).
- k. Warehouses.
- l. Water purification plant.
- m. Sterilization facility.
- n. Any other section.

6. Our facility has following staff: (Attach the information as Annex-D)

- a. Qualified staff name, qualification, experience and training .State responsibility and attach their CV's.
- b. Supportive and non technical staff.

7. List of Manufactured and marketed products and product wise as well as total turnover:

(Attach the information as Annex-E).

8. Fee deposit bank 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