

INFORMATION REQUIRED FOR RENEWAL / C.P./C.C.
FOR MEDICAL AND WHOLESALER

1.	Type of constitution	Proprietor / Partner / Pvt. Ltd.
2.	Type of establishment	Chemist & Druggist / Wholesaler
3.	Description of the premises	
4.	Area of the premises (sq.mtrs)	
5.	Type of Ceiling	
6.	Premises possession type	Ownership / Rental basis (if the premises on rental basis then Leave and License Registration number required)
7.	Mobile No.	
8.	Email ID	
9.	Last bill and date details	
10.	Name and address of prescriber / Physician	
11.	Patient name and address on bill	
12.	Name of doctor & address / area	
13.	Batch no. / Mfg-Exp dt. Mfg Name Qty Rate	

Last Bill Copy

MR. ANSARI
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