

Office of Divisional Commissioner

District :

ZERO TOLERANCE ZONE :

Agency - DRUG CONTROL

Basic Data [* Marked field must be filled up]

Business Unit Name _____

Addr : Road Name / Number _____

Proprietor's Name _____

Ward No. : *

Holding No. : *

Estt. / Shop No. : *

PAN No of Owner : PAN

Not Available (NA) Not Provided (NP)

1. Date of inspection //*

2. Licence Status Drug Licence No

Drug Licence not taken (NT)

3. Licence validity date //

4. Pharmacist required

5. Pharmacist Available during Inspection

Pharmacist Name

Pharmacist Registration No.

6. Action initiated Under Rule 65

Under Rule 66

7. Cancellation of Licence or FIR

8. New Licence

*Name, Designation &
Signature of Inspecting Authority*