

QUESTIONNAIRE

(To accompany application in Form 19)

1. Applicant's full name & age :
2. His/Her residential address :
3. Full Postal address of the premises
(drug store) :
4. Exact Location of the premises :
 - i. Municipal No. :
 - Survey No. :
 - ii. Ward/Pakuty :
 - iii. Town :
 - iv. Taluk : District:
5. Applicants experience in drugs
trade in number of years :
6. a. Whether the applicants wish to
conduct Retail and/or wholesale
dealings in drugs :
b. If already Retails or Wholesale
licence state licence no. and date :
7. What commodities other than drugs
are stocked or proposed to be stocked
in the same premises :
 - i. Toiletries
 - ii. Ayurvedic medicine
 - iii. Herbo mineral medicines
 - iv. Stationeries
 - v. Provision goods
 - vi. Homoeo medicines
8. Whether drugs are stocked at other
premises owned by the applicant.
If so quote number and date of licence :
9. Approximate value of drugs you
intend to stock or passes already :
10. Average sale of drugs per day :
11. a. How many rooms are in the premises :
b. Dimensions of the rooms :
Length :
Breath :
Height :
c. Is the premises provided with ceiling :
d. Is it electrified :
e. Type of flooring :

12. Has the premises been inspected by Drugs Inspector :
13. Name of the qualified person under Rule 65((IA) of Drugs Rules 1945 to be in charge of the Drugs Store :
14. Qualification and experience of the qualified person :
15.
 - a. Are you stocking or intended to store and sell drugs requiring cold storage :
 - b. Have you provided refrigerator if so mention made, type and whether run by electricity or kerosene :
16.
 - a. Do you intended to conduct dispensing in same premises :
 - b. Have you provided and equipped a separate dispensing room? If so mention dimensions (Refer Schedule N vide Rule 64(1) of Drugs Rules, 1945) :
17. Is any licence under the Dangerous Drugs Act or Prohibition Act held by you? If so mention number and date of such licence :
18. Have you been convicted at any time under Drugs Act 1940 :
19. Are you the owner or legal tenant of the premises :
20. House of business and working days :

DECLARATION

I state that the above information is true and agree to abide by the provisions of the Drugs Act 1940 and Drugs Rules, 1945 frame thereunder.

Place:

Date :

Signature