

APPLICATION

**FORM FOR CLAIMING REIMBURSEMENT FOR VISIT OF  
FOREIGN REGULATORS**

Ref No .....

Date:.....

1.	Name of the firm with full address	IEC No.
2.	FOB Value of exports for the last three financial years	Rs.
3.	Total Turnover for the Last Three Financial Years	
4	Particulars of Inspection a) Address of inspected Plant b) Date of Inspection c) Number of Inspectors inspected the plant. d) Name and Designation of the persons inspected. e) Date of approval certificate.	
6.	Fee particulars a) Amount paid towards travelling b) Amount paid for stay  Total amount Paid:	
7.	Enclose copy of Drug license issued by state drugs controller/licencing authority for the inspected Plant.	