

**FORM FOR CLAIMING REIMBURSEMENT OF REGISTRATION CHARGES PAID FOR REGISTRATION ABROAD OF PHARMACEUTICAL/ BIOTECHNOLOGICAL/ AGRO CHEMICAL PRODUCTS**

Ref No.....

Date:.....

1.	Name of the firm with full address	IEC No.
2.	EH/TH Certificate  Whether SSI/Non-SSI/Trader	No. & Date: Valid Up to
3.	FOB Value of exports during last financial year	Rs. In Crores:
4.	Particulars of products registered by the Company	Name of the Product: Category: Pharma/Biotech/Agro-chem  Place:  Country:
5.	Particulars of certificate procured from Ministry of Health/ Agricultural etc. of Foreign Country along with receipt for payment of registration fee	Date of letter/certificate  Amount paid in US\$ and Indian Rs.
6.	Whether certificate from Indian mission concerned certifying the amount paid towards registration charges is enclosed	
7.	Details of registration fees claimed in past:  1.Name of the product (Pharma/Biotechnological/agro-chemical) 2. The country of registration 3. Date of receipt of reimbursement 4. Amount received	
8.	Details of claims of reimbursement for the year	
9.	Enclose copy of registration certificate issued by foreign agency (if the certificate is in a language	

	other than English, enclose attested translated copy)	
10.	Enclose copy of manufacturing licence issued by State Drugs Controller/Licensing Authority (in India) for the subject product	

**Declaration**

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the company accountable and responsible for any incorrect information given in the above statement and shall immediately refund amount received on the basis of wrong information provided in the above statement.

Signature : -----

Name : -----

Designation : -----

Office Seal : -----

Countersigned by MD/CEO of the Company:

Name : -----

Designation : -----

Office seal : -----

Place : -----

Date: : -----