

LIST OF DOCUMENTS TO BE ENCLOSED WITH MAI APPLICATION

1. **Annexure - I** duly completed & authenticated by CEO/Chairman/M.D
2. **Product registration Certificates Original + Copy**
 - i. **Originals will be returned after verification**
3. Copies of Invoices and Receipts raised by Drug registration authorities as proof of payment
4. Bank transfer remittance showing the customer name and Beneficiary name and payment details.
 - i. **Statement to be duly attested by the banker**
5. Foreign outward remittance to known the exchange rate as on payment date
6. In case of cash payment, the Payment Invoice Number of each product against which the payment was made should be reflected on Cash Receipt
7. Self-attested translation copies in English wherever necessary:
 - i. Invoice
 - ii. Registration Certificates
 - iii. Receipts
8. Valid Manufacturing Drug Licenses along with list of products for which reimbursement is claimed
9. Copy of the product registration guidelines of FDA, showing the details of Registration fee to be paid for the subject product, procedure of product registrations etc.,
10. A Brief report on Pharma Market of the Product Registered Country
11. Specimen Labels or cartons of claimed products
12. If the product is re-registered, the details of previous registration along with date of registration and its validity period and a copy of the registration certificate
13. Export turnover for products, for which reimbursement is being claimed for the last financial year
14. Processing Fee of 5% will be charged on sanction of the amount
15. Affidavit
16. CA Certificate

Note:

- **Products registered in different countries need to be submitted in different applications**
- **Products pertaining to different financial years to be submitted in different applications**

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Affidavit to be Submitted on Rs.50/- Non-Judicial Stamp Paper along with MAI application.

Proforma of AFFIDAVIT

I,.....S/o aged about Years
Resident of do here by affirm on oath as under.

That I am Managing Director / Director/ Partner / Proprietor of M/s. on whose behalf an application is made for claiming reimbursement of Registration charges paid for Registration Abroad of Pharmaceutical / Biotechnological Products to the Department of Commerce, Ministry of Commerce and Industry, Government of India, New Delhi Under MAI Scheme.

I, solemnly declare that the particulars given in the above application are correct. I bound myself and the company accountable and responsible for any information given in the application. If any of the information and documents found false by any agency, we are responsible for any action initiated by the Government under any law and we will also refund that amount as per govt rules, immediately.

Signature of the MD/CEO/Proprietor of the company:

Name :

Designation :

Office Seal :

Place :

Date :

Contd...

Contd...

CA Certificate:

This is to certify that we have verified the records of M/s.**Company Name & Address....** and found that they incurred **US\$/Euros** as per following details.

S.No	Particulars of Expenses (products Name)	Amount in USD/Euros	In Rupees

Signature & Stamp/seal of the Signatory_____

Name_____

Membership No._____

Full address _____

Name and address of the Institution where registered. Date:

Place: