

**FORM FOR CLAIMING REIMBURSEMENT OF CLINICAL TRIALS STUDIES CHARGES**

Ref No:

Date:

1	<b>Name of the firm with full address:</b>	
2	<b>IEC No:</b>	
3	<b>RCMC No:</b>	
4	<b>FOB value of exports for the last three financial years</b>	
5	<b>Total Turnover for the last three Financial years</b>	
6	<b>Particulars of Clinical Trials studies:</b>	
	<b>a) Name of the Country where products are Approved/Registered:</b>	
	<b>b) Name of the products for which Clinical Trial studies are carried out.</b>	
	<b>c) Name and Address of the Clinical Trail centers &amp; Analytical laboratories</b>	
	<b>d) whether the Clinical Trail Centers are approved by DCGI/Respective National Regulatory Agency: (enclose copy of the certificate)</b>	
	<b>e) Clinical Trail Protocol Approval (Enclose copy approved by DCGI/NRA)</b>	
	<b>f) Date of Clinical Trail report. (enclose copy approved by DCGI/NRA)</b>	
	<b>g) Date of issue of Product Registration Certificate (Enclose copy: Original to be verified by Pharmexcil)</b>	Yes/No:

7	<b>Cost of Study:</b>	
	<b>a) Amount Incurred:</b>	
	<b>b) Claimed Amount:</b>	
8	<b>Registration guidelines (showing Clinical Trails study as mandatory requirements. (copy enclosed)</b>	Yes/No:
9	<b>Manufacturing license issued by State Drugs Controller/Licensing Authority (in India) for the subject product. (enclose copy)</b>	

**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 CEO/CHAIRMAN/MD of the Company:

Signature: -----

Name: -----

Designation: -----

Office seal:

Place: -----

Date: -----

On CA Letter head

Affidavit to be submitted on Rs.50/- Non-Judicial Stamp Paper

**AFFIDAVIT**

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

That I am CEO/CHAIRMAN/Managing Director/Director/Partner/Proprietor of M/s..... on whose behalf an application is made for claiming reimbursement of Clinical Trails Study charges paid for Registration Abroad of Pharmaceutical / Biotechnological Products .....(product name/s) 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 CEO/CHAIRMAN/MD/Proprietor of the company:

Signature: -----

Name: -----

Designation: -----

Office seal: -----

Place: -----

Date: -----

**CERTIFICATE**

This is to certify that we have verified the records of **M/s**.....  
**Company Name & Address**..... and found that they incurred to  
carry out **Clinical Trials -Study** of ..... (product name) is **Rs.**  
.....

On verification of records produced before us, we have checked the books of  
accounts of the company, the Invoice(s) of the clinical trail centers/laboratories,  
etc. and hereby certify that the aforesaid information is verified and found to be  
true.

Signature & Stamp/Seal of the Signatory:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name and address of the Institution where registered.

Place: \_\_\_\_\_

On CA Letter head

Date: \_\_\_\_\_

On CA Letter head

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the company **M/s..... (Company Name)** having its registered office (**Address**)....., has the **Export Turnover (FOB values of export)** for the preceding financial year as mentioned below:

S.No.	Financial Year	Amount in Crores
		FOB value of Export
1		

Signature & Stamp/Seal of the Signatory:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name and address of the Institution where registered.

Place: \_\_\_\_\_

Date: \_\_\_\_\_