

**OBTAINING QUALITY CERTIFICATIONS FOR NATURAL PRODUCTS (AYUSH
PRODUCTS/NUTRACEUTICALS) (EQC)**

Documents Required

1. Affidavit by CEO/Chairman/MD
2. CA Certificate mentioning the particulars of Quality Certification of plant / products and amounts incurred for the same.
3. CA certificate duly certifying Export Turnovers (FOB values) and Total Turnover of the company for the last three financial years.
4. Invoices raised by the Agency that issued the Quality certifications
5. Bank Transfer Remittance (SWIFT COPY) duly Attested by the Banker
6. If the payment is made by cheque or Demand draft directly to the inspecting agency, then Receipt issued by agency (original to be verified and attested by Pharmexcil)
7. If the payment is made by 3rd party, necessary documents like debits note raised and payment by the company to the 3rd party etc., should be submitted
8. Guidelines issued by the agency, showing the Fee structure
9. If the claim is for renewal of the Quality certification, submit a brief report on how the quality certification helped in enhancing exports.
10. Copy of the Plant Inspection Report, if the quality certificate is issued for Palnt (Original to be verified and attested by Pharmexcil)
11. Self-Attested Translation copies of certificates in English wherever necessary
12. Valid Drug Manufacturing License issued for the plant

Note:

- a) Quality Certificates obtained on or after 7.1.2019 only are eligible for reimbursement
- b) Processing Fee of 5% will be charged on sanction of the amount
- c) Claim to be submitted within 90 days of the receipt of Quality certificate

**APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF EXPENSES INCURRED FOR OBTAINING
QUALITY CERTIFICATIONS FOR NATURAL PRODUCTS (AYUSH PRODUCTS / NUTRACEUTICALS)**

Ref. No.

Date:

1	Name of the company with address	
2	IEC No.	
3	RCMC No.	
4	Contact details of the person making the application	Name: Designation Email: Mobile
5.	FOB Value of the exports for the last 3 financial years	
6	Total turnover of the company for the last 3 years	
7.	Details of the Quality Certificate (Original certificate to be attested by Pharmexcil)	Name of the Certificate: Number : Date of Issue : Date of Expiry :
8.	Name and address of the Agency that issued the Certificate	
9.	Whether the claim is for first time Registration or Renewal?	
10.	Whether the Certification is issued for Products or for Plant	
11	If the Quality Certificate is issued for Products, please provide	Name of the product : Manufacturing License No: (enclose copy)
12	If the Quality Certificate is issued for plant, please provide	Address of the manufacturing plant: Date of Plant inspection, if it is required (enclose copy of the inspection report)
13.	Actual amount incurred	
14	Amount claimed (50% of actual amount is eligible for reimbursement)	

DECLARATION

I solemnly declare that the particulars given in the above statement are correct. I bind 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 : _____