

**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)	