

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

Date:

|     |  |   |
|-----|--|---|
| 1   | Name of the company with address   |   |
| 2   | IEC No.  |   |
| 3   | RCMC No.   |   |
| 4.  | FOB Value of the exports for the preceding financial years   |   |
| 5.  | <p>Details of the Quality Certificate</p> <p>(Original certificate to be attested by Pharmexcil)</p> | <p>Name of the Certificate:</p> <p>Number :</p> <p>Date of Issue :</p> <p>Date of Expiry :</p>  |
| 6.  | Name and address of the Agency that issued the Certificate   |   |
| 7.  | Whether the claim is for first time Registration or Renewal?   |   |
| 8.  | Whether the Certification is issued for Products or for Plant  |   |
| 9.  | If the Quality Certificate is issued for Products, please provide                                    | <p>Name of the product :</p> <p>Manufacturing License No:<br/>(enclose copy)</p>  |
| 10. | If the Quality Certificate is issued for plant, please provide                                       | <p>Address of the manufacturing plant:</p> <p>Date of Plant inspection, if it is required<br/>(enclose copy of the inspection report)</p> |
| 11. | Actual amount incurred (100%)  |   |
| 12. | Amount claimed<br>(50% of actual amount is eligible for reimbursement)                               |   |