

## APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF PLANT INSPECTION CHARGES

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.	Name and address of the Drug Regulatory agency inspected the plant	
8.	Address of the plant inspected by the Agency	
9.	Manufacturing license issued for the plant with validity (enclose copy)	
10.	Category of drugs manufactured in the plant	
11	Whether Plant is inspected by Agency physically or approval is given based on documents submitted by your company?  In case Plant is approved based on documents submitted, enclose relevant guidelines issued by agency indicating the same	
12	Whether Inspection of plant is for the first time or Renewal	First time inspection / Renewal
13	Date of Inspection	
14	Whether Inspection is completed successfully If yes, enclose the Inspection Report / GMP / Registration certificate issued by the agency	Yes/ NO
15	Actual amount incurred	
16	Amount claimed	