

## APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF PLANT INSPECTION CHARGES

Date:

1	Name of the company with address	
2	IEC No.	
3	RCMC No.	
4.	FOB Value of exports for the preceding financial year	
5.	Name and address of the Drug Regulatory agency inspected the plant	
6.	Address of the plant inspected by the Agency	
7.	Manufacturing license issued for the plant with validity (enclose copy)	
8.	Category of drugs manufactured in the plant	
9.	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	
10.	Whether Inspection of plant is for the first time or Renewal	First time inspection / Renewal
11.	Date of Inspection	
12.	Whether Inspection is completed successfully If yes, enclose the Inspection Report /	Yes/ NO
13.	Actual amount incurred (100%)	
14.	Amount claimed (50 %)	