

APPLICATION

**FORM FOR CLAIMING REIMBURSEMENT FOR VISIT OF
FOREIGN REGULATORS**

Ref No

Date:.....

1.	Name of the firm with full address	IEC No.
2.	FOB Value of exports for the last three financial years	Rs.
3.	Total Turnover for the Last Three Financial Years	
4	Particulars of Inspection a) Address of inspected Plant b) Date of Inspection c) Number of Inspectors inspected the plant. d) Name and Designation of the persons inspected. e) Date of approval certificate.	
6.	Fee particulars a) Amount paid towards travelling b) Amount paid for stay Total amount Paid:	
7.	Enclose copy of Drug license issued by state drugs controller/licencing authority for the inspected Plant.	

Declaration

I solemnly declare that the particulars given in the above statement are correct. I bound 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 MD/CEO of the Company:

Name : -----

Designation : -----

Office seal : -----

Place : -----

Date: : -----