

Application form for testing of Drugs by Private Parties

FORM No. 14A
(see Rule 47)

1. Full Name and Address of the Applicant
2. Occupation
3. Name of Drugs purporting to be contained in the sample
4. Name & Full address of the Pharmacy or concern where the drug was purchased
5. Date on which purchased
6. Reason why the drug is being submitted for test or analysis

A fee of Rs..... (Rupees
.....)
as per Drugs & Cosmetics Rules 1945, has been credited to Government under the Head of Account –
0210-04-104-99” under the Drugs & Cosmetics Rules 1945 Central/State vide Treasury receipt attached.

I hereby declare that the drug being submitted for test was purchased by or for me. I further declare that the sample of the drug being sent for test or analysis is exactly as it was purchased and has not been tampered within anyway to reduce its potency.

Date:

Signature:

Name: