Office use only

Application No: …………………………………………

**Application for Advertising of Medicines, Medical devices, Borderline products and Cosmetics**

1. Name of the Applicant :

2. Address :

3. Generic Name of the medicine,

Medical device, borderline product Cosmetics:

4. Brand Name :

5. Manufacturer’s Name & Address :

6. Dossier No :

7. Registration Certificate No. :

(Copy should be attached)

8. Type of the Advertisement :

TV/Radio/News Paper/ Poster/ any other

(8 copies should be submitted)

9. Title of the advertisement :

10. Language of the advertisement :

………………………………….. ……………………………

Signature of the Applicant Date