Office use only

Application No: …………………………………………

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

1. Name of the Applicant :

2. Address :

3. Contact Details of the Applicant :

 Contact number :

 Email 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

9. Title of the advertisement :

10. Language of the advertisement :

*Declaration of the applicant*

*I, ...................................................................................................................................(full name of the authorized person) …, the undersigned, hereby declare that all the information and documents submitted with this application are true and same as the advertisement which are going to be published.*

………………………………….. ……………………………

Signature of the Applicant Date