

SELF ATTESTED  
PASSPORT SIZE  
PHOTOGRAPH

**AFFIDAVIT**

I, \_\_\_\_\_ S/o. \_\_\_\_\_

\_\_\_\_\_ aged about \_\_\_\_\_ years resident of

\_\_\_\_\_ do hereby affirm on oath as under.

1. That I am the Managing Director / Director /Designated Partner/ Partner of M/s. \_\_\_\_\_ on whose behalf an application for Grant / Renewal of Licences for sale of Drugs has been made to the Licensing Authority, Drugs Control Administration, Telangana State.
2. That I am responsible for the day to day affairs and conduct of business of M/s. \_\_\_\_\_ for the purpose of (Section 34 in case of Company) the Drugs and Cosmetics Act, 1940 to which M/s. \_\_\_\_\_ and its Director/ Partners etc are held liable for any Act of omission punishable under the provision of Drugs and Cosmetics Act 1940 and other enactment enforced by the Officers of Drugs Control Administration, Telangana State.
3. That in the event of any change in the constitution, technical staff, premises of the company/firm. I will inform the Licensing Authority, Drugs Control Administration, Telangana State.

The following are the Directors/Partners of the Company / Firm whose Names and permanent address are given below:

Name	S/o.	Age	Aadhaar Card No./Passport No.	Position held in the Company	Residential Address (Permanent)

I, Sri. \_\_\_\_\_ do hereby declare on oath that the above contents are true to the best of my knowledge and belief and nothing has been hidden.

**Witness with full adress:**

- 1.
- 2.

DEPONENT  
*(one of the whole-time directors/partners)*

**APPLICATION FOR THE APPROVAL OF TECHNICAL STAFF**

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1. Name & Address of the Manufacturer :
2. Drugs Licence No. and date of Issue and categories of drugs for Which the firm is Licensed. :
1. Full Name of Applicant
- 4 Residential Address :  
Of the Candidate :  
(a) Present :  
(b) Permanent :
5. Education Qualification & Date of Pass (Degree) :
6. Period of actual experience in the section for which approval is sought :  
Satisfactory evidence is to be produced in this matter. :
7. Section for which approval is sought:  
a) Mfg. Tablets / Capsules / Liquid Orals / Injectables/ Powders / Ointments / API / Disinfectants/ Analytical cosmetics / Diagnostics Medical devices Others.  
b) Analytical  
1. Chemical and Instrumental Analysis  
2. Microbiology Testing  
3. Biological Testing  
4. Radialogical Testing  
5. Diagnostics  
6. Medical Devices  
7. Others.
8. Details of previous approval if any with :  
documentary proof.
9. Details of Experience *in the respective field* with documentary evidence. :
10. Date of leaving previous employment :  
and name and address of that manufacturer :  
along with a copy of resignation /  
termination of the previous employment. :
11. Brief note on the nature of work carried out and experience gained before approval :
12. Other relevant details if any for consideration:  
of the approval. :
13. Whether the proposed chemist or his/her spouse convicted / acquitted in any case under D& C Act, 1940. If Yes, details:
14. Whether the proposed chemist studied the Rules and regulations of D& C Act 1940 and Rules 1945. :

Date:  
Place:

SIGNAURE OF THE PROPOSED TECHNICAL STAFF

ATTESTED BY THE APPLICANT FIRM

**CONSENT LETTER OF TECHNICAL STAFF**

I..... Age.....

Son / Wife / Daughter of .....

hereby give consent to hold full time incharge for the manufacturing / testing of Drugs

Manufactured by M/s.....

.....for M/s.....on Loan Licence ( if

Applicable).....

and also held myself responsible for the maintenance of all the Records and Registers, as the case may be, as prescribed under the Drugs and Cosmetics Act 1940 and Rules made thereunder. I will not work anywhere also in similar capacity during my employment in the said firm. Further, I will not leave the above firm without prior intimation to the Licensing Authority, Drugs Control Administration, Hyderabad. I am working as an employee in the above said firm with effect from .....I am having requisite knowledge and experience for the manufacture / analysis of the following drugs applied by the firm for approval ( Details of Drugs)

- 1.
- 2.
- 3.
- 4.

I was earlier approved as Manufacturing Chemist / Analytical Chemist in the Licences in Form-25 & 28 of M/s. ....

.....  
.....

I tendered my resignation to the said firm with effect from (Date:.....) and intimated the same to the Licensing Authority vide my letter dated.....and copy of the same in enclosed.

Place:

Date:

**SIGNATURE OF THE TECHNICAL STAFF**

**COUNTER SIGNATURE OF THE AUTHORIZED PERSON OF THE FIRM**

