

PHARMACY COUNCIL



APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant _____
2. Physical Address of the Applicant _____
3. Contacts (**mobile phone**) _____
4. Email address (if any) _____

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street _____ Plot No. _____
Ward _____ District _____ Region _____
6. Name and distance from the **Public Health Facility** in metres

7. Name and distance from the nearby outlets (**Pharmacy, DLDM, LABS**) in metres

8. Name and distance from the unsuitable areas (**Fuel station, Bar, Damp etc**) in metres

9. Proposed Business Name (BRELA Certificates if any) _____
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

Name and Signature of the Applicant

Date of Application

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection _____

Name, Signature of Inspector (1)

Name, Signature of Inspector (2)

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION