

To,

The Licensing Authority,
Drugs and Cosmetics Cell,
Department of HC, HS & FW
Govt. of Sikkim,
Gangtok.

SUB: LETTER OF UNDERTAKING.

Sir,

I /We _____ Proprietor / Partner / Director/ Manager
of firm in the name and style of M/S _____ situated at
_____ do hereby undertake that I / We will abide by all the
rules and regulations as envisaged in the Drugs and Cosmetics Act, 1940 and Rules, 1945.
That if I /We violate any of the rules and provisions of the Act, I /We shall be liable to be
prosecuted under the provisions of the above Act and Rules.

Furthermore, I / We also undertake that I / We not sublet my / our license to
any third party. That I /We as the Proprietor / Partner / Director / Manager will be solely
responsible for running the business under the given license. And if I /We have been
found subletting the license issued in my / our name, the license may be cancelled without
giving any prior notice.

Signature of Proprietor/Partner/Director/ Manager

Dated : _____

of M/S _____

To,

The Licensing Authority,
Drugs and Cosmetics Cell
Deptt. of HC, HS & FW
Govt. of Sikkim
Gangtok.

SUB: FULL TIME ENGAGEMENT AS PHARMACIST.

Sir,

On behalf of the firm, I do hereby declare that I have taken the charges of Pharmacist on whole time basis w.e.f. _____ for supervision of sale of drugs by retail in the firm in the name and style of M/S _____ situated at _____ under Rules 65(2) of the Drugs and Cosmetics Rules, 1945 requiring the engagement of Registered Pharmacist for the purpose of License(s) in Forms 2 and 21.

I do hereby also declare that I am not engaged elsewhere as a Pharmacist and my fill Particulars are being signed in the Pharmacist Record Form with my current passport size photograph.

Thanking You,

Yours Faithfully;

Signature of Registered Pharmacist

Registration No. _____

M/S _____

Address _____

Dated: _____

**LETTER OF APPOINTMENT TO REGISTERED PHARMACIST/COMPETENT
PERSON IN CHARGE.**

TO,

Mr. /Ms. _____

S/o, W/o, D/o _____

of _____

Sir/Madam,

You are appointed as a Registered Pharmacist / Person to remain in charge of the retail / wholesale business in allopathic / homoeopathic drugs selling trade of the firm in the name and style of M/S _____

Situated at _____ on whole time basis on a monthly salary of ₹ _____ (_____)

_____). You shall be responsible for the sale and purchase of the said business / trade in terms of 2nd provision to Rules 64(2)(ii), Rules 65(2) and Rules 67-G(2) of the Drugs and Cosmetics Rules, 1945.

Please accept and join.

Dated : _____

Yours Faithfully;

Accepted, agreed to and joined.

Proprietor/Partner/Director/Manager.

M/S _____

Signature and Date.

Address _____