

To,

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

**SUB: DECLARATION FOR COLD STORAGE OF DRUGS.**

Sir,

I /We \_\_\_\_\_ Proprietor/Partner/Director/  
Manager of \_\_\_\_\_ do hereby declare that I /We shall  
stock, sale and exhibit for sale the items of Drugs specified in Schedule C & C (1) of the  
Drugs and Cosmetics Rules 1945, requiring cold storage of grant of Drugs License(s) in  
Form No. 21/21 of the said Rules as applied for under the provisions as required for cold  
storage under the said schedules has been complied with. Installation report and  
necessary documents regarding ownership of Refrigerator are enclosed herewith for  
favour of information.

Thanking You,

Yours Faithfully;

Encl. : As above.

Signature of Proprietor/Partner/Director/Manager

Dated : \_\_\_\_\_

of M/S \_\_\_\_\_

Address \_\_\_\_\_

To,

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

SUB: DECLARATION OF COMPETENT PERSON IN - CHARGE.

Sir,

I do hereby declare that as a Competent Person, I shall remain in-charge of wholesale business in drugs of M/S \_\_\_\_\_  
Situating at \_\_\_\_\_ w.e.f. \_\_\_\_\_  
and from this day I shall be responsible for sale and purchase of the said drugs business in terms of 2<sup>nd</sup> provision to Rules 64(2) (ii) of the Drugs and Cosmetics Rules, 1945.

I do also declare herein that I am not engaged elsewhere as a Competent Person and that my full particulars including my experience certificate is submitted herewith to be entered in Competent Person Record along with my latest passport size photograph.

Thanking You,

Yours Faithfully;

Signature of the Competent Person

of M/S \_\_\_\_\_

Dated : \_\_\_\_\_

Address \_\_\_\_\_

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

SUB: DECLARATION IN RESPECT OF WORKING HOURS OF THE PROPOSED PREMISES.

Sir,

I /We \_\_\_\_\_ Proprietor/Partner/Director/Manager of M/S \_\_\_\_\_ do hereby affirm and declare that the proposed medicine counter shall remain open for selling and purchase of drugs as per Drugs and Cosmetics Act, 1940 and Rules, 1945 from morning \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. in every calendar day, month and year except \_\_\_\_\_ of every week which has been declared as holiday for the proposed premises against which a application for grant of Drugs License(s) has been made.

I /We also declare that in case of any natural calamities or any other incident which is beyond the control of this establishment, in such cases I /We shall not bind myself / ourselves on any ground as stated above.

I /We understand that the statement made above is correct and true to the best of my / our knowledge and belief.

Thanking You,

Yours Faithfully;

Signature of Proprietor/Partner/Director/Manager.  
of M/S \_\_\_\_\_

Dated: \_\_\_\_\_

Address \_\_\_\_\_