



RDC-NP-F01

Date:

**APPLICATION FOR PROCURING NARCOTIC
& PSYCHOLOGICAL & CONTROLLED DRUGS**

COMPANY NAME

FULL ADDRESS:

Tel. Fax: P.O.BOX:

HOSPITAL REGISTRATION NUMBER:

NUMBER OF OUTPATIENTS VISITING HOSPITAL DAILY (Approx.)

NUMBER OF INDOOR PATIENTS (Incase of facility available):

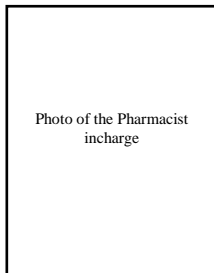
PHARMACIST NAME

MOH REGISTRATION NUMBER.

I UNDERTAKE TO SUPERVISE THE USE OF NARCOTIC DRUGS ETHICALY AND ABIDE
BY THE RULES AND REGULATIONS LAID DOWN BY THE MOH.

Authorized Signature of Pharmacist

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Name & Signature of the Hospital Director

N.B. Please attach the relevant papers for information.

1. Copy of the Registration License issued by MOH.
2. List of Doctors & Registration with MOH.
3. Copy of Registration of Pharmacist in-charge.
4. Copy of Registration with Municipality.
5. Copy of Registration with Chamber of Commerce.

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