FORM CT-10

(See rule 52)

APPLICATION FOR GRANT OF PERMISSION

TO MANUFACTURE NEW DRUG OR INVESTIGATIONAL NEW DRUG FOR CLINICAL TRIAL OR BIOAVAILABILITY OR BIOEQUIVALENCE STUDY OR FOR EXAMINATION, TEST AND ANALYSIS

BION VINEABILITY OR BIOLOGIVILLE (CE 910D)	or for Examination, less made and
/We,	
name and full postal address of the applicant) of	
The details of the application are as under:	
1. Name of applicant:	
2. Nature and constitution of applicant:	
(proprietorship, partnership including limited liabilit partnership, company, society, trust, other to be specified)	у
3.(i) Corporate or Registered office address, telephone number, mobile number, fax number and e-mail id:	
(ii) Applicant's address, telephone number, mobile number, fax number and e-mail id:	
(iii) Address for correspondence:	
4. Details of new drugs and investigational new drugs to be n	nanufactured [As per Annexure].
5. Particulars of Manufacturer, Manufacturing sites [As per A	Annexure].
6. Fee paid onRs	receipt or challan or transaction ID
h	
7. I hereby state and undertake that:	
(i) I shall comply with all the provisions of the Drugs a New Drugs and Clinical Trials Rules, 2019.	and Cosmetics Act, 1940 and the Chapter VIII of
(ii) The new drug to be manufactured from M/s	shall be used evalueively for the
purpose of clinical trial and no part of it shall be diverted to t	
Place:	Digital Signature
Date:	(Name and designation)
Butc	(Name and designation)
nnexure:	
etails of new drug or investigational new drug:	
Names of the new drug or investigational new drug:	
Therapeutic class:	
Dosage form:	

Composition:	
Indications:	
tails of manufacturer and manufacturing site:	
Name and address of Active Pharmaceutical Ingredient an formulation manufacturer (full address with telephone, fa and e-mail address of the manufacturer).	
Name and address of manufacturing sites of Acti Pharmaceutical Ingredient and formulation (full address wi	
telephone, fax and e-mail address of the manufacturing site	