

FORM CT-08*(See rule 45)***APPLICATION FOR REGISTRATION/RENEWAL OF BIOAVAILABILITY OR BIOEQUIVALENCE STUDY CENTRE**

I/We,..... *(name, designation and full postal address of the applicant)* of hereby apply for grant of registration of bioavailability or bioequivalence study centre. The details of the application are as under:

1. Name of applicant:	
2. Nature and constitution of applicant: (proprietorship, company, society, trust, independent, institutional, other to be specified)	
3. (i) Applicant address including telephone number, mobile number, fax number and e-mail id: (ii) Address for correspondence: [corporate or registered office or bioavailability or bioequivalence study centre]	
4. Details of accreditation, if any (self-attested copy of certificate to be attached):	
5. Fee paid on _____ Rs. _____ Receipt or challan or transaction ID _____.	
6. I have enclosed the documents as specified in the Table 1 of Fourth Schedule of the New Drugs and Clinical Trials Rules, 2019.	
7. I hereby state and undertake that: (i) I shall comply with all the provisions of the Drugs and Cosmetics Act, 1940 the New Drugs and Clinical Trials Rules, 2019.	

Place:

Date:

Digital Signature

(Name and designation)