

To

Date

Licensing Authority

Sub: Change of Competent Person (Registered Pharmacist or Experience Person)

Sir

We have changed Competent Person at our firm, details as under:

1. Name & address of the firm:- M/s

RSDL / WSDL No.

Validity

2. Name of previous Competent Person

Date of Resignation

3. Name of New Competent Person
(Registered Pharmacist / Experience Person)

Regn. No.
(in case of Registered Pharmacist)

Date of Joining

4. Gap between resignation and joining
(If Any)

5. If sale is conducted or not during gap

Encl: Relevant documents attached

Kindly change the Competent Person in your record, detail as above.

Sign.....
(Prop. / Partner / Director)

M/s

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CC: Area Drug Control Officer