

FORM

(See rule 4)

(Application for compounding of offences)

1. Full name and address of the applicant:
2. Address for communication:
3. Name and composition of the product:
4. Manufacturing License, Import Licence or Registration Certificate details (including address, email and contact details):
5. Manufactured or Imported by:
6. Marketed by, if any:
7. Export or Import code No, if applicable:
8. Certificate of Analysis of Manufacturer or National Accreditation Board for Testing and Calibration Laboratories (NABL) lab, if any:
9. Details of sample, if applicable:
10. Date of sample drawn (Form 17 of Drugs Rules, 1945 or Form COS-10 of Cosmetics Rule 2020 or Form MD-36 of Medical Device Rules 2017):
11. Date of test report received in Form 13 or Form 2 of Drugs Rules, 1945 or Form COS-14 or Form COS-21 of Cosmetics Rule 2020 or Form MD-32 or Form MD-31 of Medical Device Rules 2017, if applicable:
12. The contravention of the provisions of the Drugs and Cosmetics Act, 1940, against which prosecution is instituted or contemplated:
13. Date of seizure, if any:
14. Brief facts of the case and particulars of the offence(s) charged:
15. Whether Show Cause Notice or Chargesheet issued:
16. Whether this is the first offence under the Drugs and Cosmetics Act, 1940, if not details of the previous cases:
17. Whether any proceedings for the same offences contemplated under any other law, if so the details thereof:

Name and Signature of the applicant

DECLARATION:

1. I shall pay the compounding amount, as may be fixed by the compounding authority under the Ruleof the Drugs and Cosmetics (Compounding of Offences) Rules, 2025 there under.
2. I understand that I cannot claim, as of right that the offences committed by me under the Act shall be compounded.

Name and Signature of the applicant