

FORM 5-B
[See rule 26 (3A)]

APPLICATION FORM FOR RENEWAL OF REGISTRATION OF ALL KINDS OF DRUGS

I / We of
hereby apply for registration of the drug, namely
details of which are enclosed.

Date

Signed

Place

ENCLOSURES OF THE APPLICATION FOR RENEWAL OF REGISTRATION OF A DRUG

Dosage Form:-----

- 1- Brand (Proprietary) name of the drug.
- 2- Strength of active ingredient(s) per unit, e.g., each tablet or 5ml, etc. contains.
- 3- Name and address of the manufacturer.
- 4- Name and address of the agent or indenter in case of imported drug.
- 5- Whether the drug is registered for local manufacture or import.
- 6- Patent number in Pakistan & its expiry date.
- 7- Name of the registered drug with its registration number and date of initial registration and last renewal.
- 8- Changes, if any, in information furnished at the time of initial registration or last renewal.
- 9- If withdrawn from the market anywhere:
 - (i) the name of the country; and
 - (ii) the reasons thereof.

UNDERTAKING

We hereby give this undertaking that the above mentioned information is true and correct to the best of our knowledge.

Production Manager

Quality Control Manager.