

**ANNEX 1**  
**of System for Grant of Ayush Quality Mark to Ayush Botanicals/Herbal Products**  
**Manufacturers**

**Application for Grant of Ayush Quality Mark to Ayush Botanicals/Herbal Products**  
**Manufacturers**

Sl. No	Item	Description
1.	<b>Name of Manufacturer (Firm)</b> <i>(Complete name as mentioned in document establishing the entity)</i>	
2.	<b>Address of Manufacturing Premises</b> <i>(Complete address Factory Address with City, Pin Code &amp; Sate/U.T., Country)</i>	
3.	<b>Address of Regd. Office/Office (if different from 2 above)</b> <i>(Complete address with City, Pin Code &amp; Sate/U.T., Country)</i>	
4.	<b>Other location(s) of the firm where also manufacturing activities are carried out</b> <i>(Separate applications need to be submitted for each such location for recognition)</i>	
5.	<b>Contact Details of the Firm</b> <i>(Give Telephone No., Mobile Nos., Email Id)</i>	
6.	<b>Type of Firm &amp; Legal Identity</b> <i>(Proprietorship, Partnership, Ltd. Pvt. Ltd., LLP, Govt., PSU etc.)</i>	
7.	<b>Scale of Firm</b>	
a)	<b>Large Scale/MSME</b>	
b)	<b>In case of MSME, mention Udhyam/ other relevant Registration Nos. &amp; Date</b>	
8.	<b>Licence to manufacture Ayush Botanicals/ Herbal Products</b> <i>(Mention name of the authority and Licence No. &amp; Date)</i>	
9.	<b>Management of Firm</b> <i>(Name &amp; Designation of Top Management &amp; Key Functionaries)</i>	
10.	<b>Whether firm has in-house laboratory for testing and assuring quality</b> <i>(Yes/No)</i>	
11.	<b>Quality Control Personnel</b>	

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	<i>(Mention Names &amp; Designations of Head of QA/ QC)</i>	
12.	<b>Ayush Botanicals/ herbal Products manufactured</b> <i>(Give complete list with Name, Types/variety, as applicable)</i>	
13.	<b>Ayush Botanicals/Herbal Products for which recognition is sought</b> <i>(Give complete list with Category, Product Name, Types/variety, as applicable)</i>	
14.	<b>Credentials in support of seeking recognition for products at 13. Above</b>	
a)	<b>Registration with foreign regulators as botanical drugs or herbal medicines or traditional herbal medicines.</b>	
b)	<b>As finished product - compliance with WHO-GMP with product requirements as specified by WHO/importing country regulation</b> <i>(Copy of certificate with scope &amp; details to be attached with all details)</i>	
c)	<b>As finished product - compliance with Codex GMP/HACCP through recognized standard such as India HACCP certification scheme of QCI or ISO 22000 or any equivalent certification along with product requirements as specified in Codex standards/ importing country regulations</b> <i>(Copies of certificate with scope to be attached with all details)</i>	
d)	<b>As finished product - compliance with AYUSH Premium Mark along with product requirements as specified</b> <i>(Copy of certificate with scope &amp; details to be attached with all details)</i>	
15.	<b>Adverse reporting/action by the regulatory/certifying body, if any</b> <i>(Give details, if any action imposed)</i>	
16	<b>Name and Address of Consultancy Firm/ Consultant engaged, if any for Any Botanical manufacturing related activities</b>	
17	<b>Payment of Application Fees</b>	

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	<i>(Give details like Amount, Mode of Payment, Txn Id, Payment Date, Cheque No &amp; Bank etc.)</i>	
18	<b>Any other Information</b> <i>(Give additional information, if any, which the applicant may like to submit in support of and relevant to the application)</i>	
19	<b>Declaration –</b>  <i>It is hereby declared that the information, as provided above are true and the documents attached in support of the application pertain to us and are authentic. I undertake to inform <b>AYUSHEXCIL</b>, in case there is change in status in respect of any information or the attached document (s).</i>	
	<i>Stamp/Seal of the Firm</i>	<i>Signature</i> <i>Name</i> <i>Designation*</i> <i>Date</i>

*\* Application to be signed by Proprietor, Partner, Managing Director, Director, CEO etc. or in his absence, by his authorized representative.*