

## Of System for Grant of Ayush Quality Mark to Ayush Medicinal Products Manufacturers

## Application for Grant of Ayush Quality Mark to Ayush Medicinal 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 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 Medicinal 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> <i>(Mention Names &amp; Designations of Head of QA/QC)</i>	
12.	<b>Ayush Medicinal Products manufactured</b> <i>(Give complete list with Name, Types/variety, as applicable under Ayush categories of Ayurveda, Siddha, Unani and Homeopathy)</i>	
13.	<b>Ayush Medicinal Products for which recognition is sought</b> <i>(Give complete list with Ayush Category, Product Name, Types/variety, as applicable)</i>	

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14.	<b>Credentials in support of seeking recognition for Medicinal Products at 13. above</b>	
a)	<b>Registration of Ayush Medicinal Products with foreign regulator as Ayush medicine or Traditional Ayush Medicine or Natural Health Product or Complementary Medicine or any other international classification as per current regulations.</b>	
b)	<b>WHO-CoPP based on WHO GMP Guidelines issued by CDSCO for identified Ayush Medicinal Products – No. &amp; Date of Issue with list of products</b> <i>(Copy to be attached)</i>	
c)	<b>Certification for Ayush Premium Mark for Ayush Medicinal Products under VCS for Ayush Products managed by QCI – Name of Certifying Body, Certificate No. and validity</b> <i>(Attach copy of currently valid certificate with its attachments/Annexure etc., if any, along with list of products certified)</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 Ayush related activities.</b>	
17	<b>Payment of Application Fees</b> <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 AYUSHEXCIL, in case there is change of status in respect of any information or the attached document (s).</i>	
	<i>Stamp/Seal of the Firm</i>	<i>Signature Name Designation* Date</i>

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