

**Veterinary Drug Control Authority  
Department of Animal Production and Health**

**Date:**

**Re-Packing – New (Check list)**

S.N.		
01. Name of the Applicant's Organization		
02. Address of the Applicant's Organization		
03. Name of Veterinary drug / biological product for which renewal is requires license No.  Date of Issue		
04. Period for which renewal is requested  From                      until		
05. Any improvements / deviations from the already communicated information as per previous application (to be supported with detailed documents, i.e. technical / scientific)		
06. Details of any instructions given by DAP & H during the last year regarding the manufacture / re-packing of the said item and action taken		
07. Application Completed		
08. Payment; Amount & Cheque or Receipt No.		

Received a copy

Development Assistant

Registrar VDCA

(Checked by)

(Endorsed by)

Applicant's Signature