Application form for drug review and registration

Original

Date of Application:		ion: _	(mm)(dd)		(yy	yyy)	
* Receipt No.							
Name of the approved drug	С	*			English	*	
Proposed drug name	Chinese	1. 2. 3.				1. 2. 3.	
Dosage form				Cat	egory		
Packaging					tricted ems		
Name of manufacture r/code							
Address (Country)	(Plant) (Office)						
Applicant Business No./Code			Pharma	aceutical Co	mpany	Busine	ess License No.
Address	Telephone						
Full name of person in charge				Address			

Manager or	Full					
production	name		Certificate No.			
overseer	Address					
Raw material name and weight						
Prescription						
basis						
		nication No.:	<i>.</i>			
Test	(m	nm)(dd)	(уууу)	Drug Test No.		
	Test results/specification review results:					

Application form for drug review and registration

Duplicate

Date of Application:	(mm)	(dd)	(yyyy)
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※Receipt No.

Name of the							
approved		*			*		
drug	Chinese			En			
		1.		English	1.		
Proposed		2.		_	2.		
drug name		3.		-	3.		
Dosage form				Category			
Destasions				Restricted			
Packaging				items			
Name of							
manufacturer							
/code							
Address	(Pla	ant)					
(Country)	(Of	fice)					
Applicant							
Business			Dharmac	autical Con	nnany F	Business License No.	
No./Code			1 Harmac			Jusiness License 110.	
Address				Tele	phone		
Full name of							
person in				Ad	dress		
charge							
Manager or	I	Full name		Certi	ficate N	0.	
production		Address					
overseer		AUU1055					

Raw material name and weight				
Prescription				
basis				
Test	Communication (mm) Test results/spe	(dd)	Drug Test No.	

Indication(s)	

Method and quantity of use					
X Review results					
₩ H	Iandled by	🔆 Revie	ewed by	× 1	Decision
	ificate Issue D	ate	※ License	e No.	
Notes					

Do not fill in fields marked with $\$.