

Application form for drug review and registration

Original

Date of Application: _____(mm)_____(dd)_____(yyyy)

※ Receipt No.

Name of the approved drug	Chinese	※	English	※
Proposed drug name		1.		1.
		2.		2.
		3.		3.
Dosage form		Category		
Packaging		Restricted items		
Name of manufacturer/code				
Address	(Plant)			
(Country)	(Office)			
Applicant Business No./Code	Pharmaceutical Company Business License No.			
Address			Telephone	
Full name of person in charge		Address		

Manager or production overseer	Full name		Certificate No.
	Address		
Raw material name and weight			
Prescription basis			
Test	Communication No.: _____(mm)_____(dd)_____(yyyy) Drug Test No.		
	Test results/specification review results:		

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Duplicate

Date of Application: _____(mm)_____(dd)_____(yyyy)

※Receipt No.

Name of the approved drug	Chinese	※	English	※
Proposed drug name		1.		1.
		2.		2.
		3.		3.
Dosage form			Category	
Packaging			Restricted items	
Name of manufacturer /code				
Address (Country)	(Plant)			
	(Office)			
Applicant Business No./Code	Pharmaceutical Company Business License No.			
Address			Telephone	
Full name of person in charge			Address	
Manager or production overseer	Full name		Certificate No.	
	Address			

Raw material name and weight	
Prescription basis	
Test	Communication No.: ____(mm)____(dd)____(yyyy) Drug Test No.
	Test results/specification review results:

Indication(s)	
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Method and quantity of use			
※ Review results			
※ Handled by	※ Reviewed by	※ Decision	
※ Certificate Issue Date		※ License No.	
Notes			

Do not fill in fields marked with ※.