



Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of India

PRADHAN MANTRI BHARTIYA JAN AUSHADHI PARIYOJANA

Application for opening "Pradhan Mantri Bhartiya Jan Aushadhi Kendra" at _____

| S. No. | Particulars | Details |
|--------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Name & Address of Applicant | |
| 2 | Status of Applicant (Tick Appropriate Box) | Individual Entrepreneur <input type="checkbox"/> Charitable Institute/Hospital <input type="checkbox"/> NGO / Trust <input type="checkbox"/> Government/ Government Nominated Agency <input type="checkbox"/> Any Other <input type="checkbox"/> (Please specify) _____ |
| 3 | Registration Number of Organization, Date of Incorporation (if Applicable) | |
| 4 | Name of Contact Person Mobile No. / Landline No. / Email id | |
| 5 | Aadhaar Card Number | |
| 6 | PAN Number | |
| 7 | Location of the Proposed Store with Complete Address | |
| 8 | Name & registration no. of the pharmacist | |

Declaration:

- I/We have gone through the terms and conditions as mentioned in the guidelines for opening of Pradhan Mantri Bhartiya Jan Aushadhi Kendra and agree to abide by the same and appoint pharmacist for obtaining drug licence (in case applicant is non-pharmacist).
- I/We hereby declare that all the information as mentioned above is true to best of my knowledge. If any information is found to be incorrect, my/our candidature is liable to be cancelled and may be subject to legal/disciplinary proceedings.
- Supporting documents are attached wherever required for information as provided above

Date :
Place :

Signature
Name and Designation

Note: Applications without Aadhaar Card shall be summarily rejected.

List of documents required for opening of Jan Aushadhi Kendra to be attached with Application

| Individual | Institutions/NGO/ Charitable Institute/Hospital etc. | Government/ Govt Nominated Agency |
|-------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. Aadhaar Card | 1. Aadhaar Card | 1. Details of Department who has allocated the space, along with supporting documents/sanction order |
| 2. Pan Card | 2. Pan Card | 2. Pan Card |
| 3. Certificate for disability (only for disable applicants) | 3. Certificate for Incorporation | 3. Aadhaar Card |
| 4. Pharmacist Registration Certificate | 4. Registration Certificate | 4. Pharmacist Registration Certificate |
| | 5. Pharmacist Registration Certificate | |

Please send application form to BUREAU OF PHARMA PSUs OF INDIA, IDPL Corporate Office Complex, Old Delhi - Gurgaon Road, Dundehera, Gurgaon-122016 (HR)

Address for Submission of Application Form

Application should be send in the prescribed format along with the required documents to below mentioned address in a closed envelope/cover clearly super scribed as “Application For The New PMBJK”. Please mention your email-ID in the application Form.

To,

**Bureau of Pharma Public Sector Undertakings of India (BPPI),
IDPL Corporate Office, IDPL Complex,
Old Delhi Gurgaon Road, Dundahera,
Gurgaon–122016 (Haryana)**