

FORM 26 E3

(See rule 158C)

**State Drug Licensing Authority(Indian Medicine), Chennai for Ayurveda,
Siddha and Unani Medicines**

Name of the State or Union territory **Tamil Nadu**

Non-Conviction Certificate

It is certified that M/s. _____ at
_____ is holding valid
Ayurvedic/Siddha/Unani Drug Manufacturing License Number _____ in Form
25D/25E valid from 26.10.2018 and certificate of Good Drugs and Cosmetics Rules
1945 Manufacturing Practices/valid Good Manufacturing Practices certificate of
principal or original manufacturer for the State of Tamil Nadu. The manufacturer has
applied for renewal of license on _____ (date to be mentioned, if application for
renewal of license has not been rejected).

As per the records of the State Drug Controller or Licensing Authority, as it
may be, and affidavit (Annexure I) given by the company, the firm has not been
conicted under the Drugs and Cosmetics Act, 1940 (23 of 1940) and the rules
thereunder in the State of Tamil Nadu during the last three years of the issuing of
this certificate.

This certificate shall be valid only for six months from the date of issue.

Date : (Seal of issuing Officer)

(Signature)
State Drug Licensing Authority
(Indian Medicine), Arumbakkam,
Chennai – 600106
Tamilnadu

(Proforma of Affidavit to be submitted on stamp paper of Rs. 50 attested by Magistrate not below the rank of first class)

I,S/O.....age.....working asof.....(Name and address of the company).....fromto.....do hereby solemnly affirm and declare as under:

1. That I, in the capacity of Authorized Signatory of(name and address of the company).....,am duly competent to depose and verify the present affidavit.
2. That I apply for Non-conviction Certificate on behalf of M/s.
3. That I declare that I am aware of the details of my organization and day to day activities from....to....
4. That I hereby undertake that the Non-Conviction Certificate, if issued, will be utilized for the bona fide purpose only.
5. I declare that the aforesaid firm is not convicted under the Drugs and Cosmetics Act, 1940 and rules thereunder during the last three years.
6. That it is my true statement.

.....
Signature of Deponent

Verification

Verified at.....(Place and State).....today on this.....day
of.....(month)....(Year).....that the contents of the above affidavit are true to my knowledge and belief
and no part of it is false and nothing has been concealed therefrom.

.....
Signature of Deponent]
Witness with Address

- 1.
- 2.