Form No.: **XVII-DEM**
Regulation Section: **150(h)**

APPLICATION FOR DISPOSAL OF EXPIRED MEDICINAL PRODUCT (S)

I hereby submit the list of expired medicines stored at ……..……. ……. (Premise's address) for disposal.

Sl No.	**Product name**	**Manufacturer**	**Hazardous(H)/Non hazardous(NH)** *If unsure: Keep it blank*	**Quantity**

Signature: …….
Address of premise: …….
…….
Date: …….