

**Form: VI-PFR**  
**Regulation Section: 36 & 38**

**APPLICATION FOR FULL REGISTRATION OF MEDICINES**

I/we .....hereby apply for registration of the product specified below for sale/distribution in Bhutan as per the Product Registration guideline.

Type of medicines (*Circle the appropriate one*): i. Allopathy ii. gSo-ba-Rig-ba

Details of Medicinal Product (*Use one application per product*)

Product	Pack	Composition (With Strength)	Manufacturer

Proposed name of the Market Authorization Holder:

Application fee has been deposited to the Royal Government of Bhutan vide Revenue Receipt no ..... (*Attach copy*)

**Declaration (*please tick the boxes*):**

- I hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Signature of applicant: .....

Name: .....

Address: .....

Date: .....