

Form: IXb-IAP
Regulation Section: 70

**APPLICATION FOR AUTHORIZATION TO IMPORT MEDICINAL
PRODUCT(S) FOR PERSONAL USE**

I, hereby apply for a authorization to import for following medicinal products in Bhutan for my own consumption.

Sl. No.	Product Name with Dosage form (eg: tablet, capsules)	Composition	Packaging Type (Bottles/Strips) specify if others	Quantity (No. of units)

i. Do you have prescription for the medicines applied for importation? YES NO

(Please tick the appropriate boxes).

ii. If yes, please attach a copy of the prescription.

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.

Signature of applicant:
Name:
Address:

Date:

For DRA Official Use:

Under which schedule (under the Regulation) do the above product(s) above belong to?
Please specify Schedule (A, B, C, D1, D2, E1, E2, F)

Verified by:

Name:

Signature: