Regd. AD | By Hand Delivery

No/CM1/Outward/ 45
Office of the Assistant Drugs Controller,
Drugs Control Department
Chickmagalore Circle Circle
OFFICE OF THE ASST DRUGS CONTROLLER

13 MAY 2024

To,
CHETANA PHARMA
SHOP NO: 1 & 2, ASS NO: 4/217/16279/10084, 1ST FLOOR,
CHETANA VASVI ARCADE, SHARIF STREET, MG ROAD, 2ND CROSS,
CHIKMAGALUR 577101
Taluka:CHIKMAGALUR District : CHIKKAMAGALURU
Phone : , Mobile : 9448136441

Intimation Letter

Sub : Drugs & Cosmetic Act - 1940 & rules there under - Deposit of License Retention Fee.

Ref :-Your retention fees challan for Rs.3000 vide , **Inward No**:-CM12805024

Sir / Madam,

This is to inform you that the status of your license are as follows:

No.	Type	License No.	Issue Date	Retained On	Due Date	old license
1	20B	KA-CKM/20B/88	13/05/2019	13/05/2024	12/05/2029	
2	21B	KA-CKM/21B/75	13/05/2019	13/05/2024	12/05/2029	

Further you are required to pay license retention fee on or before the due date, If you failed to do so, you shall be liable to pay license retention fee along with a late fee calculated at the rate of 2% of the license fee for every month or part thereof up to 6 months, and in the event of non-payment of such fee, the license shall be deemed to have been cancelled.

No.	Name	Reg No.	Sex	Join Date
1	DIR-G.S. SHASHIDHARA (PRO)-		Male	13/05/2004
2	C-P-G.S. SHASHIDHARA (EMP)-		Male	13/05/2004

ಕರ್ನಾಟಕ ಸರ್ಕಾರ ಔಷಧ ನಿಯಂತ್ರಣ ಇಲಾಖೆ

yours faithfully

Signature valid
Digitally signed by ONKAR
Date: 2024.05.13 15:57:32 +05:30
Reason: Digitally Signed
Assistant Drugs Controller & Licensing Authority
Drugs Control Department
Chickmagalore Circle

GSC_NO: DD0192300001639

District	DCD File No	Inward Details	# Form Licence	Print Date
CHIKKAMAGALURU	17499	REN-186570-13/05/2024	2	13/05/2024

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