

APPLICATION FORM

(See Rule 7(i))

*Application for possession and consumption of IMFL by
Private individual on health ground :*

1. Name of applicant :
2. Father's name :
3. Address :
4. Age :
5. Profession :
6. Name & address of
Doctor issuing
prescription :
7. Diagnosis :
8. Dosage prescribed
for a day :
9. Validity required
for a permit :

Dt :

Signature of applicant

- NB :-
- i) *Passport-size photo 2(two) copies
should be enclosed*
 - ii) *Prescription should be countersigned
by not below the rank of D.C.M. & H.O.*