

**FORM 5-B**  
[See rule 26 (3A)]

**APPLICATION FORM FOR RENEWAL OF REGISTRATION OF ALL KINDS OF DRUGS**

I / We ..... of .....  
hereby apply for registration of the drug, namely .....  
details of which are enclosed.

Date .....

Signed .....

Place .....

**ENCLOSURES OF THE APPLICATION FOR RENEWAL OF REGISTRATION OF A DRUG**

**Dosage Form:-----**

- 1- Brand (Proprietary) name of the drug.
- 2- Strength of active ingredient(s) per unit, e.g., each tablet or 5ml, etc. contains.
- 3- Name and address of the manufacturer.
- 4- Name and address of the agent or indenter in case of imported drug.
- 5- Whether the drug is registered for local manufacture or import.
- 6- Patent number in Pakistan & its expiry date.
- 7- Name of the registered drug with its registration number and date of initial registration and last renewal.
- 8- Changes, if any, in information furnished at the time of initial registration or last renewal.
- 9- If withdrawn from the market anywhere:
  - (i) the name of the country; and

(ii) the reasons thereof.

## **UNDERTAKING**

We hereby give this undertaking that the above mentioned information is true and correct to the best of our knowledge.

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**Production Manager**

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**Quality Control Manager.**