



PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA

Application for opening "Pradhan Mantri Bhartiya Janaushadhi Kendra" at _____

S. No.	Particulars	Details
1.	Name of Applicant*	
2.	Category (GEN/ SC/ ST/ OBC or Physically Disabled) *	
3.	Status of Applicant* (Tick Appropriate Box)	<ul style="list-style-type: none">• Individual entrepreneur <input type="checkbox"/>• Charitable Institute/Hospital <input type="checkbox"/>• NGO/ Trust/ Society <input type="checkbox"/>• Government/ Government Nominated Agency <input type="checkbox"/>• Any Other <input type="checkbox"/> (Please specify)_____
4.	Name of Pharmacist (Self/Employed) *	
	Registration Number of Pharmacist	
5.	Registration Number of Organization & Date of Incorporation (if Applicable)	
6.	Name of Contact Person*	
	Designation	
	Mobile No/Landline No*	
	Alternative No. (if any)	
	Email id*	
7.	Aadhaar Card Number*	
8.	PAN Number*	
9.	Proposed location for opening 'Pradhan Mantri Bhartiya Janaushadhi Kendra'	
	Address Line 1*	
	Address Line 2	
	Block/ Taluka/Mandal*	
	District*	
	PIN Code*	
	State*	
10.	Declaration: 1. I have gone through the terms and conditions as mentioned in the guidelines for opening of Pradhan Mantri Bhartiya Jan Aushadhi Kendra and agree to abide by the same. 2. I/We hereby declare that all the information as mentioned above is true to best of my knowledge. If any information is found to be incorrect, my/our candidature is liable to be cancelled and may be subject to legal/disciplinary proceedings. 3. Supporting documents are attached wherever required.	
Date:	Signature	
Place:	Name and Designation	

Note: Applications without Aadhaar Card shall be summarily rejected. * Mandatory details to be provided.

List of Self-attested documents required to be attached with Application		
Individual	Institutions/ NGO/ Charitable Institute/ Hospital etc.	Government/ Govt Nominated Agency
1. Aadhaar Card	1. Aadhaar Card	1. Details of Department who has allocated the space, along with supporting documents/ sanction order
2. Pan card	2. Pan card	2. Pan card
3. Certificate of SC/ST or Physical Disability (if applicable)	3. Registration certificate	3. Aadhaar Card
4. Pharmacist Registration Certification	4. Pharmacist Registration Certification	4. Pharmacist Registration Certification

Submission Details:

Duly filled application form along with required self-attested documents shall be submitted to below mentioned address in a closed envelope/cover with clearly superscribed as "Application for The New PMBJP Kendra"

To,

The General Manager (Marketing & Sales),
Bureau of Pharma Public Sector Undertakings of India (BPPI),
8th Floor Videocon Tower, Block E1,
Jhandewalan Extension, New Delhi – 110055
Tel – 011-49431800