

Sanskriti Ayurvedic Medical College & Hospital
DEPARTMENT OF INTEGRATIVE HEALTH & TRANSLATIONAL RESEARCH
28KM Stone, NH-19, Chhata, Mathura (UP)

IHTR-FRM-QC-02

**APPLICATION FOR PERMISSION TO MANUFACTURE RESEARCH
MEDICINE**

To,
The Head of Department
Department of Rasa Shastra evam Bhaishajya Kalpana (RSBK)
Through the Coordinator, IHTR
Sanskriti Ayurvedic Medical College & Hospital

Subject: Permission to manufacture research medicine in RSBK Teaching Pharmacy

Respected Sir/Madam, I request permission to prepare the following research medicine in the RSBK Teaching Pharmacy as per the approved research protocol / documented pharmaceutical procedure under appropriate supervision.

Researcher / Scholar Details			
Name of researcher			
Programme	☐ MS/MD Ayurveda ☐ PhD Ayurveda ☐ Other		
Enrollment No.		Batch/ Session	
Department			
Research Guide / Co-guide			
Research title			
CTRI Registration Date		CTRI Reg No.	CTRI/ / /

Proposed Manufacturing Details	
Name of research formulation	
Dosage form / Kalpana	
Classical / research reference	
Proposed batch size / quantity	
No. of batches / repetitions	
Preferred date(s) of preparation	
Special equipment / facilities required	

Requirements and Attachments:

- ☐ Certificate of Raw materials authentication
- ☐ Manufacturing Protocol / SOP document
- ☐ A copy of approved synopsis
- ☐ CTRI registration receipt
- ☐ Safety precautions reviewed

Declaration by Researcher / PG Scholar

- ☐ I will supply all the raw materials in quantity sufficient required for manufacturing of my research medicine.
- ☐ The formulation is strictly for academic / research use and not for commercial sale.
- ☐ Departmental equipment, safety and waste-disposal procedures will be followed during the approved schedule.

Researcher / PG Scholar Name:	Name of the Guide:	Name of the HoD:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Coordinator, IHTR**Signature****For RSBK Department / Teaching Pharmacy Use**

☐ Approved ☐ Approved with conditions ☐ Not approved Manufacturing Schedule Date & time:	Departmental Remark:
Teaching Pharmacy In-charge Name: Signature: Date:	HoD, Rasashastra evam Bhaishajya Kalpana Name: Signature: Date: