Date: _____

Name of Authorised/Qualified person _____

Identity Number: _____

Name of Company_____

DECLARATION FOR CONTINOUS PERSONAL SUPERVISION

I _____ hereby undertake to provide continuous supervision in the above premises and I hold myself responsible for compliance to the Medicines and Related Substance Act, 2013 and BoMRA guidelines for Retail and Distribution of Medical Devices.

I will therefore adhere to all the standards relating to ethics and professional conduct and ensure that all employees act within their scope of practice.

I will be held liable and requested to respond in cases of noncompliance.

Signature_____