


## Digitization of clearance: Price Approval for New Drug - Form I of DPCO 2013

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User can use this form-1 to submit the application form for price fixation/ Revision of a new drug formulation related to NLEM formulation.



**Government of India**  
**Department of Pharmaceuticals**  
**National Pharmaceutical Pricing Authority**

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FORM-1:PROFORMA FOR APPLICATION FOR PRICE FIXATION / REVISION OF A NEW DRUG FORMULATION RELATED TO NLEM FORMULATION

Form-1'S INFORMATION:		
Name of the Formulation *	<b>Form 1 Information</b>	Please Enter Formulation
Manufacturer Name *		Please Enter Manufacturer Name
Manufacturer Address *		Please Enter Manufacturer Address
Marketer Name *		Please Enter Marketer Name
Marketer Address *		Please Enter Marketer Address
Composition as per label claimed and approved by Drug Control Authorities: *		Please Enter Composition as per label approved by DCA
Drug Control Authority		
Permission Number *		Please Enter Permission Number
Permission Date *		Please Enter Permission Date
Date of commencement of production/import *	<b>Drug Control Authority data</b>	Please Enter Date of commencement of production/import
Type of formulation *		Please Enter Formulation Type such as Tablet,Capsule, Syrup,Injection etc.
Size of Packs *		Please Enter Pack Size such as 10's/1 ml/ 5 gms/ 10 gms etc.
Therapeutic category/ use of the formulation *		Please Enter Therapeutic Category
The Retail Price claimed for approval *		Please Enter Retail Price claimed for approval
Reason for submission of application for price fixation/ revision *		Please Enter Reason for submission of application for price fixation/ revision
Any other information relevant to product and its process of manufacturing/ packaging/distribution. *		Please Enter Any other information relevant to product
Authorized Signatory		
Name *	<b>Authorized signatory Details</b>	Please Enter Signatory Name
Designation *		Please Enter Signatory Designation
Place *		Please Enter Signatory Place
Captcha Code :	<b>2G1F5J</b>	
Enter Captcha Code:(case sensitive) *		Please Enter Captcha Code
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		

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<b>Government of India</b> <b>Department of Pharmaceuticals</b> <b>National Pharmaceutical Pricing Authority</b>		<a href="#">Help</a>   <a href="#">Status</a>
<b>FORM-1:PROFORMA FOR APPLICATION FOR PRICE FIXATION / REVISION OF A NEW DRUG FORMULATION RELATED TO NLEM FORMULATION</b>		
<b>Form-1'S INFORMATION:</b>		<b>Help</b>
Name of the Formulation *	<input type="text" value="Cefixime"/>	Please Enter Formulation
Manufacturer Name *	<input type="text" value="M/s Innova Caplab Pvt. Ltd."/>	Please Enter Manufacturer Name
Manufacturer Address *	<input type="text" value="M/s Innova Caplab Pvt. Ltd. New Delhi"/>	Please Enter Manufacturer Address
Marketer Name *	<input type="text" value="NA"/>	Please Enter Marketer Name
Marketer Address *	<input type="text" value="NA"/>	Please Enter Marketer Address
Composition as per label claimed and approved by Drug Control Authorities:*	<input type="text" value="Each film coated tablet contains: Cefixime (as trihydrate) eg. to Anhydrous Cefixime - 200mg Linezolid - 600mg"/>	Please Enter Composition as per label approved by DCA
<b>Drug Control Authority</b>		
Permission Number *	<input type="text" value="1812(E)"/>	Please Enter Permission Number
Permission Date *	<input type="text" value="10/07/2014"/>	Please Enter Permission Date
Date of commencement of production/import *	<input type="text" value="01/10/2014"/>	Please Enter Date of commencement of production/import
Type of formulation *	<input type="text" value="Tablet"/>	Please Enter Formulation Type such as Tablet,Capsule, Syrup,Injection etc.
Size of Packs *	<input type="text" value="10 s"/>	Please Enter Pack Size such as 10's/1 ml/ 5 gms/ 10 gms etc.
Therapeutic category/ use of the formulation *	<input type="text" value="Section . Antibacterials"/>	Please Enter Therapeutic Category
The Retail Price claimed for approval *	<input type="text" value="295.00"/>	Please Enter Retail Price claimed for approval
Reason for submission of application for price fixation/ revision *	<input type="text" value="Price Fixation"/>	Please Enter Reason for submission of application for price fixation/ revision
Any other information relevant to product and its process of manufacturing/ packaging/distribution.*	<input type="text" value="NA"/>	Please Enter Any other information relevant to product
<b>Authorized Signatory</b>		
Name *	<input type="text" value="Test"/>	Please Enter Signatory Name
Designation *	<input type="text" value="Test"/>	Please Enter Signatory Designation
Place *	<input type="text" value="New Delhi"/>	Please Enter Signatory Place
Captcha Code :	<b>2G1F5J</b>	
Enter Captcha Code:(case sensitive) *	<input type="text" value="2G1F5J"/>	Please Enter Captcha Code
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		

<b>Government of India</b> <b>Department of Pharmaceuticals</b> <b>National Pharmaceutical Pricing Authority</b>	
Digitisation of Price Approval for New Drug - Form 1  <span style="color: red;">Form-1 has been Successfully Inserted!!</span>  <b>Please note your Reference Number: G7FCBI5438000001</b>  National Pharmaceutical Pricing Authority 5 <sup>th</sup> Floor, YMCA Cultural Centre Building 1, Jai Singh Road, New Delhi -110 001 Tel : 011 - 23746933 Fax : 011 - 23354119 Email : nppa[at]nic[dot]in  <input type="button" value="Back"/>	

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Department of Pharmaceuticals  
National Pharmaceutical Pricing Authority

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Note: Fields marked with \* (asterisk) are compulsory

Enter Reference No.*	<input type="text"/>
Captcha Code :	418M4I
Enter Captcha Code:(case sensitive)*	<input type="text"/>
<input type="button" value="Get Status"/> <input type="button" value="View Details"/> <input type="button" value="Back"/> <input type="button" value="Reset"/>	



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Note: Fields marked with \* (asterisk) are compulsory

Enter Reference No.*	G7FCBI543800001
Captcha Code :	418M4I
Enter Captcha Code:(case sensitive)*	418M4I
<input type="button" value="Get Status"/> <input type="button" value="View Details"/> <input type="button" value="Back"/> <input type="button" value="Reset"/>	



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Note: Fields marked with \* (asterisk) are compulsory

Enter Reference No.*	G7FCBI543800001
Form 1 Status	Form-1 Submitted To NPPA
<input type="button" value="Get Status"/> <input type="button" value="View Details"/> <input type="button" value="Back"/> <input type="button" value="Reset"/>	



**SCHEDULE-II**

**Form-I**

**PROFORMA FOR APPLICATION FOR PRICE FIXATION / REVISION OF A NEW DRUG FORMULATION RELATED TO NLEM FORMULATION**

(See paragraphs 2(u),5,7,8,9,15)

Name of the Formulation	Cefixime
Manufacturer Name	M s Innova Captab Pvt. Ltd.
Manufacturer Address	M s Innova Captab Pvt. Ltd. New Delhi
Marketer Name	NA
Marketer Address	NA
Composition as per label claimed and approved by Drug Control Authorities:	Each film coated tablet contains Cefixime as trihydrate eq to Anhydrous Cefixime 200mg Linezolid 600mg
Permission Number	1812
Permission Date	10/07/2014
Date of commencement of production/import	01/10/2014
Type of formulation	Tablet
Size of Packs	10 s
Therapeutic category/ use of the formulation	Section . Antibacterials
The Retail Price claimed for approval	295
Reason for submission of application for price fixation/ revision	Price Fixation
Any other information relevant to product and its process of manufacturing/ packaging/distribution.	NA

The information furnished above is correct and true to the best of my knowledge and belief.

Place:  
New Delhi  
Date:  
22/01/2015

Authorized Signatory:  
Name:  
Test  
Designation:  
Test

Close Print