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

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 Pharm National Pharmaceuti	naceuticals		Click here for Help
Digitization of clearance: Price Approval for			Help Status
FORM-1:PROFORMA FOR AF	PPLICATION FOR PRICE FIXATION / REVIS FORMULATIO		LATION RELATED TO NLEM
			Click here for status
Form-1'S INFORMATION:			
Name of the Formulation*	Form 1 Information	h.	Please Enter Formulation
Manufacturer Name*			Please Enter Manufacturer Name
Manufacturer Address*		at	Please Enter Manufacturer Address
Marketer Name*			Please Enter Marketer Name
Marketer Address*		н	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*	Drug Control Authority data		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 Catagory
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.*		a	Please Enter Any other information relevant to product
Authorized Signatory			
Name*			Please Enter Signatory Name
Designation*	Authorized signatory Details		Please Enter Signatory Designation
Place*			Please Enter Signatory Place
Captcha Code :	2G1F5J		
Enter Captcha Code:(case sensitive)*			Please Enter Captcha Code

Government of India Department of Pharm National Pharmaceuti Digitization of clearance: Price Approval fo	naceuticals ical Pricing Authority		Help 1 Status	
	PPLICATION FOR PRICE FIXATION / REVIS FORMULATIO			
Form-1'S INFORMATION:			Help	
Name of the Formulation*	Cefixime	a	Please Enter Formulation	
Manufacturer Name*	M/s Innova Captab Pvt. Ltd.		Please Enter Manufacturer Name	
Manufacturer Address*	M/s Innova Captab Pvt. Ltd. New Delhi	.a.	Please Enter Manufacturer Address	
Marketer Name*	NA		Please Enter Marketer Name	
Marketer Address*	NA	a	Please Enter Marketer Address	
Composition as per label claimed and approved by Drug Control Authorities:*	Each film coated tablet contains: Cefixim to Anhydrous Cefixime - 200mg Linezolid -		Please Enter Composition as per label approved by DCA	
Drug Control Authority				
Permission Number*	1812(E)		Please Enter Permission Number	
Permission Date*	10/07/2014		Please Enter Permission Date	
Date of commencement of production/import*	01/10/2014		Please Enter Date of commencement of production/import	
Type of formulation *	Tablet		Please Enter Formulation Type such as Tablet,Capsule, Syrup,Injection etc.	
Size of Packs *	10 s		Please Enter Pack Size such as 10's/1 ml/ 5 gms/ 10 gms etc.	h
Therapeutic category/ use of the formulation*	Section . Antibacterials		Please Enter Therapeutic Catagory	
The Retail Price claimed for approval*	295.00		Please Enter Retail Price claimed for approval	
Reason for submission of application for price fixation/ revision*	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.*	NA	a	Please Enter Any other information relevant to product	
Authorized Signatory				ſ
Name*	Test		Please Enter Signatory Name	
Designation*	Test		Please Enter Signatory Designation	
Place*	New Delhi		Please Enter Signatory Place	
Captcha Code :	2G1F5J			
Enter Captcha Code:(case sensitive)*	2G1F5J		Please Enter Captcha Code	
			Submit Reset	į,

Government of India Department of Pharmaceuticals National Pharmaceutical Pricing Authority igitalisation of Price Approval for New Drug - Form 1

Form-1 has been Successfully Inserted!!

Please note your Reference Number: G7FCBI5438000001

National Pharmaceutical Pricing Authority 5th 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

Back

Government of India Department of Phar National Pharmaceu						
Digitization of clearance: Price Approval f	or New Drug - Form I of DPCO 2013					
Note: Fields marked with * (asterisk) are	compulsory					
	Enter Reference No.*					
	Captcha Code :	4	I8M4I			
	Enter Captcha Code:(case sensitive)*					
	Get Status	/iew Details	Back	Reset]	

Government of India Department of Pharma National Pharmaceutic			
Digitization of clearance: Price Approval for I	New Drug - Form I of DPCO 2013		
Note: Fields marked with * (asterisk) are con	mpulsory		
E	Enter Reference No.*	G7FCBI5438000001	
l l l l l l l l l l l l l l l l l l l	Captcha Code :	418M41	-
E	Enter Captcha Code:(case sensitive)*	4I8M4I	-
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Government of India Department of Pharm National Pharmaceut	naceuticals		
Digitization of clearance: Price Approval fo	or New Drug - Form I of DPCO 2013		
Note: Fields marked with * (asterisk) are o	compulsory		
	Enter Reference No.*	G7FCBI5438000001	
	Form 1 Status	Form-1 Submitted To NPPA	
	Get Status	View Details Back Reset	

For application for price fixation / revisi	EDULE-II orm-I on of a New DRUG FORMULATION RELATED TO NLEM FORMULATION aphs 2(u),5,7,8,9,15) Cefixime M s Innova Captab Pvt. Ltd. M s Innova Captab Pvt. Ltd. New Delhi NA
PROFORMA FOR APPLICATION FOR PRICE FIXATION / REVISI (See paragra Manufacturer Name Manufacturer Address Marketer Name	on of a new drug formulation related to nlem formulation aphs 2(u),5,7,8,9,15) Cefixime M s Innova Captab Pvt. Ltd. M s Innova Captab Pvt. Ltd. New Delhi
(See paragra Name of the Formulation Aanufacturer Name Aanufacturer Address Aarketer Name	aphs 2(u),5,7,8,9,15) Cefixime M s Innova Captab Pvt. Ltd. M s Innova Captab Pvt. Ltd. New Delhi
Name of the Formulation Manufacturer Name Manufacturer Address Marketer Name	Cefixime M s Innova Captab Pvt. Ltd. M s Innova Captab Pvt. Ltd. New Delhi
Aanufacturer Name Aanufacturer Address Aarketer Name	M s Innova Captab Pvt. Ltd. M s Innova Captab Pvt. Ltd. New Delhi
Janufacturer Address Jarketer Name	M s Innova Captab Pvt. Ltd. New Delhi
Marketer Name	•
	- ** -
	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/ wackaging/distribution.	NA
he information furnished above is correct and true to the best of my knowledge and belief.	
New Delhi	Authorized Signatory:
Date:	Name:
2/01/2015	Test
	Designation: Test