APPENDIX – 4 I

(Please see Para 4.18 to 4.21 of HBP)

Register for accounting of consumption and stocks of duty free imported or domestically procured raw materials, components etc. allowed under advance authorisation for pharmaceutical product manufactured through Non Infringing (NI) process.

	Inputs allowed in the			Product(s) exported under the			Balance	In case of balance inputs as			Rem	
	authorisa	ation		authorisation			inputs, if	in column 9			arks	
S	Authorisatio	Nam	Quant	Name	Quant	Inputs	Actually	any	Additio	Input	Custom s	
No	n No (s)	e of	ity	of the	ty	consu	med for	(4 -8)	nal	quantity	duty paid	
	with date	the		Produ		the ex	ported		exports	reduced	along with	
		Input		ct		product**			effecte	proportion	interest	
		s				Inputs	Quantity		d in	ate-ly in		
							(Includin		proporti	the		
							g actual		on to	authorisati		
							wastage		excess	on*		
							incurred		inputs			
)					
1	2	3	4	5	6	7	8	9	10	11	12	13

^{*}Applicable only in case either partial import or "NIL" import has been effected.

We declare that the aforesaid particulars are correct.

	Signature of the authorisation holder
Place:	Name in block letters:
Date:	Full official address:
	Full Residential address:

^{**}In case of post export replenishment, details of inputs used (whether duty paid or not) in the exported product has to be furnished.

Official Seal / Stamp	Telephone No.:
	E-mail:

Note:

- 1. Please mention N.A. wherever the information required in the table is not applicable.
- 2. For columns 10 & 12 of the table, please furnish the copy of the documentary evidence.

FORMAT OF CHARTERED ENGINEER (Chemical) / CUSTOMS CERTIFICATE

l here	eby confirm that I have examined the production details and the records of M/s(Name of the
autho	risation holder) and verified the details furnished in Appendix 4-I format. I hereby certify the following details of
consu	imption of inputs for the pharmaceutical product, manufactured through Non Infringing (NI) process, against
their a	advance authorization no dated
1.	Name of the Advance Authorisation holder:
2.	Address of the manufacturing unit:
3	Name of the exported product:

- 5. Period for which production details verified:
- 6. Quantity exported against the authorization:
- 7. Details of inputs consumed in per unit of exported product:

Sl. No.	Name of the Input(s) used	Quantity consumed
1		
2		

Type of exports: Physical / Deemed / Both (strike out whichever is not applicable).

Date:	Name:
Place:	Designation:
Office seal/Stamp:	Telephone No. (O):
	E-mail address (if any):
	Postal Address:

Note:

4.

- This certificate shall be required only when the product manufactured and exported is a pharmaceutical
 product manufactured through Non-Infringing (NI) process. This certificate is to be signed by an official not
 below the rank of Superintendent of Customs, under whose jurisdiction the manufacturing unit of the
 Advance Authorisation holder is located).
- 2. As per the policy provision, solvent(s) shall be allowed maximum upto 25% of the requirement of solvents indicated in the ANDA / DMF. However, in cases where recovery is not possible and the solvent gets poisoned, full quantity of solvent as per ANDA / DMF shall be allowed. Customs Authority shall verify and certify the actual requirement of solvents accordingly for the purpose of SI. No. 7 above.