**UNDERTAKING FOR FULFILLMENT OF CONDITIONS OF PREVIOUS ALLOCATION OF CONTROLLED SUBSTANCE**

I………………..…………. CNIC # ……………………… resident of………………………….. hereby undertake, on behalf of M/s………………………….. Drug Manufacturing License No........................... situated at ……………………………., that the firm has fulfilled all the conditions of the previous allocation as per DRAP’s letter # ………………….dated……………. regarding the controlled substance i.e. ………………. quantity Allocated…………….. in the year…………

Name……………………………………

Signatures…………………………….

Seal/Stamp…………………………..

Designation: MD/CEO/Authorized Person