

**F.No. Admin A012(12)/46/2024-eoffice  
Central Drugs Standard Control Organization-HQ  
FDA Bhawan, New Delhi-110002**

**Prerequisite form for walk-in meeting with DCG(I), CDSCO, HQ, Every Tuesday and Thursday (Except on Gazetted Holiday), Time- 5.00 PM to 6.00 PM**

<b>Serial No &amp; Date</b>	
<b>Name of the Person</b>	
<b>Designation</b>	
<b>Name and Address of the Organization</b>	
<b>Contact Details</b>	
<b>Mobile No</b>	
<b>e-mail ID</b>	
<b>Purpose of Visit</b>  <i>(Please brief the problem. Complaint/ grievance and suggestion in 5-7 lines)</i>	
<b>Name of the Concerned Division</b>	
<b>Whether applicant has already appeared for meeting on the above purpose (Yes/ No)</b> <b>If Yes Date of Visit</b>	

*Note: Applicants are encouraged to brief the issues in minimum possible time (within 5-7 minutes) to conclude the walk-in meeting early so that maximum stakeholders can be accommodated in the given time slot.*

**Signature of the Applicant**

-----for office use only-----

<b>Action Taken:</b>
----------------------