



Intimation Letter

To,
AYURMED MEDICOSE
H. NO. 2530/6/D, SHOP NO. 1, WARD NO.21, GROUND FLOOR,
UMRED ROAD, DIGHORI CHOWK,
NAGPUR - 440009
Taluka: CORPORATION ZONE 40 District: NAGPUR ZONE 1
I/C Person: MAYURI RAJENDRA MANE (Mobile: 8793457047)

Change Premises
Firm Id : 276645



MAYURI RAJENDRA MANE

Subject : - Drugs & Cosmetics Act - 1940 & Rules there under

Grant of License arising due to: Change Premises

Sir,

Ref :- Your Inward Application vide Inw No:- BF:-1560419, Dated:- 19/07/2025, Inw ID:- 1560419

With reference to your Inward application, we have to inform you that your said application is approved & below mentioned licences are granted / retained , whose retention Dates are mentioned below :-

Lic	License No.	Issue From	Retained From	Retained Upto	Old LIC No
20	581591	16/08/2025	16/08/2025	15/08/2030	-
20B	581593	16/08/2025	16/08/2025	15/08/2030	-
21	581592	16/08/2025	16/08/2025	15/08/2030	-
21B	581594	16/08/2025	16/08/2025	15/08/2030	-

Date	Revised Details / Previous Detail
23/07/2025 By:2031	new updation : ng1(c)-ng1(d)-c40(t) / AYURMED MEDICOSE, OLD : NG2(C)-NG2(D)-C01(T)
17/07/2025 By:2031	10000502025070907776~5341261903048 / ~

Open 24 Hrs: NO**Cold Storage: YES**

This licence shall remain valid if licensee deposits a licence retention fee before the expiry of a period of every succeeding five years from the date of its issue unless it is suspended or cancelled by Licencing Authority.

The above mentioned licences are sent herewith.

Kindly acknowledge the receipt of this letter.



e-Signed on 16/08/2025 20:23:41

TPAV # 4IB59QG4EH

MANISH SHRIRAM CHAUDHARY
Assistant Commissioner
Food & Drugs Administration
NAGPUR ZONE 1 Circle

This License/Certificate is eSIGNED. Physical Signature is NOT Required