# PART-D

# PRODUCT SPECIFIC PERMISSIONS

D	D-FRODUCT SPECIFIC CONSENT	PERMISSION REQUIRED
		YES OR NO
1	PRODUCT SPECIFIC-Drug license (The Drug & Cosmetic Act)	
2	PRODUCT SPECIFIC-Cosmetic license (The Drug & Cosmetic Act)	8
3	CIF&B-Boiler (The Boilers Act-1923)	
4	PRODUCTS SPECIFIC-Food license-(The FDA Act)	
5	PRODUCT SPECIFIC-NOC for Forest-wood based industry	
6	PRODUCT SPECIFIC- NOC under Plastic Waste(Management & Handling Act-2011)	
7	NOC for storage of Explosive Substances/Petroleum Class A.B.C.	
8	License for Storage of De-Nature Spirit/Alcohol/ Ethanol-Final (The Excise Regulation 2012 & Rules – 2013)	

## FDA- PRODUCT SPECIFIC - DRUG LICENCE

## FORM 24

icence to manufacture on the pring drugs being drugs other that and Cosmetics Rules, 1945.  I of drugs categorized according	hereby apply for the grant/renewal remises situated at the the thickness of the specified at [Schedule C, C(1) and X] to the to Schedule M is of technical staff employed for manufacture and
ring drugs being drugs other that and Cosmetics Rules, 1945. s of drugs categorized according s, qualifications and experience	un those specified at [Schedule C, C(1) and X] to the to Schedule M
s of drugs categorized according s, qualifications and experience	
s, qualifications and experience	
	of technical staff employed for manufacture and
Chi	
of rupees has bee	n credited to government under the head of account
	signature
	pplication should be accompanie

ote. The application should be accompanied by a plan of the premises

## FORM 27

Application for the grant or renewal of a licence to manufacture for sale [ or for distribution of]

1)				ne grant/renewal of a licenc	
				the under-	
	being	drugs specified in	Schedule C and C(1	lexcluding those specified	in [Part XB and]
	Scl <sub>1.</sub> X	to the Drugs and C	Cosmetics Rules, 1945		
	Name	of drugs			
	(Each	items to e separate	ly specified)		
2)	The n	ames, qualification	and experience of the	expert staff responsible for	the manufacture
	and to	esting of the above-1	mentioned drugs.		
	(a)	Name(s) of staff r	esponsible		
		for test			
	(b)	Name(s) of staff r	esponsible	8.49	
		for manufacture	t		
3)	The p	premises and plan		are ready for inspection	on
				will be ready for it	ispection on
4)	A fee	of rupees	and an inspect	on fee of rupees	has been
	credi	ted to government u	nder the head of acco	unt	
DATE	e d			*	
				SIGNATURE	

NOTE: The application shall be accompanied by a plan of the premises.

## PRODUCT SPECIFIC - COSMETIC LICENCE

[FORM 31] (See Rule 139)

	I/We	_ of	hereby apply for
	the grant/renewal of a licence to the following	manufacture on th	
	Names of cosmetics		
s.	Names, qualifications and experience o	f technical staff emplo	oyed for manufacture and
5. 4.		f technical staff emplo been credited to Gove	oyed for manufacture and

#### Form "B"

## [See Regulation 2.1.2., Regulation 2.1.3. and Regulation 2.1.7]

Application for License / Renewal of license except importing under Food Safety and Standards Act, 2006

Kind of business (please tick more than one, if applicable)

	٠	Manufacturing/Processing including sorting, grading etc.
	*	Milk Collection / Chilling
	*	Slaughter House
	٠	Solvent extracting unit
	•••	Solvent extracting plant equipped with pre cleaning of oil seeds or pre expelling of oil
	٠	Solvent extracting and oil refining plant.
	*	Packaging
	*	Relabeling (manufactured by third party under own packing and labeling)
	*	Storage / Warehouse / Cold Storage
	*	Retail Trade
	*	Wholesale Trade
	*	Distributor/Supplier
	*	Transporter of food
	*	Catering
	÷	Dhabha or any other food vending establishment.
	÷	Club / canteen
	*	Hotel
		Restaurant
	*	Other(s), please specify,
1)		Name of the Company/Organization .
2)		Registered Office Address :
3)		Address of Premises for which license is being applied
4)		Name and/or designation, qualification, and address of technically qualified person in
		charge of operations as required under Regulation
		Name:
		Qualification .
		Address:
		Telephone Number(s).
		Mobile No. :
		E-mail.
		Photo Identify card no and expiry date
5)		Name and / or designation, address and contact details of person responsible for complying
-6		with conditions of license (if different from 4 above)
		Name (
		Address:
		Telephone Number(s).

					1000			
Correspondence address (if different from 3 above)								
7.	Tel No			Mobile	No	<del></del>		
					nail			
3			o be manufact					
Sr. No.	Name of Fe	ood Item	Quantity	in Kg per day o	or M.T. per	annum		
f alrea	red attach so dy having last three ye	valid licen		annual quant	ity of each	food ca	itegory m	anufacture
).	100 - 100 -		4 4 1 1 1					
		Installed Capacity food product wise (per day)						
	For Dairy units							
			l capacity of N	tilk Chilling Co	enters (MC	C) / Bulk	Milk Coo	ling Center
	Location ar	nd installed		tilk Chilling Ce ilk Packaging		commence of the sec		
(i)	Location ar (BMCs) / N	nd installed Milk Proces	ssing Unit / M		Unit in lit	res owne		
i)	Location ar (BMCs) / Mapplicant.	nd installed Milk Proces	ssing Unit / M	ilk Packaging	Unit in lit	res owne		
i) Sr. No.	Location ar (BMCs) / Napplicant.  Name of F	nd installed Milk Proces Good Item	Quantity in	ilk Packaging Kg per day or	Unit in lit	res owne		
i) Sr. No.	Location ar (BMCs) / Napplicant.  Name of F ired attach s Average Quantity	nd installed Milk Proces  Good Item  deparate shouantity of a	Quantity in Quantity in eet.	ilk Packaging  Kg per day or  be used / hand	Unit in lite M.T. per ar	num		
i) Sr. No.	Location ar (BMCs) / Napplicant.  Name of F ired attach s Average Qua. In	ood Item	Quantity in Quantity in eet.	ilk Packaging  Kg per day or  be used / hand	Unit in lite M.T. per ar	num		
i) Sr. No. If requi	Location ar (BMCs) / Napplicant.  Name of F  ired attach s Average Qua. In b. In	ood Item ceparate shouantity of a	Quantity in  Quantity in  cet.  milk per day to	ilk Packaging  Kg per day or  be used / hand	Unit in lite	nnum	d or man	aged by the
i) Sr. No. If requi	Location ar (BMCs) / Napplicant.  Name of F  ired attach s Average Qua. In b. In Milk produ	ood Item ceparate shouantity of a lean season flush season icts to be medical control of the season icts to be medical	Quantity in  Quantity in  cet.  nilk per day to  n  nanufactured a	Kg per day or be used / hand	Unit in lite	nnum	d or man	aged by the
i) Sr. No. If requi	Location ar (BMCs) / N applicant.  Name of F  ired attach s Average Qu a. In b. In Milk produ 1)	ood Item ceparate shouantity of a lean season flush season acts to be a	Quantity in  Quantity in  eet.  milk per day to  n  nanufactured a	Kg per day or be used / hand	Unit in lite	nnum	d or man	aged by the
i) Sr. No. If requi	Location ar (BMCs) / N applicant.  Name of F  ired attach s Average Qu a. In b. In Milk produ 1) 2)	d installed Milk Proces Good Item Separate shouantity of a lean season flush season acts to be a	Quantity in  Quantity in  cet.  nilk per day to  n  nanufactured a	Kg per day or be used / hand	Unit in lite	nnum	d or man	aged by the
Sr. No.  If requi(ii)	Location ar (BMCs) / Napplicant.  Name of F  ired attach s Average Qua. In b. In Milk produ  1)	ood Item ceparate shouantity of a lean season flush season icts to be a	Quantity in  Quantity in  eet.  milk per day to  n  nanufactured a	Kg per day or be used / hand	Unit in lite M.T. per ar	nnum	d or man	aged by the
Sr. No.  If requi(ii)	Location ar (BMCs) / N applicant.  Name of F  ired attach s Average Qu a. In b. In Milk produ 1) 2) For Solvent	d installed Milk Proces Tood Item deparate shou deparate s	Quantity in  Quantity in  cet.  milk per day to  n  nanufactured a	Kg per day or be used / hand	Unit in lite M.T. per ar lled in facturing c	num	d or man	aged by the
(i) Sr. No. If requi (ii) (iii)	Location ar (BMCs) / N applicant.  Name of F  ired attach s Average Qu a. In b. In Milk produ 1) 2) For Solvent (i) For	ood Item ceparate shouantity of a lean season icts to be meant to	Quantity in  Quantity in  cet.  milk per day to  n  nanufactured a	Kg per day or be used / hand and their manu	Unit in lite M.T. per ar  lled in  facturing c	num	d or man	aged by the
Sr. No.  If requi (ii)  (iii)  11  Name of Oil	Location ar (BMCs) / N applicant.  Name of F  ired attach s Average Qu a. In b. In Milk produ 1) 2) For Solvent (i) For	ood Item ceparate shouantity of a lean season icts to be meant to	Quantity in  Quantity in  cet.  milk per day to  n  nanufactured a	Kg per day or be used / hand and their manu	Unit in lite M.T. per ar  lled in  facturing c	num	d or man	aged by the

Mobile No. 1

material

	cal	ce							
	If alro	adv havir	ng valid licens	se – mentic	on annual	quantity of	each my	duct man	ufactured
durin		ree years.	0			quanting of	enen pre	coor man	macinica
	ii)		nd address of	factory or	factories us	sed by the i	niller or s	olvent ext	ractor for
	2)/4		ing oil bearing						
			ed Oil produce				*		0
12)	Sancti	oned elec	tricity load or I	HP to be us	ed				
13)	Weatl If yes	ier unit is the details	equipped with thereof	ı an analyti	cal laborat	ory			
14)	In cas	e of renew	val or transfer	of license g	rated unde	r other law	s as per p	roviso to R	egulation
			r which licens						0
15)			arded a sum c						according
			of the Food Sa						
Dema	and Draf	t No (Paya	ble to			of the applic	cant/autho	orized sign	atory)
				DECLA	RATION				
I, Mr	/Ms.Mrs				S/o. /D/o.	Mr			R/o.
7.0	-					lemnly af			
I furt confo under 4 of	ther declorms / shore, and spot the Regority of In	are that t all conform ecifically t istration	tlars furnished the food busing in to the Food S to the guideling and Licensing y person autho	ness conduct Safety and S es on Hygic Regulation	cted or pro Standards A ene and Sar ns publish	oposed to l Act, Regulat nitary Pract ed by the	oe conductions / Byc ices provi Food Sa ime.	eted by/thr -laws enac ded under fety and S	rough me sted there Schedule Standards
							(	(Signature)	

-

## AFFIDAVIT

I, the undersigned Shri/Smt/Mr./Mrs	age			
years, resident of				
I, say that I have applied to the Design	nated Officer / Director, Medical and Health Services,			
Medical and Public Health Department, Dadra	and Nagar Haveli, Silvassa to issue me Food License /			
Food Registration Certificate.				
	¥			
That I, am a holding Food Business	at and my annual			
turnover is Rs(Rupees _				
are true and correct.				
That this affidavit is required to obtain	Food License / Registration Certificate.			
The contents of this affidavit are true a	and correct to the best of my personal knowledge and			
belief I, known to make a false affidavit is a crit	17 5 77.5			
PLACE :				
DATE .	DEPONENT			

				Form – I (See Rules 9)	
	APF	LIC		ATION OF A U	NIT FOR MANUFACTURE OF LAYERED PLASTICS
From: M/s.					CONTROL OF THE PARTY OF THE PAR
Sir, Har	We		eby apply for registratio		f the Flastic Waste (Management and
				PART – A GENERAL	
1	а	Na	me and Location of the U	/nit	
	b	Ad	dress of the unit		
	c	Re	gistration required for ma	anufacture of	
		I	Carry Bags	70	
		ii	Multilayered Plastics		
	đ	Ma	unufacturing capacity		
	e	nu	case or renewal, prev mber and date of registra	tion	
2		eimu	of registered with DIC/D pent/ Union Territory?	the state of the s	
3	а	_	tal Capital Investment of	the project	1 2/
	ь	Ye	ar of Commencement of	Production	
4	a	Lis	t of quantum of products	and by-products	
2	ъ	Lis	e of quantum of raw mat	erials used	

5		ish a flow diagram of manufacturing ving input and output in terms of p	
	and	waste generated including for captive tration and water.	
6	0.000	imum size and thickness of the carry namufactured	bags to
7	State	us of compliance with these rules	
		127	RT – B LUENT AND GASEOUS EMISSIONS
8	а	Dose the unit have a valid consent the Water (Prevention & Contr Pollution) Act 1974 (6 of 1974)? if yes, attached a copy	0/2 (2.4)
	ь	Dose the unit have a valid consent the Air (Prevention & Contro Pollution) Act 1981 (14 of 1981)? if yes, attached a copy	
9			ART – C NG TO WASTE
	Soli	d Wastes:	
	a	Total quantum of waste generated	
	ъ	Mode of storage within the plant	
	c Provision made for disposal of wastes		s
Pla	ice:	T T	Jame & Signature :
Da	te:	. ) I	Designation:

#### FORM - 2 [see rule 9]

## APPLICATION FORM FOR REGISTRATION OF FACILITIES POSSESSING ENVIRONMENTALLY SOUND MANAGEMENT PRACTICES FOR RECYCLING PLASTIC WASTE

1.	Name and Address of the Unit	:			
			_ 9		8
2.	Contact Person with Designation	:			
	Telephone No.	:			
	Fax No.	:			
	Email Address	:			
3.	Date Commissioned	:			
4.	No. of Workers (including contract labours)	:			
5.	Consents Validity			(Prevention ) Act, 1	& Control of 974 Valid up to
		1	b Air (Pres Act, 198	vention & 0	Control of Pollution)
6.	Authorization Validity	1		÷:	
7.	Manufacturing Process (Please attach a flow diagram of the manufacturing process/ flow diagram for each product)	:			
8.	Products and installed capacity of production (MTA)	;	Products	1	installed Capacity
9.	Products manufactured during the last three years (as applicable)	:	Year	Product	Quantity
10.	Raw Material Consumed during the last	1			
10.	three years (as applicable)	;	Year	Product	Quantity
11.	Water Consumption	;	Industrial:	913 The	M³/Day
		: Domestic: M <sup>3</sup> /Day			M³/Day
	Date until which water o	es	s has been pai	d (if applic	able)

	Waste water generation as per Consent M³/Day	1	Actual waste wat last 3 months)	er generated (average of
			Industrial :	M³/Day
Jan J	*		Domestic :	M³/Day
	Waste water treatment (provide flow diagram of the treatment scheme)		Industrial :	
	Waste water discharge	1	Quantity: Location: Analysis of tre BOD, COD, SS,	M³/Day
12.	Air Pollution Control	:	•	47
	a Provide a flow diagram for emission control system(s) installed for each processing unit, utilities etc.		* =	
	<ul> <li>Details for facilities provided for control of fugitive emissions due to material handling, process, utilities etc.</li> </ul>	3.		
	c Fuel Consumption		Fuel	Qty per day/ mouth
8		i		
		ii		
	d Stack Emission Monitoring		Stack attach to	Emission (SPM, SO <sub>2</sub> , NO <sub>8</sub> , et) mg Nm <sup>3</sup>
		i		
		ii		
	e Ambient Air Quality		Location - Results µg/m³	Emission (SPM, SO <sub>2</sub> , NO <sub>3</sub> , et) mg/Nm <sup>3</sup>
		i		
		ü		
13.	Waste Management	:	Si. Type No.	Category Qty.

a Waste generation in processing plastic waste		I			
prastic waste	1	11			
		iii			
b Waste Collection and Transportation (attach details)	1		(/ <u>a</u> )		4
c Waste Disposal Details	;	Sr. No.	Type	Category	Qty
d Provide details of the disposal facility, whether the facility is authorized by SPCB/ PCC					
<ul> <li>Please attach analysis report of characterization of waste generated (including leach-ate test if applicable)</li> </ul>			1000	•	
14. Details of plastic waste proposed to be acquired through Sale, Auction. Contract or Import as the case may be, for use as raw materials	3	a Name : b Quantity required year :			
<ol> <li>Occupational safety and health aspects (Please provide details of facilities)</li> </ol>	:	•			
l6. Remarks :	:				
Whether the unit has adequate pollution control systems' equipment to meet the standards of emission' effluent. (If yes, please fumish details)	1				
Whether unit is in compliance with conditions laid down in the said rules	1			Yes/ No	
Whether conditions exist or are likely to exist of the material being handled/ processed posing adverse immediate or delayed impacts on the environment.				Yes/ No	
Whether conditions exist (or are likely to exist) of the material being handled/	1				

	processed by any means capable of yielding another material (e.g. leachate) which may possess eco-toxicity.		Yes/No
17.	Any other relevant information	1	•
18.	List of Enclosures as per rule		
Dat	•:	Name	& Signature':
Place:		Design	nation :

## FORM IX

## (See rules 143, 147, 148 and 156)

Application for a grant/amendment renewal/transfer of a license to import and store petroleum

(Documents listed below must be enclosed with this applications, if it is for the grant of a license in Forms XIV, XV, XVI or in Special Form)

		The replies to be given in this column.
1.	Applicant's Name	
	Applicant's Calling	2
	Applicant's full postal address	
2,	Situation of the premises where petroleum is to be stored:	
	State	
	District	
	Town and Village	
	Police Station	
	Nearest railway station	
3.	Quantity (in liters) of petroleum proposed to be imported and stored	
	(i) Petroleum Class A	
	(a) In bulk	
	(b) Not in bulk	
	(c) Total	
	(ii) Petroleum Class B	,
	a) In bulk	
	b) Not in bulk	
	c) Total	
	(iii) Petroleum Class A	
	(a) In bulk	

	(b) Not in bulk	
	(c) Total	
	Total of all classes of petroleum	
4.	Quantity in liters of petroleum already	
	(i) Petroleum Class A	
	(a) In bulk	,
	(b) Not in bulk	
	(c) Total	2
	(ii)Petroleum Class B	
	(a) In bulk	
	(b) Not in bulk	
	(c) Total	
	(iii) Petroleum Class Λ	
	(a) In bulk	le le
	(b) Not in bulk	***************************************
	(c) Total	
	Total of all classes of petroleum	
5.	Number of license held for the premises and the full name of the holder of the	\$.c.

I hereby declare that the statements made above have been checked up by me and are true and I undertake to abide by the terms and conditions of the license which will be granted to me.

Date of application	Signature and designation
	of the applicant

## EXCISE-LICENCE FOR STORAGE OF DE-NATURE SPRIT / ALCOHOL/ETHANOL

#### FORM

# UT Administration of Dadra and Nagar Haveli, Office of the Excise Commissioner (Excise Department), Silvassa.

## FORM E-20 [See Rule 79(1)]

Form of application for wholesale or retails sale of liquor other than denatured spirit preparation, denatured spirit, rectified spirit or absolute alcohol.

То,				
The Co	ommissioner of Excise			
DNH,	Silvassa.			
/Town		a	at  District request that I/we may les in the premises	
			n Taluka	
The state of the s			cise Regulation, 2012 and the 1	
therev			regulatori, 2012 and the f	uics made
2 3.			ns of the licence. Of granted.	
4.		🕏 🏂	es giving its exact location. The and belief the information furnis	hed therein
	is true and complete.	and of my later lead	o and penel the internation furnis	ned morent
w <sup>‡‡</sup>		*	Yours faithfully,	
		nt a	Signature of Applicant	
Place				
Date	9			
			ess of every partner of the firm and an actualing the mames of the Director	
Direct	0.000 0+	should	be	indicate

# PART-D-CHECK LIST

#### CHECK LIST FOR VARIOUS INDUSTRIAL CLEARANCES FOR ESTABLISHMENT PERMISSION



#### PERMISSION SPECIFIC CHECKLIST

#### FDA- PRODUCT SPECIFIC - DRUG LICENCE

A. Application for Grant of Manufacturing Licence.

Required Fees Rs. 7,500/- (For Application in Form 24 OR 27)

Required Fees Rs. 15,000/- (For Application in Form 24 & 27)

1. Covering Letter.

2. Self Assessed check list of documents.

3. Form 24 x 27 (Maximum 10 Products should apply under each form)

4. Product List.

2 Copies

5. List of Recipients.

1 Copy

6. Similar Product.

1 Copy

7. Export order copy. (If applicable)

1 Copy

8. Draft Label

2 Copies

9. Method of Analysis.

2 Copies

10. Additional Information Form

1 Copy

#### FDA- PRODUCT SPECIFIC-COSMETIC LICENCE

A. Application for Grant of Manufacturing Licence.

Required Fees Rs. 7,500/- (For Application in Form 24 OR 27)

Required Fees Rs. 15,000/- (For Application in Form 24 & 27)

1. Covering Letter.

2. Self Assessed check list of documents.

3. Form 24 x 27 (Maximum 10 Products should apply under each form)

4...Product List.

2 Copies

5. List of Recipients.

1 Copy

6. Similar Product.

1 Сору

7. Export order copy. (If applicable)

1 Copy

8. Draft Label

2 Copies

9. Method of Analysis.

2 Copies

10. Additional Information Form

1 Сору

#### MEDICAL- PRODUCT SPECIFIC - FOOD LICENCE.

Requirements for opening Food Industry in Dadra and Nagar Haveli.

- 1. Applicant has to apply
- 2. Check list issued
- 3. Submission of Application form with fees
- 4. Verification of documents submitted
- Inspection by authorities & report.
- 6. License granted / permission granted.

All the proposes is on line website is www.fssai.gov.in

The whole process taken 07 (seven) day if all the documents are found correct.

Local license if the total turnover is 20 corer & it is more than 20 crore then the applicant has to apply for central license.

Enclosed, -

- 1. Checklist.
- 2. Form 'B'

## Documents to be enclosed for new application for license to State/Central Licensing Authority

- Form-B duly completed and signed (in duplicate) by the proprietor/ partner or the authorised signatory
- Blueprint/layout plan of the processing unit showing the dimensions in meters/square meters and operation-wise area allocation.
- 3. List of Directors with full address and contact details
- Name and List of Equipments and Machinery along with the number, installed capacity and horse power used.
- Photo I.D and address proof issued by Government authority of Proprietor/Partner/Director(s)/Authorised Signatory.

- 6. List of food category desired to be manufactured. (In case of manufacturers).
- Authority letter with name and address of responsible person nominated by the manufacturer along with alternative responsible person indicating the powers vested with them viz assisting the officers in inspections, collection of samples, packing & dispatch.
- Analysis report (Chemical & Bacteriological) of water to be used as ingredient in food from a recognized/ public health laboratory to confirm the portability indicating the name of authorized representative of Lab who collected the sample and date of collecting sample
- 9. Proof of possession of premises. (Sale deed/ Rent agreement/ Electricity bill, etc.)
- Partnership Deed/Affidavit/Memorandum & Articles of Association towards the constitution of the firm.
- Copy of certificate obtained under Coop Act 1861/Multi State Coop Act 2002 in case of Cooperatives.
- 12. NOC from manufacturer in case of Re-labellers
- 13. Food Safety Management System plan or certificate if any,
- Source of milk or procurement plan for milk including location of milk collection centres etc in case of Milk and Milk Products processing units.
- 15. Source of raw material for meat and meat processing plants.
- 16. Pesticide residues report of water to be used as ingredient in case of units manufacturing Packaged drinking water, packaged Mineral water and/or carbonated water from a recognised/ public health laboratory indicating the name of authorised representative of Lab who collected the sample and date of collecting sample including source of raw water and treatment plan.
- 17. Recall plan wherever applicable, with details on whom the product is distributed.
- NOCs from Municipality or local body and from State Pollution Control Board except in case of notified industrial area.

Documents to be included for renewal or transfer of license given under other existing laws prior to these Regulations

- 1. Any change in documents or information provided during grant of previous license.
- Certificate or Plan of Food Safety Management System being adopted (for units under Central Licensing it has to be a certificate from accredited agencies).
- 3. List of workers with their medical fitness certificates.
- 4. Name, qualification and details of technical personnel in charge of operation.

- 1. Application in prescribed Form IX (4 Copies)
- 2. Enclosed as stated below be attached in each (4 Copies)
  - (a) Approved building plans.
  - (b) Copy of 7x12 of land.
  - (c) Copy of Consent to Establish from Pollution.
  - (d) Copy of approval to run DG Set from Executive Engineer (Electricity)
  - (e) Copy of Construction Permission.
  - (f) Map showing the location of proposed tank of petroleum to be Constructed (7 Copies)
  - (g) Copy of N.A. Order.
  - (h) Copy of In Principle Clearance for expansion of existing Industrial Undertaking.
  - (i) Letter of Drawing approved from Explosive Department.
  - (j) Copy of approved Drawing from Explosive Department.