

**ANNEXURE**

**SUPPLEMENTARY FORM FOR REGISTRATION UNDER RULE 27 OF LEGAL METROLOGY  
(PACKAGE COMMODITIES) RULES, 2011**

1.	Name of the firm	
2.	Address of the firm	
3.	Date of commencement of pre-packing / import	
4.	Declarations which are made on the package (Please Tick)	
	(a) Name & complete address of the registered office of the firm / partnership firm / company	Yes / No
	(b) Maximum retail price (inclusive of all taxes) Rs.....	Yes / No
	(c) Date of manufacturing / packing / import	Yes / No
	(d) Date of expiry in case of food items	Yes / No
	(e) Net contents in terms of weights / volume / length	Yes / No
	(f) Generic name of the commodity	Yes / No

6.	Quantities in which packing is made i.e below 5 g, 5 g, 10 g, 20 g, etc (Please specify)	
7.	Whether the packing is made in Standard quantities as specified in Standards of Weights & Measures (Packaged Commodities) Rules, 1977	Yes / No
8.	Whether the package is a combination package or group package or multi-piece package. Please specify.	
9.	Whether the package is a retail package or whole sale package	
10.	Whether the package contains perishable commodity or food items	
11.	Whether the packed items will also be exported out of country	
12.	Whether the items are being packed for specific industry only as raw material. If yes, specify	
13.	Whether the package contains fast food items.	

14.	Whether the package contains any schedule / non-scheduled formulations covered under the Drugs (price control) order or any agricultural farm produces of 50 kg and above.	
15.	Whether the shop / factory / warehouse is located in area declared as residential / non-conforming?	Yes / No
16.	Whether the shop / factory is located in commercial area ? If yes, attach proof	Yes No
17.	Whether the shop / factory / premises is owned / rented	
18.	The date on which your premises was last inspected by the Inspector of W & M Department. Attach copy of the inspection report, if available	
19.	Whether your firm has been challaned during the last three years for any violation of Weights & Measures laws. If yes, date of challan. Attach copy of notice if available.	
20.	Offences for which challaned and whether it is compounded or not. Attach receipt if available.	

I/We\_\_\_\_\_hereby solemnly  
affirm and declare that the information in this form is true to the best of my/our knowledge and belief.

Signature : \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

(Prop. / Partner / Director / Karta of HUF)

Date : \_\_\_\_\_