

GOVERNMENT OF MEGHALAYA

APPLICATION FORM FOR PURCHASE OF FOREIGN LIQUOR ON MEDICAL GROUNDS

Enclosures Required

1. Prescription from a Registered Medical Practitioner
2. Age Proof Certificate

Application Processing Location- Choose the Bonded Warehouse from where the purchase will be made

District *

Please Select

Bonded Warehouse *

Please Select

Application Details

Applicant's Name *

Mobile Number *

Items *

Please Select

Address [with Landmark and Pincode to be used for delivering the items] *

Declaration

Disclaimer: I hereby certify that the information provided above is correct and if any of the information is found to be false, legal action may be taken against me as deemed necessary by the authorities concerned. Also, I hereby certify that I have attained the age of 21 years

I Agree *

Word verification



Please enter the characters shown above