

## FORM C6

### RECOMMENDATION OF rDNA PRODUCT(S) FOR HEALTHCARE USE TO DCG(I) FOR THE APPROPRIATE PHASE OF CLINICAL TRIAL

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**PERMIT NUMBER:**

**DATE OF ISSUE:**

To

The Drug Controller General of India,  
C.H.E.B.Campus, FDA Bhawan,  
Kotla Road, New Delhi - 110 002.

**Subject:**

M/s. \_\_\_\_\_, was granted  
permission vide letter dated \_\_\_\_\_ to conduct preclinical  
safety studies on  
on the premises located at \_\_\_\_\_.

It is informed that reports on pre clinical safety studies on

were evaluated by the Review Committee on Genetic Manipulation(RCGM) in its meeting  
held on \_\_\_\_\_

Based on the submissions made by the applicant and the recommendations of the RCGM,  
the applicant has been directed to approach your office for approval to conduct appropri-  
ate Phase of human clinical trials on  
by submitting all relevant information.

**Kindly acknowledge the receipt of the same**

**(Member Secretary, RCGM)**

Copy for information to:

- i. The Chairman, GEAC, Ministry of Environment and Forests, Paryavaran  
Bhawan, CGO Complex, Lodi Road, New Delhi - 110 003
- ii. M/s \_\_\_\_\_ (applicant)
- iii. Office copy for file
- iv. Guard file