


- Cerificates 
- Apply for COPP With WHO GMP
- Apply for COPP With State GMP
- Apply for COPP Non GMP
- Apply for Performance
- Apply for Performance Tender
- Apply for State GMP-Own
- Apply for State GMP-Loan
- Apply for WHO GMP-Own
- Apply for WHO GMP-Loan
- Apply for Non-Conviction
- Apply for Non-Prosecution
- Apply for Licence Validity
- Apply for Not of Standard Quality
- Apply for Extension of Validity of State GMP
- Apply for Extension of Validity of WHO GMP
- Apply for Manufacturing & Marketing
- Apply for Free Sale








Click on **Cerificates** on home page of IDMLA website



Then click **apply for copp with WHO GMP/STATE GMP/NON GMP**










window shown below will open

Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
								<input type="button" value="Registered"/>			

Then click on **ADD** button given on the left upper side



Screen shown below will open

Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
1								<input type="button" value="Registered"/>			

Now click on **yellow button** which is numbered as P-I given in the above screen



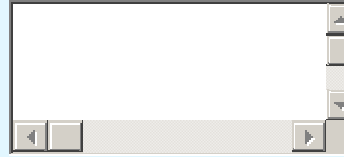
Scen shown below will open

COPP PART-I Details

*To :

Sub: Application for COPP With WHO GMP

*Draft (2000 characters maximum allowed) – **add details of covering letter here**



*Licenses – **select licence no. in the check box given here**

Select	Form No.	Licence No.	Issue Date	From Date	To Date	Districts
<input type="checkbox"/>	25	163	14-Jun-2007	16-Apr-2007	15-Apr-2012	Ahmedabad City
<input type="checkbox"/>	28	54	14-Jun-2007	16-Apr-2007	15-Apr-2012	Ahmedabad City

*Applicant : **add the name of applicant here**

*Status: **select the status of applicant here**

*No of Copies : **add the no. of original copies of copp required here**
Click on the submit button given below.

***Denotes Mandatory Fields**

Now click on **yellow button** which is numbered as P-II given in the above screen

↓
Scen shown below will open
↓

Select the name of importing country in the table given as below

COPP PART-II Details

*1. Exporting(Certifying) Country :

*2. Importing(Requesting) Country :

<input type="checkbox"/> All Countries	<input type="checkbox"/> Other Countries	<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Taiwan
<input type="checkbox"/> Albania	<input type="checkbox"/> Algeria	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Andorra
<input type="checkbox"/> Angola	<input type="checkbox"/> Antigua and Barbuda	<input type="checkbox"/> Argentina	<input type="checkbox"/> Armenia
<input type="checkbox"/> Aruba	<input type="checkbox"/> Australia	<input type="checkbox"/> Austria	<input type="checkbox"/> Azerbaijan
<input type="checkbox"/> Bahamas, The	<input type="checkbox"/> Bahrain	<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Barbados
<input type="checkbox"/> Belarus	<input type="checkbox"/> Belgium	<input type="checkbox"/> Belize	<input type="checkbox"/> Benin
<input type="checkbox"/> Bermuda	<input type="checkbox"/> Bhutan	<input type="checkbox"/> Bolivia	<input type="checkbox"/> Bosnia and Herzegovina
<input type="checkbox"/> Botswana	<input type="checkbox"/> Brazil	<input type="checkbox"/> Brunei Darussalam	<input type="checkbox"/> Bulgaria
<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Burundi	<input type="checkbox"/> Cambodia	<input type="checkbox"/> Cameroon
<input type="checkbox"/> Canada	<input type="checkbox"/> Cape Verde	<input type="checkbox"/> Cayman Islands	<input type="checkbox"/> Central African Republic
<input type="checkbox"/> Chad	<input type="checkbox"/> Channel Islands	<input type="checkbox"/> Chile	<input type="checkbox"/> China
<input type="checkbox"/> Colombia	<input type="checkbox"/> Comoros	<input type="checkbox"/> Congo, Dem. Rep.	<input type="checkbox"/> Congo, Rep.
<input type="checkbox"/> Costa Rica	<input type="checkbox"/> Côte d'Ivoire	<input type="checkbox"/> Croatia	<input type="checkbox"/> Cuba
<input type="checkbox"/> Cyprus	<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Denmark	<input type="checkbox"/> Djibouti

<input type="checkbox"/> Dominica	<input type="checkbox"/> Dominican Republic	<input type="checkbox"/> Ecuador	<input type="checkbox"/> Egypt, Arab Rep.
<input type="checkbox"/> El Salvador	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> Eritrea	<input type="checkbox"/> Estonia
<input type="checkbox"/> Ethiopia	<input type="checkbox"/> Faeroe Islands	<input type="checkbox"/> Fiji	<input type="checkbox"/> Finland
<input type="checkbox"/> France	<input type="checkbox"/> French Polynesia	<input type="checkbox"/> Gabon	<input type="checkbox"/> Gambia, The
<input type="checkbox"/> Georgia	<input type="checkbox"/> Germany	<input type="checkbox"/> Ghana	<input type="checkbox"/> Greece
<input type="checkbox"/> Greenland	<input type="checkbox"/> Grenada	<input type="checkbox"/> Guam	<input type="checkbox"/> Guatemala
<input type="checkbox"/> Guinea	<input type="checkbox"/> Guinea-Bissau	<input type="checkbox"/> Guyana	<input type="checkbox"/> Haiti
<input type="checkbox"/> Honduras	<input type="checkbox"/> Hong Kong, China	<input type="checkbox"/> Hungary	<input type="checkbox"/> Iceland
<input type="checkbox"/> India	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Iran, Islamic Rep.	<input type="checkbox"/> Iraq
<input type="checkbox"/> Ireland	<input type="checkbox"/> Isle of Man	<input type="checkbox"/> Israel	<input type="checkbox"/> Italy
<input type="checkbox"/> Jamaica	<input type="checkbox"/> Japan	<input type="checkbox"/> Jordan	<input type="checkbox"/> Kazakhstan
<input type="checkbox"/> Kenya	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Korea, Dem. Rep.	<input type="checkbox"/> Korea, Rep.
<input type="checkbox"/> Kuwait	<input type="checkbox"/> Kyrgyz Republic	<input type="checkbox"/> Lao PDR	<input type="checkbox"/> Latvia
<input type="checkbox"/> Lebanon	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Liberia	<input type="checkbox"/> Libya
<input type="checkbox"/> Liechtenstein	<input type="checkbox"/> Lithuania	<input type="checkbox"/> Luxembourg	<input type="checkbox"/> Macao, China
<input type="checkbox"/> Macedonia, FYR	<input type="checkbox"/> Madagascar	<input type="checkbox"/> Malawi	<input type="checkbox"/> Malaysia
<input type="checkbox"/> Maldives	<input type="checkbox"/> Mali	<input type="checkbox"/> Malta	<input type="checkbox"/> Marshall Islands
<input type="checkbox"/> Mauritania	<input type="checkbox"/> Mauritius	<input type="checkbox"/> Mayotte	<input type="checkbox"/> Mexico
<input type="checkbox"/> Micronesia, Fed.	<input type="checkbox"/> Moldova	<input type="checkbox"/> Monaco	<input type="checkbox"/> Mongolia









Sts.			
<input type="checkbox"/> Montenegro	<input type="checkbox"/> Morocco	<input type="checkbox"/> Mozambique	<input type="checkbox"/> Myanmar
<input type="checkbox"/> Namibia	<input type="checkbox"/> Nepal	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Netherlands Antilles
<input type="checkbox"/> New Caledonia	<input type="checkbox"/> New Zealand	<input type="checkbox"/> Nicaragua	<input type="checkbox"/> Niger
<input type="checkbox"/> Nigeria	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> Norway	<input type="checkbox"/> Oman
<input type="checkbox"/> Pakistan	<input type="checkbox"/> Palau	<input type="checkbox"/> Panama	<input type="checkbox"/> Papua New Guinea
<input type="checkbox"/> Paraguay	<input type="checkbox"/> Peru	<input type="checkbox"/> Philippines	<input type="checkbox"/> Poland
<input type="checkbox"/> Portugal	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Qatar	<input type="checkbox"/> Romania
<input type="checkbox"/> Russian Federation	<input type="checkbox"/> Rwanda	<input type="checkbox"/> Samoa	<input type="checkbox"/> San Marino
<input type="checkbox"/> São Tomé and Príncipe	<input type="checkbox"/> Saudi Arabia	<input type="checkbox"/> Senegal	<input type="checkbox"/> Serbia
<input type="checkbox"/> Seychelles	<input type="checkbox"/> Sierra Leone	<input type="checkbox"/> Singapore	<input type="checkbox"/> Slovak Republic
<input type="checkbox"/> Slovenia	<input type="checkbox"/> Solomon Islands	<input type="checkbox"/> Somalia	<input type="checkbox"/> South Africa
<input type="checkbox"/> Spain	<input type="checkbox"/> Sri Lanka	<input type="checkbox"/> St. Kitts and Nevis	<input type="checkbox"/> St. Lucia
<input type="checkbox"/> St. Vincent and the Grenadines	<input type="checkbox"/> Sudan	<input type="checkbox"/> Suriname	<input type="checkbox"/> Swaziland
<input type="checkbox"/> Sweden	<input type="checkbox"/> Switzerland	<input type="checkbox"/> Syrian Arab Republic	<input type="checkbox"/> Tajikistan
<input type="checkbox"/> Tanzania	<input type="checkbox"/> Thailand	<input type="checkbox"/> Timor-Leste	<input type="checkbox"/> Togo
<input type="checkbox"/> Tonga	<input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Tunisia	<input type="checkbox"/> Turkey
<input type="checkbox"/> Turkmenistan	<input type="checkbox"/> Uganda	<input type="checkbox"/> Ukraine	<input type="checkbox"/> United Arab

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emirates
<input type="checkbox"/> United Kingdom	<input type="checkbox"/> United States	<input type="checkbox"/> Uruguay	<input type="checkbox"/> Uzbekistan	
<input type="checkbox"/> Vanuatu	<input type="checkbox"/> Venezuela, RB	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Virgin Islands (U.S.)	
<input type="checkbox"/> West Bank and Gaza	<input type="checkbox"/> Yemen, Rep.	<input type="checkbox"/> Zambia	<input type="checkbox"/> Zimbabwe	
<input type="button" value="Next"/>				

Click on the next button after completing the selection



Additional screen shown as below will open in the same screen which includes list of products covered under WHO GMP or STATE GMP. Select the product from the list given in the screen for which COPP is required by scrolling. Selection of product will be as per the amount of challan paid.

1	METAZOLE	METRONIDAZOLE GEL USP	MFG/WESTCOAST/J1/43441/B1	16- Apr- 2007	Ingerdiant	Spec(Std)	Each Contains	Delete	 
					METRONIDAZOLE	IP	Milligram		
					Others	--	QS		
2	MIZOL GEL	MICONAZOLE OROMUCOSAL GEL BP 2%	MFG/WESTCOAST/J1/43441/B1	16- Apr- 2007	Ingerdiant	Spec(Std)	Each Contains	Delete	 
					MICONAZOLE NITRATE	BP	%w/w (Per weight/weight)		
					Others	--	QS		

Give proper selection in point-4 and 5 in below options (yes – if product is available in local mrket & no – if product is not available in local market)

*4. Is Product Licensed to placed on the market for use in Exporting Country? :

*5. Is this product actually in the market in the :

Next

then click on the next button. Screen shown below will open.

COPP PART-II Details Continue

Is Product Licensed to placed on the market for use in Exporting Country Yes then

Your details has been successfully saved.

*6.1. Number of product License and date of issue

Sr.No.	License No.	Brand Name	Generic Name	Product Permission No.	Issue Date
1	GUJ/25/163	METAZOLE	METRONIDAZOLE GEL USP	MFG/WESTCOAST/J1/43441/B1	16-Apr-2007
2	GUJ/25/163	MIZOL GEL	MICONAZOLE OROMUCOSAL GEL BP 2%	MFG/WESTCOAST/J1/43441/B1	16-Apr-2007

*6.2. Product License Holder Name & Address

: WEST-COAST PHARMACEUTICAL WORKS

F.P.NO.-17&16/5,MELDI
ESTATE,B/s.MELDI
TEMPLE,,NR.GOTA RAILWAY
CROSSING,GOTA,,AHMEDABAD,3824

*6.3. Status of of product License Holder

: A B C

If B & C is Selected then display name & address of parent firm

Name :

Address - 1 : Address - 2 :

Address - 3 : City :

Pin Code : State :

District : Taluka :

Select Parent Firm

*6.4. Is summary basis of approval appended?

: ----Select----

*6.5. Is the attached, officially approved product information complete and consonant with the license ?

: ----Select----

*6.6. Applicant for certificate (if different from License holder) :

: ----Select----

Name :

Address - 1 : Address - 2 :

Address - 3 : City :

Pin Code : Mobile :

State : --Select State-- District : -Select District-

Taluka :

Give proper selection in above point no- 6.2 to 6.6 as per the std COPP format.



Click on the next button after completion of selections



Screen shown below will open.

COPP PART-II Details Continue

Your details has been successfully saved.

*7. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which dosage form is produced ? :

8. Periodicity of routine inspection :

*9. has the manufacturer of this dosage form been inspected ? :

*10. Do the facilities and operation conform to GMP as recommended by the World Health Organization? :

Give proper selection in above point no- 7 to 10 as per the std COPP format.



Click on the submit button after completion of selections.



Screen shown below will open

Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
1	0							<input type="button" value="Registered"/>			

Click on the **orange button** which is numbered as P-III given in the above screen



Screen shown below will open

COPP PART-II Details Continue	
Fess Details	
Your details has been successfully saved.	
11. Fess Details	
Fees per Country per Product per Copy:	400
<input type="button" value="Add"/>	
Sr.No.	Challan Amount
Challan Date	Bank
Branch	Bank Challan No
Delete	

Click on the **ADD** button in above screen



Screen shown below will open

COPP PART-II Details Continue

Add Fess Details

*Challan Amount :

*Challan Date :

*Bank :

*Branch :

*Bank Challan No. :

Fill the details of challan fees in the above selection area and then click on the submit button.



Screen shown below will open

COPP PART-II Details Continue

Fess Details

Your details has been successfully saved.

11. Fess Details








Fees per Country per Product per Copy: 400

Sr.No.	Challan Amount	Challan Date	Bank	Branch	Bank Challan No	Delete
1	400.00	01-Jan-2009	State Bank of India	1355	123	

click on the back button.





Screen shown below will open

















Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
1	0							<input type="button" value="Registered"/>			

Click on the **brown button** which is labeled as part-4 in this screen.

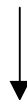


Below screen will open

COPP PART-II Details Continue					
Attachment Details					
12. Attachment Details					
<input type="button" value="Add Extra"/>					
Sr.No.	Document Title	Document Type	Select	Attachment	Delete
1	Forwarding Letter		<input type="checkbox"/>		

2	Additional Information form	<input type="checkbox"/>		
3	Copies of LicenseRenewalsCertificate	<input type="checkbox"/>		
4	Copy of covering Letter of Renewal of Application	<input type="checkbox"/>		
5	Copy of WHO GMP Certificate- with product list	<input type="checkbox"/>		
6	Copy of State GMP	<input type="checkbox"/>		
7	Copy of Product Permission	<input type="checkbox"/>		
8	Copy of BMR	<input type="checkbox"/>		
9	Proof of availability of Similar Product in Domestic Market	<input type="checkbox"/>		

Select the documents you want to attaché separately in you application file in the selection box given against each document list item.






Click on the ADD EXTRA button if you want to attaché any additional document which is not included in the above list.



click on the back button.




Screen shown below will open

Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
1	0							<input type="button" value="Registered"/>			

Click on the REGISTERED button when all the above steps are completed.



Screen shown below will open which will show registration no., registration date and last date before which you have to submit your hard file of COPP application to the FOOD And DRUG CONTROL ADMINISTRATION, GANDHINAGAR.

Add											
Sr.No.	Registration No	Registration Date	Last Date	P-I	P-II	P-III	P-IV	Registered	Delete	Cover Letter	Application
2	146	07-Jan-2009	22-Jan-2009					Registered			
Back											

IMPORTANT POINTS

1. Before clicking REGISTER button you can edit your file any time.
2. Application can be done by part wise. i.e. you can submit all the 4 parts at different time. It is not necessary to submit whole file at a time.
3. Application file must be registered by the admin password and user ID.
4. Hard file of COPP application to the FOOD And DRUG CONTROL ADMINISTRATION, GANDHINAGAR.
5. Application file must include no. of products as per the amount of challan paid to bank. in case of less amount file will be rejected.