

From

To

Drugs Inspector,
C.D.S.C.O, Custom House
Room No.15, W/Island, Kochi-682009

Sir/Madam,

Sub: Request for sending medicines for personal use.

I wish to send the following medicines to my
.....
.....
..... The Doctors Prescription, purchase bill and I.D. Proof with
copy are enclosed herewith for your perusal, and I request to kindly issue a No
Objection for sending the medicines by Post.

Name of the Medicines	Qty.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Yours faithfully,

(Name & Address)