药品批发企业筹建申请表

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| 企业名称 | |  | | | | | | | | | | | | | | | |
| 注册地址 | |  | | | | | | | | 统一社会信用代码 | | | |  | | | |
| 经营方式 | |  | | | | | | | | 邮政编码 | | | |  | | | |
| 仓库地址 | |  | | | | | | | | | | | | | | | |
| 拟经营范围 | |  | | | | | | | | | | | | | | | |
| 法定代表人 | |  | 毕业院校 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 企业负责人 | |  | 毕业院校 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 质量负责人 | |  | 从事药品经营管理工作年限 | |  | | | 学历 | |  | | | 职称 | | |  | |
| 质量管理部门负责人 | |  |  | | | 学历 | |  | | | 职称 | | |  | |
| 联系人 | |  | 电话 | |  | | | | | 传真 | | |  | | | | |
| 人员情况 | 职工  总数 | 从事质量管理\验收\养护人员总数 | 药学技术人员数 | | | | | | | | | | | | | | |
| 执业  药师 | 主任  药师 | | | 副主任药师 | | 主管药师 | | | 药师 | | | 药士 | | 其他 |
|  |  |  |  | | |  | |  | | |  | | |  | |  |
| 仓库面积  （㎡） | | 总建筑面积 | 常温库面积 | | | 阴凉库面积 | | | | | 验收养护室面积 | | | | 冷库容积（m³） | | |
|  |  | | |  | | | | |  | | | |  | | |
| 营业场所及辅助办公用房（㎡） | | 营业用房面积 | 辅助用房面积 | | | | | 办公用房面积 | | | | | | | 备注 | | |
|  |  | | | | |  | | | | | | |  | | |