

Misleading Advertisement Reporting Form

Centre: _____

Month/Year: _____

Attach image/photo of Misleading Advertisement with the form submission

Name of the Product: _____
or Name of the Drug

Name of Advertiser: _____
Please mention Advertising authority or Manufacturer or Marketing agency

Advertiser Contact Details: _____

Medium of Advertisement: _____
[print / electronic / internet / audio-visual) / Language]

Place: _____

Contents of the advertisement:

Reference details:

Source of Advt. Page number, Name of the publication, Address of Print media or Name TV Channel

Date of Advt. (Publication/ Telecasted on): _____

The advertisement violated or contravened which section of DMR Act - 1954:

Date: _____

Place:

Name of the Coordinator:
