

## Application for Waiver of Registration

NMRA use only

### **Particulars of Importer**

1. Name of the Importer
  
2. Address

### **Name & Country of the Manufacturer :**

### **Product details of unregistered therapeutic product**

1. Generic name & strength
2. Brand name
3. Dosage form
4. Shelf life
5. Pack type & pack size
6. Requested quantity

### **Purpose** (tick appropriate box)

Named- Patient                       Buffer stock

### **Details consignment**

1. Purchase order/Tender/Indent/Invoice no.
2. Total invoice value in USD

### **Reason(s) for not using current registered therapeutic product/Reasons for applying**

**Documentation ( Please tick & attached the documents)**

- Copy of Invoice
- Copy of Indent
- Copy of prescription (named-Patient)
- Request from Institution

**Declaration**

I hereby declare all the information and supportive documents provided by me in this form is true and accurate.

Signature of applicant .....

Date.....

Designation.....

E mail.....

**Approval for consignment**

<b>Approval no.</b>	<b>Date</b>
<p><b>Recommendation</b></p> <p>.....</p> <p>This consignment approval is valid for .....months from date of approval.</p> <p><b>Member of committee</b></p> <p>.....</p> <p>.....</p> <p><b>For NMRA,</b></p> <p>.....</p> <p><b>CEO/ NMRA</b></p>	

