Address -: National Medicines Regulatory Authority Date -………/……../………

**F/ACC/02**

No 120, Norris Cannel Rd,

Colombo 10

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Dear Sir /Madam

**Processing of Medicines Registration Application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Processing fee** | | |  | | | |
| **Type** | | | | **Fee (USD)** | **Total Amount in (Rs)**  **(VAT 8% + Stamp Duty)** |
| New Module Entity (NCE) | | Part 1- Initial decision on application (processor decline) | | 500 |  |
| Part 2- Evaluation (if accepted) | | 1500 |  |
| New Dosage Form | | | | 1000 |  |
| New Product (Existing chemicals) | | Foreign | | 750 |  |
| Local -Category A | | 500 |  |
| Local -Category B | | 200 |  |
| New Combination Product | | | | 1500 |  |
| Therapeutic Biological and Biotechnological Product | | | | 2000 |  |
| Application for Registration renewal after 5 years | Foreign | | | 750 |  |
| Local -Category A | | | 500 |  |
| Local -Category B | | | 200 |  |
| Application for Manufacturing plant (MP) approval – Foreign | | | | 2000 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the Medicines   * 1. Product Name -:   2. Brand Name -:   3. Manufacture Name & Address -: |  |  |  |  |  |  |

* The money should be paid to the account of National Medicines regulatory Authority- BOC A/C No.78088835, Regent Street Branch
* Please submit the cash receipt (Form Gen 172) (Act. No 5 of 2015) to NMRA, No 120, Norris Cannel Rd, Colombo 10 for further action.
* This payment is required in accordance with the General Gazette Extra Ordinary No 2023/30-Wednesday, June 14, 2017 as processing fee.

(**Please note that: Dollar rate conversion rate is at the selling rate that prevailed on last day of the preceding month as published by the central bank)**

**(Please kindly fill your file number on your bank deposit slip for our reference [compulsorily advised]**

Thank You

For Chairman/ CEO

National Medicines Regulatory Authority