**National Medicines Regulatory Authority, Sri Lanka**

Acknowledgment for Borderline Products

File Number :

Applicant Name with address :

Product Name :

Brand Name :

Manufacturer Name :

Country of Origin :

Dosage form :

Pack Type :

Pack size :

Preliminary Evaluation File No (if applicable only) :

Payment receipt No :

Availability of Samples (if applicable only) :

Received the above application

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Signature & P code of the accepting pharmacist Date