

Retail Pharmacy – New

1. Duly filled “Retail New Application Form”

- Make sure to select the correct application form-Form Number **XV (Attach Annex 01)**

2. Declaration forms

- a. Owner ([Attach owner declaration](#))
- b. Responsible pharmacist ([Attach pharmacist declaration](#))
 - ❖ Should be duly signed and dated.

3. Details of the responsible pharmacist

- a. Copy of the SLMC certificate
- b. Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
- c. Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
 - ❖ Photographs should be taken within six months.
 - ❖ Dress code must project the professionalism.

4. Layout Plan

- ❖ **Following areas should be clearly mentioned in the layout plan with scale**

- ✓ Parking area
- ✓ Entrance
- ✓ Patient waiting area
- ✓ Pharmacy area

- ✓ Extemporaneous preparation area (If applicable)
- ✓ Expired drug area
- ✓ Washroom area

5. Scaled Google Map

- Make sure to mark distance to every existing pharmacy within 1km radius of your proposed location.

6. The related documents showing the ownership over the location

- Copy of lease agreement

Validity of the lease agreement should be a period of minimum three (3) years. And it should be between the property owner and the person who is owner of the proposed pharmacy.

OR

- **If the property is owned by relative** - Father, Mother, Wife/Husband, Children, Siblings only
 - Copy of deed which the relative has gained the right of ownership to the said property.
 - Affidavit of consent for the use of said location can be accepted with the proof documents of relatedness.
- **If the property is owned by the owner himself,**
 - Copy of the deed which he/she has gained the right of ownership to the said property.

7. Acknowledgement ([Attach Acknowledgement](#))

8. Check List for Retail New ([Attach Annex 05](#))