Application for License to Import Medicines

NMRA Registration certificate no.
Details of the Importer 1. Name of the Importer 2. Address 3. Contact number 4. Email 5. Fax
Details of the manufacturer 1. Name 2. Site address 3. Contact number 4. Email **5.** Fax
Details of the Product 1. Generic name 2. Strength 3. Brand name 4. Dosage form 5. Shelf life 6. Pack size 7. Pack type

Registration status

☐ **Provisional registration** ☐ **Full registration**

1. Registration certificate no.
2. Validity period of registration
3. Present import license no
4. Expiry date of present import license

Fee type: (Please tick)

☐ **Import License**

Documentation (Please tick &attached the documents)

☐ Copy of valid registration certificate

☐ Copy of previous import license

☐ Copy of evaluation sheet

☐ Market Retail Price / CIF

Declaration

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

Name of responsible pharmacist ……..
Signature …….
Date ……
Designation …….
E mail ……

For Office Use Only

Valid registration certificate ☐

Recommended period for license……..

Recommend for payment ☐

Signature……

Date……..