SUBMISSION OF PRICE DETAILS

• Do	ossier Number	
• Pr	oduct (Generic Name with	
St	rength & Dosage form)	
• Br	rand Name	
• M	anufacturer (Name & Country)	
• Lo	ocal Agent	
• Pa	ack Size	
(L (i.	F price/ unit dosage form (in United ISD)) e. Unit dosage form :/tablet,/cap 'ampoule,/bottle etc.)	
	ountry of origin price/ unit dosage for	rm
3) Re	egional Price/ unit dosage form	
(S	revious Price/ unit dosage form (in S LR)) - (This price should be mandato oplications except the new application	ry for all
•	equested MRP/ unit dosage form (in	
6) Re	emarks (if any)	
арі	olication. · 4, 5; Declaration should be submit	facturer should be attached with the red by the Local agent.