

**Letterhead of the Local Agent]**

(Include company name, address, contact number, email, and website if applicable)

**[Date]**

Chief Executive Officer,  
National Medicines Regulatory Authority (NMRA),  
Sri Lanka.

**Acknowledgment of Submission of Medical Device Dossier**

Dear Sir/Madam,

We, **[Applicant company name]**, hereby acknowledge the submission of the medical device dossier to the **National Medicines Regulatory Authority (NMRA)** for evaluation and registration purposes.

The details of the submitted dossier are as follows:

- **Product Name:**
- **Manufacturer:**
- **Type of Application:**

We confirm that the dossier has been prepared and submitted in compliance with the current NMRA guidelines and requirements.

Thank you.

.....  
**Signature of the applicant:**  
**Designation:**  
**Date:**

.....  
**Signature of the accepting Officer (NMRA):**  
**Designation:**  
**Date:**