NATIONAL MEDICINES REGULATORY AUTHORITY
SRI LANKA

120, Norris Canal Road, Colombo 10, Sri Lanka
Telephone: +94 011 2698896/7 Fax: +94 011 2689704 email:info@nmra.gov.lk

APPLICATION FOR PERSONEL USER LICENSE

PATIENT INDICATION

1. Patient Name : _____
2. Patient Age : _____
3. Patient Sex : Male ☐ Female ☐
4. Patient Address: _____

   _____
5. Patient Email : _____
6. Patient Phone Number: _____
7. Patient Fax _____
8. Remarks : _____

   _____

APPLICANT INFORMATION

1. Applicant Name: _____
2. Identity No : _____
3. Sex : Male ☐ Fema ☐
4. Email : _____
5. Contact No : _____

6. Address : _____

_____

7. District : _____

8. Province : _____

IMPORTER DETAILS

1. Importer Name : _____

2. Importer Address: _____

_____

PRODUCT DETAILS

1. Name of the Product : _____

2. Strength : _____

3. Brand Name : _____

4. Required Quantity : _____

5. Pack size/ Pack Type: _____

6. Dosage Form : _____

7. Route of Administration : _____

8. Manufacture's Name : _____

9. Manufacturer's Address: _____

_____

PRESCRIBER INFORMATION

1. Name : _____
2. Designation : _____
3. SLMC Registration: _____
4. Institution / Prescriber Contact No: _____
5. Email : _____