

## Submission of price details for Dossiers (New/ RR/ Renewal/ Variation) & Import Licenses

|                                                       |  |
|-------------------------------------------------------|--|
| Dossier Number                                        |  |
| Product Generic Name including Strength & Dosage form |  |
| Brand Name                                            |  |
| Manufacturer (Name & Country)                         |  |
| Local Agent/Applicant                                 |  |
| Pack type and Size                                    |  |
| Remarks (If Any)                                      |  |

**Following price details should be submitted for the reference of the pricing division.**

|                                                                                                  |  |
|--------------------------------------------------------------------------------------------------|--|
| 1. CIF price/ <i>unit dosage form (in United States Dollar (USD))</i>                            |  |
| 2. MRP in the Country of Origin/ <i>unit dosage form</i>                                         |  |
| 3. MRP in regional countries / <i>unit dosage form (if available) Please specify the country</i> |  |
| 4. Previous price**/ <i>unit dosage form (in Sri Lankan Rupees )</i>                             |  |
| 5. Requested MRP/ <i>unit dosage form (in Sri Lankan Rupees)</i>                                 |  |
| 6. Remarks ( <i>if any</i> )                                                                     |  |

### Important Notes

- For 1, 2, 3, 4, and 5, it is essential to mention the relevant price per unit dosage form (e.g., MRP per tablet/ capsule/ vial/ bottle....etc).
- \*\*: This price should be mandatory for all applications except the new applications
- For 4 and 5, a declaration should be submitted by the local agent/applicant.
- For 1, 2 and 3, a declaration from the manufacturer confirming the mentioned prices must be submitted.

### Import details

|                                                     |  |
|-----------------------------------------------------|--|
| Quantity imported in last year (If applicable only) |  |
| Quantity expected to import                         |  |

### Declaration of the local agent /market authorization holder in Sri Lanka

I ..... (Full name of the authorized person), being the duly authorized representative of .....(Company name), hereby declare that all the information and documents submitted with this application are true, accurate, and complete to the best of my knowledge and belief.

Thank you.

.....

(Signature)

.....

(Date)

Name:

Designation:

Contact Details (Email)

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### For NMRA use only

|                      |  |
|----------------------|--|
| Approved MRP         |  |
| Signature ( HOD/PD ) |  |
| Date                 |  |