

# **Responsible Pharmacist Resignation Form**

## **1. Personal Information**

Full Name of Responsible Pharmacist: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Validity Period of the License: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_

SLMC No.: \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **2. Resignation Details**

Effective Date of Resignation (DD/MM/YYYY): \_\_\_\_\_

Reason for Resignation: \_\_\_\_\_

## **3. Handover Details (if applicable)**

Name of Person Taking Over : \_\_\_\_\_

SLMC No.: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## **4. Declaration**

### **Responsible Pharmacist**

I, the undersigned, hereby acknowledge and declare that following my resignation from the position of Responsible Pharmacist for the previously licensed premises, I am disqualified from being appointed as a Responsible Pharmacist by the National Medicines Regulatory Authority (NMRA), Sri Lanka, until one of the following criteria is fulfilled:

1. The previous pharmacy license for which I was responsible has expired.
2. The NMRA has issued a new license to the pharmacy that I was previously responsible for.
3. A period of six (6) months has been completed after the date of submitting my official resignation letter to the NMRA.

I affirm that I will not seek or accept a new appointment as a Responsible Pharmacist until at least one of these NMRA-mandated conditions is met.

I am aware, adhere to, and agree to the final decision made by the National Medicines Regulatory Authority (NMRA) regarding my eligibility and commencement date for any subsequent Responsible Pharmacist appointment.

Signature of Responsible Pharmacist: \_\_\_\_\_ Date : \_\_\_\_\_

### **Pharmacy Owner**

I declare that I am fully aware of my subsequent regulatory obligation to comply with one of the following requirements within 28 days of the above-mentioned resignation notification:

1. Obtain a new license from the National Medicines Regulatory Authority (NMRA) by appointing a new responsible pharmacist and completing all necessary procedures.
2. Hand over the current original license to the NMRA directly or through the FDI in physically, and stop issuing schedule 2 medicines until a new valid license is successfully obtained.

Signature of Pharmacy Owner: \_\_\_\_\_ Date & Stamp : \_\_\_\_\_

### **Authorized Officer,**

I confirm and am fully aware of the resignation of the above-mentioned responsible pharmacist from the aforementioned pharmacy. I understand that I am obligated to hand over the original license of the above-mentioned pharmacy to the National Medicines Regulatory Authority (NMRA) within 14 days of receiving it, whether physically or via registered post. Furthermore, I acknowledge my responsibility to take legal actions if the pharmacy continues functioning after the 28-day resignation notice period without a valid license.

Signature of Authorized officer: \_\_\_\_\_ Date & Stamp: \_\_\_\_\_

Please submit the documents listed below along with this resignation form.

1. Copy of the current pharmacy license.

### **5. For Official Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

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