

APPLICATION FOR LEGAL CONSULTATION SERVICES (03 MONTHS)

National Medicines Regulatory Authority (NMRA)

1. Personal Details

- Full Name:
- Date of Birth:
- Age:
- NIC No:
- Address:

2. Contact Details

- Telephone Number:
- Mobile Number:
- Email Address:

3. Professional Qualifications

- Law Degree (Specify University & Year):
- Other Relevant Qualifications:
- Date of being sworn in as an Attorney-at-Law:

4. Work Experience

- Total Post-Qualification Experience:
- Experience in Pharmaceutical / Regulatory Legal Field (if any):

#	Designation	Institute	Time Period	Key Responsibilities
01				
02				

5. Financial Quotation

- Total Professional Fee for 03 Months (LKR):
- Breakdown (if applicable):
- Taxes (if applicable):

6. Declaration

I certify that the above information is true and accurate to the best of my knowledge.

- Signature:
- Date: