

To be filled in duplicate

ACKNOWLEDGEMENT OF APPLICATION FOR VARIATION OF A MEDICINE

- 1. File Number :
- 2. Registration Certificate Number :
- 3. Name of Local Importer :
- 4. Address :
- 5. Name of medicine – Generic :
Brand :
- 6. Name and country of origin
of Manufacturer :
- 7. Country of Origin :
- 8. Short Description of Variation :
- 9. Payment Receipt No :
- 10. Payment Receipt Date :

Received the above application

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Date

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Signature of the Receiving Officer

For Minor Variations for Notification (Office Use Only)

Notification accepted:

Notification not accepted:

Remarks:

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Date

Signature of primary reviewing officer