Form : **VIIb-PRC**
Regulation Section: **44 (a)**

APPLICATION FOR POST REGISTRATION CHANGES OF MEDICINES
(gSo-ba-rig-pa)

I/we ……hereby apply for post registration of the product for the details below:

Product registration number:

Name of the product:

Proposed Changes (*Circle the appropriate changes*):

a. substitute for raw materials,
b. specifications of the product,
c. pre-processed raw materials,
d. packaging materials,
e. label designs,
f. price structure,
g. market authorization holder
h. Other minor changes(*please specify the details*)

Name of the Market Authorization Holder:

Declaration (please tick the boxes):

☐ I hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.

☐ If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Signature of applicant: ……

Name: ……

Address: ……

Date: ……..