

**LOG FOR APPLICATION FOR REGISTRATION OF MEDICINAL PRODUCTS EVALUATED VIA ABRIDGED ROUTE
(LOA-P / 2__ / A____)**

Name of Company :	Date:
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No.	Product Name and Strength	Active Ingredient(s)	Manufacturer(s) of Finished Product	FOR OFFICIAL USE		
				Application Ref. No.: LOA-P/2__ / A____	Remarks	Receipt No.:

PROCESSING FEE DETAILS (For Official Use)	
Total No. of Products Received :	Total Amount to be Paid : B\$
Name & Signature of DRU Officer(s) :	
Name & Signature of Clerical Staff submitted to :	

Date Received (For Official Use):

Note: - The Application Ref. No. is to be used in all subsequent correspondences relating to the application.
 - This log is applicable only for medicinal products evaluated via abridged route.