

eNMRA USER MANUAL

PHARMACY LOCATION APPROVAL – PUBLIC



National Medicines Regulatory Authority (NMRA)

Solutions Provider:



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1. INTRODUCTION

This document provides a comprehensive guide to the public application process of the pharmacy location approval.

The public users of can access the link <http://enmra.nmra.gov.lk/>

1.1. TYPOGRAPHIC CONVENTIONS

This document uses the following typographic conventions to help you locate and identify information:

- Italic text* - Identifies the field names to enter the data
- Bold text** - Identifies button name and other items that you can click or touch in the graphical user interface or press on a button and icons

1.2. MINIMUM WEB BROWSER REQUIREMENTS

The e-NMRA system requires the following minimum Web browser requirements;

Table 1 - Minimum Browser Requirements

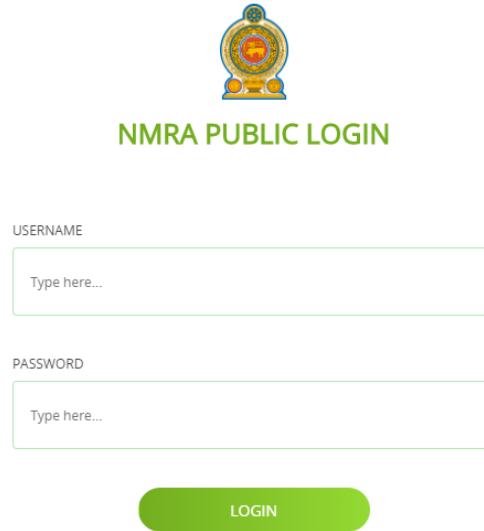
Google Chrome	Version 10.0 or higher
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If the user is unsure of the browser version, they can check browser version by selecting Help >> about from the menu bar of web browser.

2. LOGIN AND LOGOUT

2.1. LOGIN

The public user accesses the link <http://enmra.nmra.gov.lk>, and clicks on the login button. The user has to enter the user credentials and click on Login button to proceed.




NMRA PUBLIC LOGIN

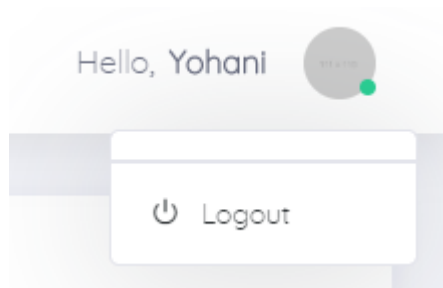
USERNAME

PASSWORD

LOGIN

2.2. LOG OUT

To Logout click on the **'Sign out'** button depicted below.



3. PUBLIC PROFILE CREATION

The public user can access the link <http://enmra.nmra.gov.lk/> and click on the button for **‘Request for Approvals’**.



Then select the relevant tile to register as a local agent, local manufacturer, hospital, government institute, etc.



3.1. PHARMACY LOCATION APPROVAL

- Access the public portal and choose 'Request for Pharmacy Location Approval' as follows.



- Once user clicks on the tile then the user will be directed to fill the following form. The first tab is to fill the details of the Pharmacy as shown below.

Portal National Medicines Regulatory Authority

Pharmacy Location Approval

1 Pharmacy Detail 2 Key Personals Details 3 Registration Information 4 Applicant Details 5 Documents

Pharmacy Details

License Type*: Select License Type

Name of the Pharmacy: Enter Pharmacy Name

MOH Division*: Select MOH Division

MOH Division*: Select MOH Division

Divisional Secretariat*: Select Divisional Secretariat

Business Model*: Select Business Model

Pharmacy Address*: Enter Pharmacy Address

Is this business registered for VAT?: Yes

Previous Next

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- Fill the details and click the **'Next'** button

- The second tab allows to fill the details of key personals as shown in the below form.

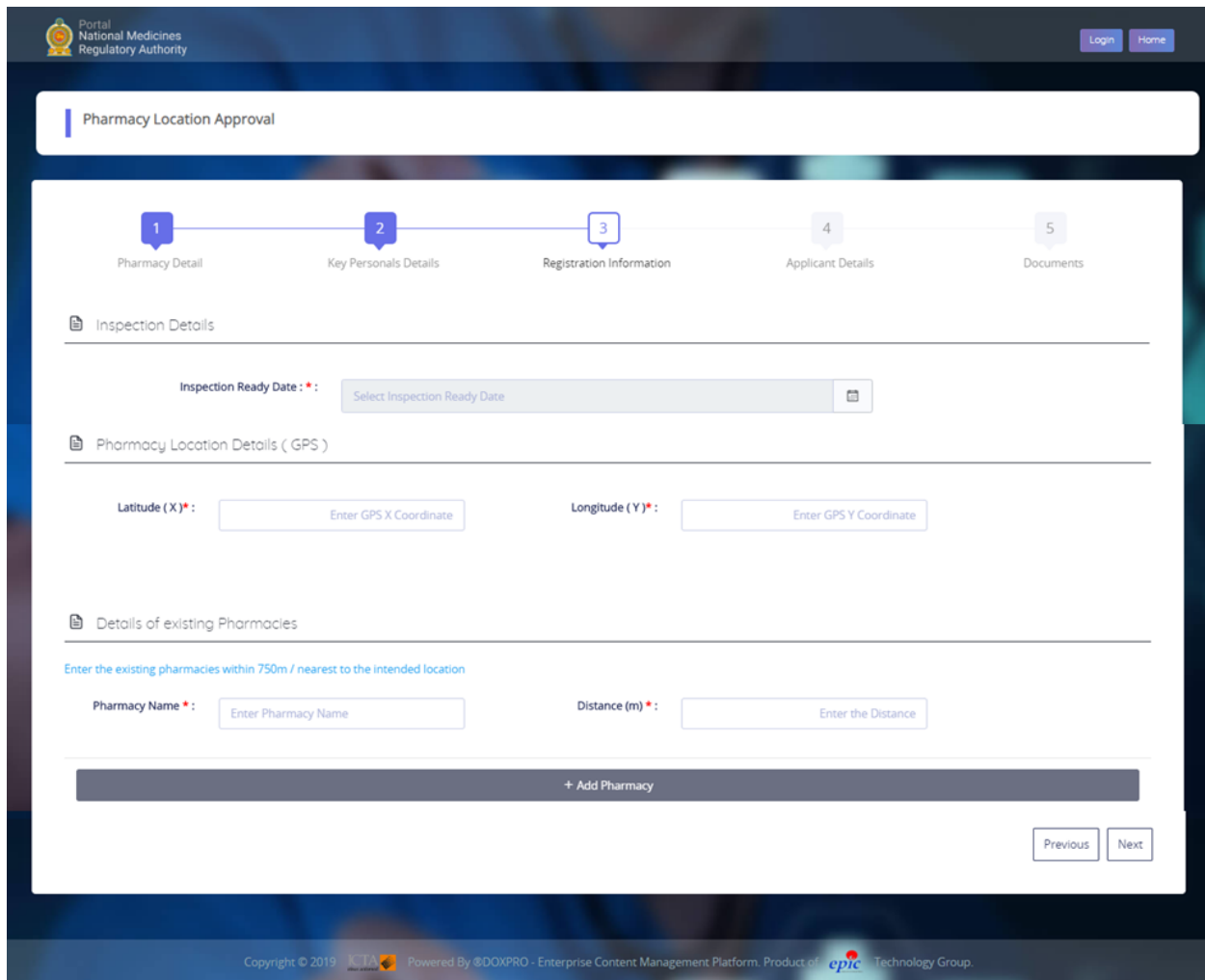
The screenshot shows the 'Pharmacy Location Approval' process in the 'Portal National Medicines Regulatory Authority'. The process is divided into five steps: 1. Pharmacy Detail, 2. Key Personals Details (current step), 3. Registration Information, 4. Applicant Details, and 5. Documents. The 'Key Personals Details' section is titled 'Head of Company / Owner Details' and contains the following fields:

Name *	<input type="text" value="Enter Name"/>	Identity No *	<input type="text" value="Enter Identity No"/>
Contact No *	<input type="text" value="Enter Contact No"/>	Email Address *	<input type="text" value="Enter Email Address"/>
Designation *	<input type="text" value="Enter Designation"/>	Residential Address *	<input type="text" value="Enter Residential Address"/>

At the bottom right of the form, there are 'Previous' and 'Next' buttons. The footer of the page includes the text: 'Copyright © 2019 KTA Powered By @DOXPRO - Enterprise Content Management Platform. Product of Technology Group.'

- Click '**Next**' button

- By clicking on the 'Next', the user will be directed to tab to fill the details of the contact person, as shown below.



Portal National Medicines Regulatory Authority

Pharmacy Location Approval

1 Pharmacy Detail 2 Key Personals Details 3 Registration Information 4 Applicant Details 5 Documents

Inspection Details

Inspection Ready Date : * : Select Inspection Ready Date

Pharmacy Location Details (GPS)

Latitude (X) * : Enter GPS X Coordinate Longitude (Y) * : Enter GPS Y Coordinate

Details of existing Pharmacies

Enter the existing pharmacies within 750m / nearest to the intended location

Pharmacy Name * : Enter Pharmacy Name Distance (m) * : Enter the Distance

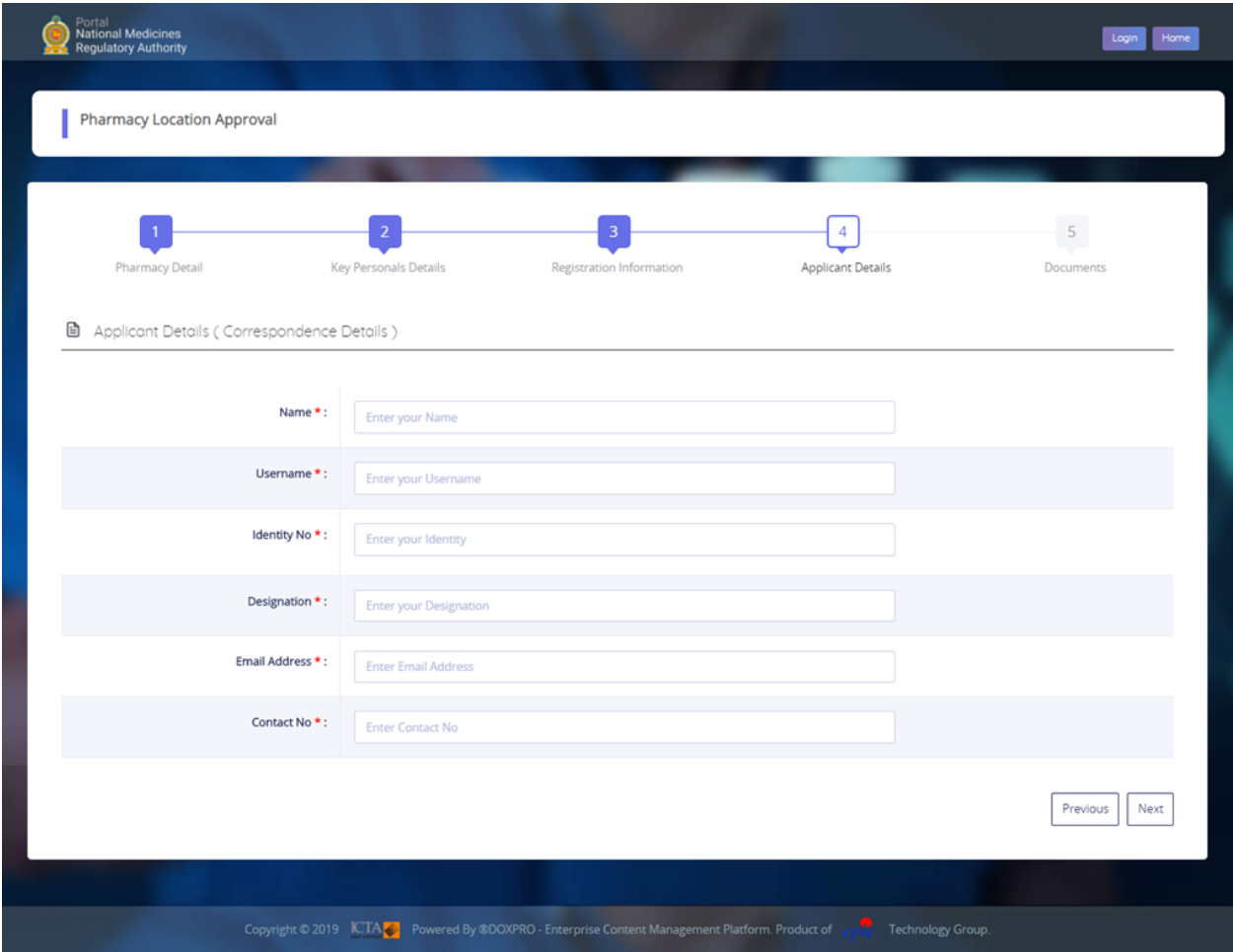
+ Add Pharmacy

Previous Next

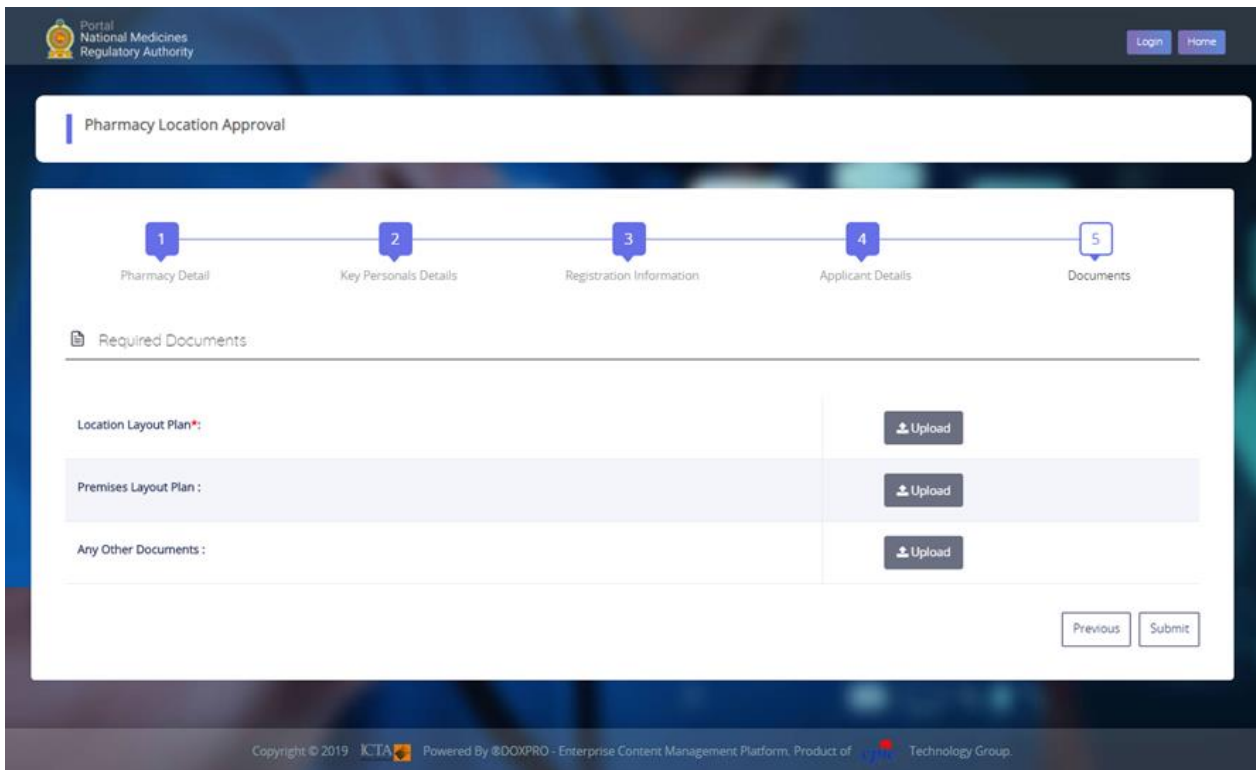
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- The user can click '**+ Add Pharmacy**', to add details of multiple Pharmacies.
- Click '**Next**' button

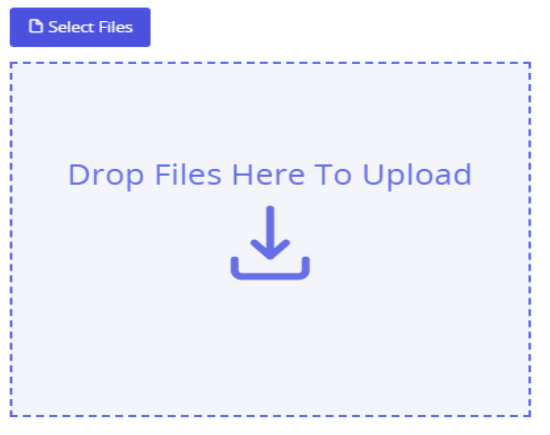
- By clicking on the **'Next'**, the user will be directed to tab to fill the details of the contact person, as shown below.



- By clicking on the **'Next'**, the user will be directed to tab to upload supporting documents as follows.



- Click the 'Upload' button
- Upon clicking the following window will open



- User can browse the file by clicking **'Select Files'** button or drag and drop the file the highlighted area.

- After uploading all the required files click 'Submit' button to submit the application.
- Upon successful submission the following message will display.




Pharmacy Location Approval Request Submitted

Your request has been successfully submitted. Password for your account is sent to your email. You will be redirected to login portal in 5 seconds.

- Once user submits the application he/ she will receive the following email with user name and password for login and the application will be forwarded to the authorized officer for the approval.

noreply@nmra.gov.lk

 to me ▾

Dear Sir/Madam,

We wish to inform you that your request has been successfully submitted for confirmation, an online web portal is available for check the status.

Your logging details are as follows:

username : testuser

password : 988b0e86

Please use below link to access your web portal.

URL: <http://enmra.nmra.gov.lk:80/login.htm>

Thank you.

Yours faithfully,

National Medical Regulatory Authority

- Applicant can login to the system using his/ her credentials and check the status of the application and send a reminder to the authorized officer regarding the approval of the application.
- Once log-in, the user will be able to access the dashboard.
- Once user clicks on the “New Requests” tile under the Pharmacy Location Approval Requests, the user will be directed to the following screen.

Pending Registrations

Show 10 entries

Search:

Reference	Pharmacy / Premises Name	Requested Date	Stage	Action
PHLOC/2019/00146	Yo	Jul 22, 2019 17:55 PM	Approval Pending	View

Showing 1 to 1 of 1 entries

Previous 1 Next

- If NMRA has requested additional documents, the user will receive an email

Additional Detail Required. Pharmacy Location Approval Request - Ref No: PHLOC/2019/00146 ➤

noreply@nmra.gov.lk
to me

Dear Sir/Madam,

It is informed that your application for pharmacy location approval request is accepted by the NMRA.

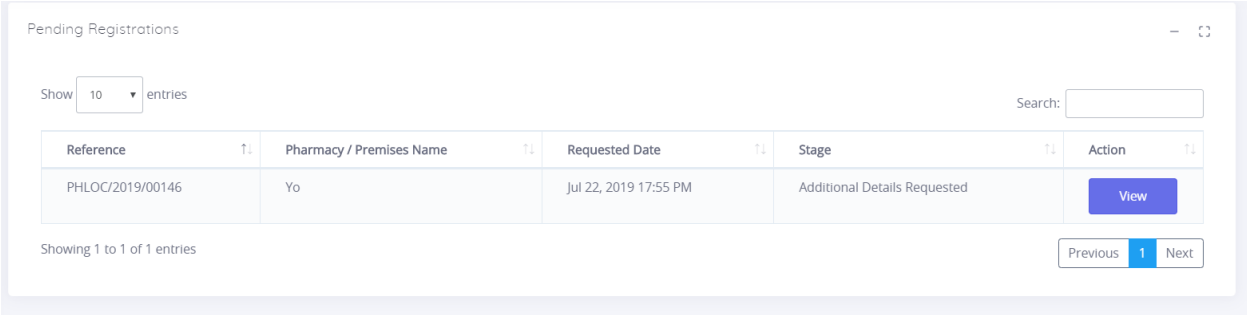
However, in order to proceed with the registration, you are requested to submit the following data.

Information: The documents are invalid

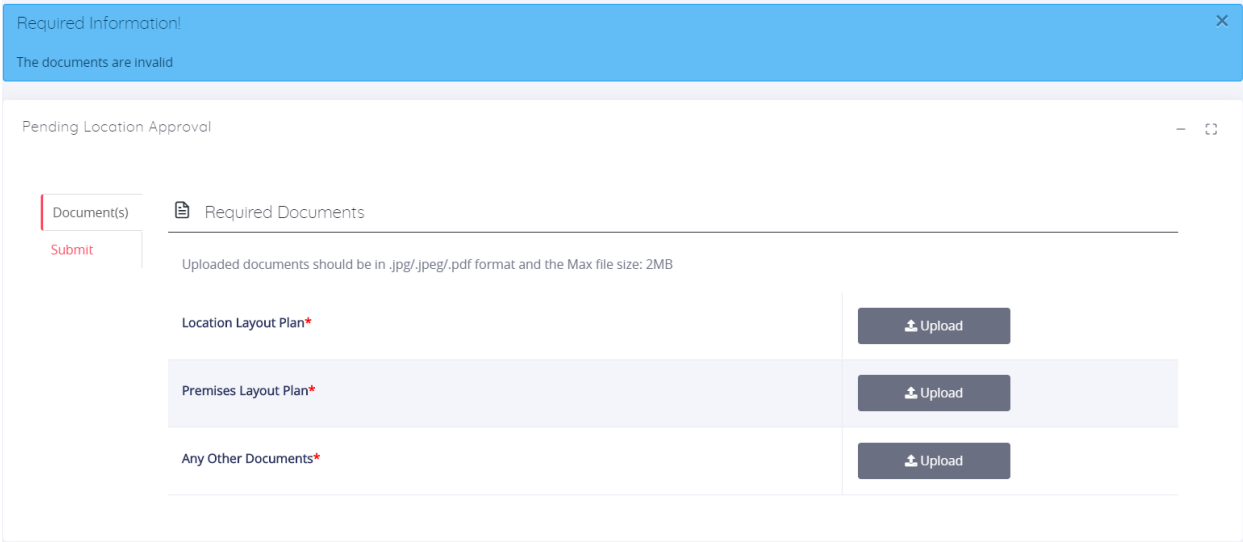
Thank You.

National Medical Regulatory Authority
Norris Canal Rd, Colombo 00700

- Once user clicks on ‘Location Requests’ from the meu bar, then then the stage of the request will be shown as ‘Additional Details Requested’.



- Once user clicks “View” button against the request, the user will be directed to upload further documents as requested.



- If an inspection date has been scheduled by NMRA, then the user will receive the following email confirming the inspection date.

Schedule Inspection, Pharmacy Location Approval Request - Ref No: PHLOC/2019/00146 



noreply@nmra.gov.lk

 to me

Dear Sir/Madam,

We wish to inform you that your location inspection has been scheduled for following day.

Inspection Date: 30 August 2019

Thank You.

National Medical Regulatory Authority
Norris Canal Rd, Colombo 00700

- Once the location has been approved by NRMA, the user will be notified in the following email.




Inform to approval of the Location approval application to sell therapeutic goods in Wholesale - Ref No: PHLOC/2019/00146  





noreply@nmra.gov.lk

 to me

6:17 PM (0 minutes ago)   

Dear Sir / Madam,

It is pleased to inform you that your application for the location to sell therapeutic goods in Wholesale is approved by the Pharmacy Evaluation Sub Committee.
To proceed licensing please submit duly filled application. For further clarification / advice please contact authorized officer of the region.
This location approval is valid only period of one year from the issuing date

Name of the Pharmacy: Yo
Address of the Location: asd
Name of the Owner: asd
Email address: yohanigamage91@gmail.com

Thank You.

National Medical Regulatory Authority
Norris Canal Rd, Colombo 00700

● Pharmacy Location Request

Required Documents

Location Layout Plan - This the scaled building plan showings parking facilities, toilet facilities, Drainage system, etc in the A4 size sheet*:	Upload
Scaled Google map - Screen shot of the scaled google map showing distance to the nearest pharmacies*:	Upload
Agreement Document - valid deed document or agreement between landlord and the tenet signed by lawyer or notary public for minimum 3 years :	Upload
Any Other Documents - For the renewal applications it is mandatory to attached the previous original license. And any proofed document that related to pharmacy establishment. :	Upload

● Transport License Request

Required Documents

Business Registration Document*:	Upload
Copy of pharmacy license/wholesale license*:	Upload
Declaration letter*:	Upload
Vehicle Details*:	Upload

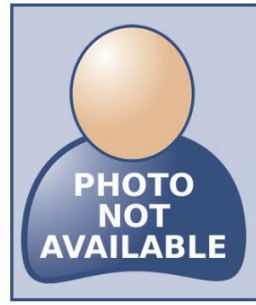
● Pharmacy License Request

Required Documents

Uploaded Documents should be in the format of .jpg/.jpeg/.png/.pdf & the Max Size: 2MB

Declaration of the Owner/Applicant*:	Upload
Declaration of the Responsible Pharmacist*:	Upload
Existing Pharmacy Licese :	Upload
Inspection approval email :	Upload
Any Other Documents - For the renewal applications it is mandatory to attached the previous original license. And any proofed document that related to pharmacy establishment. :	Upload

Photo * :



(Only Colored Passport Size Photograph Max Size-2MB)

 Responsible Pharmacists Details

Name (as in NIC) * :

NIC No * :

SLMC Registration No * :

Email Address * :

Contact No * :

Fax No :

Address * :



National Medicines Regulatory Authority

Declaration of the Applicant

I am the person applying to register the premises, described in this form, as a pharmacy and I hereby declare that I am or will be a person lawfully conducting a retail pharmacy business at this premise within the meaning of NMRA act No.5 of 2015. I hereby undertake to notify the NMRA should these circumstances change.

I understand that I have a duty to inform with immediate effect the NMRA of any change in the service model of any of my registered pharmacy which will affect the registration status of the pharmacy for which I am responsible, and no longer meet the criteria for registration.

I confirm that I have read and undertake to meet the standards for registered pharmacies in respect of these premises. The standards for registered pharmacies published by the NMRA

If the declaration is not completed to the satisfaction of the NMRA, the NMRA may refuse the premises application.

If I am found to have given false or misleading information in connection with this application for registration, this may be treated as misconduct and may result in rejection

Name : pramodh

Position : owner

.....
Signature

.....
Date



National Medicines Regulatory Authority

Declaration of the Responsible Pharmacist

I declare that I am the responsible pharmacist of the body corporate and that the information provided in this application for registration is complete, true and accurate. I hereby undertake to notify the NMRA should these circumstances change.

I declare that the service model from the pharmacy will include the following:

1. The sale of Medicine

I understand that I have a duty to inform the NMRA of any change in the service model of any of my registered pharmacies which will affect the registration status of the pharmacy for which I am responsible and should complete a Voluntary Removal form for any pharmacies which no longer meet the criteria for registration.

I confirm that I have read and undertake to meet the standards for registered pharmacies in respect of these premises. The standards for registered pharmacies published by the NMRA are available at www.nmra.gov.lk

I understand that if it is found that the information given in this application for registration is false or misleading, this may be treated as misconduct, which may result in my removal from the Register.

I understand that I have a duty to inform you if I cease to act in the capacity of responsible pharmacist within 28 days of the date that I cease to do so.

Name : Test
Registration Number : 00000
Position : Responsible Pharmacist

.....
Signature

.....
Date



National Medicines Regulatory Authority

Details of the Responsible Pharmacist

Name : Test
Registration Number : 00000
NIC : 000000000V

Previous Employers Details (if applicable)

	Pharmacy / Premises Name	Address	Duration
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I accept my appointment as responsible pharmacist and declare that the business of the said Pharmacy, so far as it concerns the keeping, preparing, dispensing and supplying of medicinal products, other than products on the generale sale list, will be under my management. The retail sale of medicinal products will be undertaken with a Responsible pharmacist in charge of the business at these premises. The Responsible Pharmacist will be either myself or any other qualified pharmacist who is subject to my directions.

.....
Signature

.....
Date

Please follow the below steps => 1. Go to the main menu and select 'Pharmacy Request' 2. Click on the 'New License' option 3. Upon clicking, pending registrations will be displayed in the table 4. Choose the registration request and click 'View' button.