

## Registration Application Receipt/Verification Checklist

### Section 1: Product Details

<b>Lists</b>	
Generic Name	420mg Iodine /ml 20ml
Brand Name	Hellow
Strength	<input type="text" value="420mg Iodine /ml 20ml"/>
Pharmaceutical form	AEROSOL
Manufacturer/Market Authorization Holder	Samson Teclezion Tesfamichael
Type of Registration	MoH Tender

### Section 2: General Requirements

Lists		Yes	No	No Applicable
Presence of application letter		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of manufacturer and manufacturing sites details		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of Local Authorized Agent (LAA) information		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Presence of the product in the Eritrean List of medicines (ENLM)		<input type="checkbox"/>	<input type="checkbox"/>	
Presence of the submitted dossier in CTD format as per the requested format		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Availability of the module of the CTD	Module I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Module II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Module III	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Module IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Module V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Remark :

### Section 3: Specific requirements for fast-track registration

Lists	Yes	No	Not Applicable
Presence valid marketing authorization/ registration date / prequalification letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of the Quality Information Summary (QIS) as approved/ endorsed by the reference authority or WHO <input type="button" value="»"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of full assessment report from the reference authority or institution <input type="button" value="»"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of the full inspection reports from the reference authority or institution <input type="button" value="»"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of the Summary Product Characteristics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Presence of the Patient information leaflet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remark : <input type="text" value="hellow"/>			

### Section 5: Payment details

Lists	Yes	No
Invoice Number <input type="text" value="NMFA/INV/2022/0001"/>		
Registration fee paid. <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Receipt Number <input type="text" value="4324"/>		
Remark <input type="text" value="Hellow"/>		
Over All Comments <input type="text" value="Hellow"/>		

