

Form MD-1

[See sub-rule (5) of rule 13]

Application for grant of Certificate of Registration of a Notified Body

1. Name of Applicant:
2. Nature and constitution of Body:
(i.e. proprietorship, partnership including Limited Liability Partnership, private or public company, society, trust, other to be specified)
3. Corporate/ registered office address including telephone number, mobile number, fax number and e-mail id:
4. Details of accreditation (self-attested copy of certificate to be attached):
5. Standards (BIS/ISO/Others) for which notified body has been accredited under rule 13:
6. Fee paid on _____Rs _____receipt/challan/transaction id _____.
7. Documents enclosed, as specified in the Part I of the Third Schedule of the Medical Devices Rules, 2017, duly signed by me.
8. I undertake to comply with the provisions of the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical Devices Rules, 2017 and other terms and conditions for working as a Notified Body as may be specified from time to time.

Place: _____

Signature of designated person in India

Date: _____

(Name and designation)
[To be signed digitally]