Form MD-10

[See sub-rule (1) rule 25]

Loan Licence to Manufacture for Sale or for Distribution of Class C or Class D medical device

Loan Licence Number:	
been licenced to manufacture for	(Name and full address of manufacturer with telephone, fax and e-mail) has sale or for distribution the below listed medical device(s) at the premises situated a (address of manufacturing facility where the manufacturing will be carried (name of manufacturing site licence holder).
2. Details of medical device(s) [Anne	xed].
3. The names, qualifications and exp the above mentioned medical devi	perience of competent technical staff responsible for the manufacture and testing of ce:
4. This licence is subject to the provis	sions of the Medical Devices Rules, 2017 and conditions prescribed therein.
Place:	State Licensing Authority
Date:	[To be signed digitally]

Annexure:

S.N.	Generic	Model	Intended	Class	Material of	Dimension	Shelf	Sterile or	Brand
	name	No.	use	of	construction	(if any)	life	Non	Name (if
				medical				sterile	registered
				device					under the
									Trade
									Marks
									Act,
									1999)