Form MD-16

[See sub-rule (2) of rule 40]

Application for Licence to Import Medical Devices for the Purposes of Clinical Investigations or Test or Evaluation or Demonstration or Training

1. Na	me of a	applicant:									
2. Ac	ldress o	f applicant	including	telephone	number,						
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1940 (23 of 1940) and the Medical Devices Rules, 2017.											
Place	o:	Da	te:			Signati	ıre(Name and	designa	tion)[To be s	signed digital	ly]
	S.N.	Name of medical device (Generic and	Model No.	Intended use	Class of medical device	Material of construction	Dimension (if any)	Shelf life	Sterile or Non sterile	Quantity to be imported	
		brand)									
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