

**Form MD-2**  
[See sub-rule (6) of rule 13]

**Certificate of Registration for a Notified Body under the Medical Devices Rules, 2017**

Registration No.: \_\_\_\_\_

1. M/s, \_\_\_\_\_ (Name of the firm) situated at \_\_\_\_\_ (full address with telephone and e-mail) has been registered as a Notified Body of following Class A and/or Class B medical devices.

2. Details of Medical device(s):

S.N.	Standards for which it is registered	Class of medical devices

3. This Registration is subject to the conditions as specified in the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical Devices Rules, 2017.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Central Licensing Authority

[To be signed digitally]