

Form MD-20

[See sub-rule (2) of rule 43]

Application for permission to import small quantity of medical devices for personal use

To

The Central Licensing Authority,

Sir/Madam,

1. I resident of..... by occupationhereby apply for a permission to import the medical device specified below for personal use manufactured by(Name and full address of manufacturer) for the treatment of.....(name of the disease).

Name of medical device	Quantity which may be imported

2. The prescription from a registered medical practitioner prescribing the need for the said medical device is attached.
3. The particular of the patients is specified below.

Name	Age	Gender	Complete Address

Place: _____

Date: _____

Signature of applicant