Form MD-23

[See clause (i) of rule 52]

Permission to conduct Clinical Investigation

Permission No. _____

1. M/s._____ (Name and full address) is hereby granted permission to conduct clinical investigation for following investigational medical device as per clinical investigation plan _____dated _____in the below mentioned clinical investigation sites.

2. Details of investigational medical device(s) and Clinical investigation site [Annexed].

3. This permission is subject to conditions as prescribed under Medical Devices Rules, 2017.

Place:_____ Central Licensing Authority

Date:_____ [To be signed digitally]

Annexure:

Details of investigational medical device(s):

S. N.	Generic name	Intended use	Class of medical device

Details of Clinical investigation site:

S. N.	Name and address of site(s)	Ethics Committee details	Name of Principle Investigator