## Form MD-26

[See sub-rule (1) of rule 63]

## Application for grant of permission to import / manufacture for sale or for distribution of medical device which does not have predicate medical device

1. Name of applicant:	
2. Nature and constitution of applicant:	
(i.e. proprietorship, partnership including Limited	
Liability Partnership, company, society, trust, other t	o be
specified)	
3. (i) Corporate/ registered office address including	
telephone number, mobile number, fax number and	l e-
mail id:	
(ii) Manufacturing site/ Authorised Agent address	
including telephone number, mobile number, fax n	umber

(iii) Address for correspondence:[Corporate/ registered office/ Manufacturing site / authorised agent]

and e-mail id as per wholesale licence or manufacturing

4. Particulars of Manufacturer, Manufacturing site(s):

licence or registration certificate:

Sr.	Name and address of manufacturer (full	Name and address of manufacturing site (full address				
No.	address with telephone, fax and e-mail	with telephone, fax and e-mail address of the				
	address of the manufacturer)	manufacturing site)				
5. Detail	s of medical device(s) to be imported or mar	nufactured [Annexed].				
6. Fee pa	aid onRs	receipt/challan/transaction id				
7. I have 2017	_	Part IV of the Fourth Schedule to the Medical Devices Rules,				
2017						
Place:		Signature				
Date:		(Name and designation)				
		[To be signed digitally]				

## Annexure:

S.N.	Generic	Model	Intended	Class	Material of	Dimension	Shelf	Sterile or
	name	No.	use	of	construction	(if any)	life	Non
				medical				sterile
				device				