Form MD-29

[See sub-rule (2) of rule 64]

Permission to Import or Manufacture New *In Vitro* Diagnostic Medical Device

Permission No. _____

1. The new *in vitro* diagnostic medical device(s) specified below manufactured by M/s. _____(Name and full address of manufacturer with telephone, and e-mail) having manufacturing site _____ (address of manufacturing site), is hereby permitted to import or manufacture.

2. Details of new *in vitro* diagnostic medical device to be imported or manufactured [Annexed].

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

Place:_____ Central Licensing Authority

Date:_____ [To be signed digitally]

Annexure:

S.N.	Generic Name	Brand name	Model No.	Dimension	Intended Use	Shelf life	Sterile/ Non Sterile	Class of medical device