

Form MD-33

[See rule 69]

Application from a purchaser for test or evaluation of a Medical Device under section 26 of the Drugs and Cosmetics Act, 1940 (23 of 1940)

To

The Central Licensing Authority,

Sir/Madam,

1. Full name and address of the applicant
2. Occupation.....
3. Name of medical device purporting to be contained in the sample.....
4. Name and full address of the pharmacy or concern where the medical device was purchased.
5. Date on which purchased (invoice attached)
6. Reasons why the medical device is being submitted for test or evaluation.....
7. A fee of rupees as charged by medical device testing laboratory has been paid under receipt number dated:

I hereby declare that the medical device being submitted for test or evaluation was purchased by or for me. I further declare that the sample of the medical device being sent for test or evaluation is exactly as it was purchased and has not been tampered with in any way to reduce its potency.

Date:.....

Signature
Seal or Stamp