

Form MD-40
[See sub-rule (3) of rule 83]

**Certificate of registration to Medical Device Testing Laboratory for carry out Test or Evaluation
of a medical device on behalf of manufacturer**

Registration No.:

1. M/s,(Name of the firm) situated at(full address with telephone and e-mail) has been registered as a Medical Device Testing Laboratory for carry out Test or Evaluation of a medical device on behalf of manufacturer under the Medical Devices Rules, 2017.
2. Details of medical device(s) to be tested or evaluated [Annexed].
3. This Registration is subject to the conditions as specified in the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical Devices Rules, 2017.

Place: _____
Date: _____

Central Licensing Authority
[To be signed digitally]

Annexure:

S.N.	Generic name	Class of medical devices