

Form MD-41

[See sub-rule (2) of rule 87A]

APPLICATION FOR GRANT OF REGISTRATION CERTIFICATE TO SELL, STOCK, EXHIBIT OR OFFER FOR SALE OR DISTRIBUTE A MEDICAL DEVICE INCLUDING *IN VITRO* DIAGNOSTIC MEDICAL DEVICE

1. Name of applicant:
2. Address of the premises to be registered:
3. Contact details of applicant including telephone number, mobile number, fax number and email id:
4. Nature and constitution of applicant: (*i.e.* proprietorship, partnership including Limited Liability Partnership, private or public company, society, trust, other to be specified)
5. Name, qualification and experience of competent person appointed:
6. Fee paid on _____ Rs _____ receipt/challan/transaction Id _____.
7. I have enclosed the documents as specified in the sub-rule (3) of rule 87A of the Medical Devices Rules, 2017.

Place: _____

Date: _____

Name, designation & signature of
Director/Proprietor/Partner