## **Form MD-9** [See sub-rule (1) rule 25]

## Licence to Manufacture for Sale or for Distribution of Class C or Class D

Licence Number: .....

 1. M/s\_\_\_\_\_\_(Name and full address of manufacturer with telephone, fax and e-mail) has been licenced to manufacture for sale or for distribution the below listed medical device(s) at the premises situated at \_\_\_\_\_\_(address of manufacturing facility where the manufacturing will be carried out).

- 3. The names, qualifications and experience of the competent technical staff responsible for the manufacture and testing of the above mentioned medical device(s).
- 4. This licence is subject to the provisions of the Medical Devices Rules, 2017 and conditions prescribed therein.

Place:\_\_\_\_\_ Date:\_\_\_\_\_ Central Licensing Authority [To be signed digitally]

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S.N.	Generic	Model	Intended	Class	Material of	Dimension	Shelf	Sterile or	Brand
	name	No.	use	of	construction	(if any)	life	Non	Name (if
				medical				sterile	registered
				device					under the
									Trade
									Marks
									Act,
									1999)

## Annexure:

<sup>2.</sup> Details of medical device(s) [Annexed].