## Form MD-5

[See sub-rule (4) of rule 20 and sub-rule (6) of rule 20]

## Licence to Manufacture for Sale or for Distribution of Class A or Class B Medical Device.

Licence Number:	
	(Name and full address of manufacturer with telephone, fax and e-mail) has been 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).
2. Details of medical device(s) [Ann	
3. This licence is subject to the prove	isions of the Medical Devices Rules, 2017 and conditions prescribed therein.
Place:	State Licensing Authority
Date:	[To be signed digitally]

## Annexure:

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)