Form MD-14

[See sub-rule (1) of rule 34]

Application for issue of import licence to import medical device

- 1. Name of Authorised agent:
- Nature and constitution of Authorised agent:

 (i.e. proprietorship, partnership including Limited
 Liability Partnership, private or public company, society, trust, other to be specified)
- 3. (i) Corporate/ registered office address including telephone number, mobile number, fax number andemail id:
 - (ii) Authorised Agent address including telephone number, mobile number, fax number and e-mail id as per wholesale licence or manufacturing licence or registration certificate:
 - (iii) Address for correspondence: [corporate/ registered office/ authorised agent]
- 4. Particulars of overseas Manufacturer, Manufacturing site(s):

Sr. No.	Name and address of manufacturer (full address with telephone, fax and e-mail address of the manufacturer)	Name and address of manufacturing site (full address with telephone, fax and e-mail address of the manufacturing site)
5. Details	of medical device(s) to be imported [Annex	ed]:
6. Wheth	er substantial equivalence to a predicate devi	ce is claimed: (Yes/ No)
7. Fee pa	id onRs	receipt/challan/transaction id
device 9. I hereb (i) I sh	e(s). y state and undertake that:	Fourth Schedule for grant of licence to import medical Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical
Place:	Date:	Signature(Name and designation)[To be signed digitally]

Ī	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 Trade
										Marks Act
										1999)
Ī										