Form MD-15

[See sub-rule (1) of rule 36]

Licence to Import Medical Device

	Licence No	ı.:								
1.	M/s	_(Name, full ad	dress, as per wholesale licence / manufacturing licence or							
	registration medical de	n certificate, of authorised agent with tel- vice(s) manufactured by overseas manufact	ephone and e-mail address) is hereby licenced to import the turer having manufacturing site as specified below.							
2.	Details of overseas manufacturer and manufacturing site under this licence.									
	Sr. No.	Name & address of overseas	Name & address of overseas manufacturing site							
		manufacturer	(full address with telephone and e-mail address of the							
		(full address with telephone and e-	manufacturing site)							
		mail address of the manufacturer)								
3.	Details of n	nedical device(s) [Annexed].								
4.		sed agent M/sanufacturer, in India in all respects.	will be responsible for the business activities of the							
5.	This licence	is subject to the provisions of the Medical	Devices Rules, 2017 and conditions prescribed therein.							
Place		Date:								
1 race										
			Central Licensing Authority Seal or Stamp							
			Sear of Stamp							

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)