FORM 11

[See rule 25(1)(c)]

INTIMATION OF ARRIVAL OF CONSIGNMENTS OF IMPORTED MEDICAL DEVICES OR ACCOSSORIES OR COMPONENTS OR RAW MATERIAL,OTHER THAN THOSE IMPORTED FOR PERSONAL USE.

(i) Name and address of importer:

(ii) Status (whether commercial importer or industrial consumer) :
(iii) Establishment licence No:
(iv) Import permit No :
(v) Import Policy Order applicable:
(vi) Name and address of exporter and manufacturer:

S.No	Name of medical device /accessory / component / raw material	Registration No.	Rate (for C & F/F.O.B.)	Packing	Quantity	Total Value
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**

DECLARATION

Certified that the documents and information provided herein are genuine and correct and if found at any stage to be misrepresenting or incorrect it shall lead to action to be taken by the MDB under the DRAP Act, the Act and the rules made there under.

Date……..

Signature……. **Name and address of establishment with stamp:**