FORM 9

[See rule 22(1)]

APPLICATION FOR PERMIT TO IMPORT MEDICAL DEVICE(S) OR ACCESSORIES OR COMPONENT(S) OR RAW MATERIAL FOR THE PURPOSE OF CLINICAL INVESTIGATION, EXAMINATION, TEST OR ANALYSIS

I/We----------of----------by occupation----------hereby apply for a permit to import the medical devices, accessories, components or raw material specified below for the purpose of clinical investigation, examination, test or analysis at----------and I/We undertake to comply with the conditions applicable under the rules.

Name of medical devices or components or raw material:

(i) …….

(ii) …….

(iii) …….

Quantities:

……..

……..

Manufactured by----------

2. In view of above, necessary permit to the said medical devices or accessories or components or raw material may be granted.

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 Medical Devices Rules, 2017 Page - 59 -

DRAP Act, the Act and the rules made there under.

Date---------- Signature----------

Name and address of applicant with stamp: