

**“Form MD-41**

[See sub-rule (2) of rule 87A]

**APPLICATION FOR GRANT OF REGISTRATION CERTIFICATE TO SELL, STOCK, EXHIBIT OR OFFER FOR SALE OR DISTRIBUTE A MEDICAL DEVICE INCLUDING *IN VITRO* DIAGNOSTIC MEDICAL DEVICE**

1. Name of applicant:
2. Address of the premises to be registered:
3. Contact details of applicant including telephone number, mobile number, fax number and email id:
4. Nature and constitution of applicant: (*i.e.* proprietorship, partnership including Limited Liability Partnership, private or public company, society, trust, other to be specified)
5. Name, qualification and experience of competent person appointed:
6. Fee paid on \_\_\_\_\_ Rs \_\_\_\_\_ receipt/challan/transaction Id \_\_\_\_\_.
7. I have enclosed the documents as specified in the sub-rule (3) of rule 87A of the Medical Devices Rules, 2017.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name, designation & signature of  
Director/Proprietor/Partner

**Form MD-42**

[See sub-rule(4) of rule 87A and sub-rule (1) of rule 87C]

**REGISTRATION CERTIFICATE TO SELL, STOCK, EXHIBIT OR OFFER FOR SALE OR DISTRIBUTE A MEDICAL DEVICE INCLUDING *IN VITRO* DIAGNOSTIC MEDICAL DEVICE**

Registration No.: .....

1. M/s, .....(Name of the firm) situated at .....(full address with telephone and e-mail) has been registered to sell, stock, exhibit or offer for sale or distribute a medical device including *in vitro* diagnostic medical device under the Medical Devices Rules, 2017.

2. Name and qualification of competent person:

3. This registration is subject to the conditions as specified in the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical Devices Rules, 2017.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

State Licensing Authority

**Form MD-43**

[See sub-rule (8) of rule 87B]

**Form in which the Inspection Book shall be maintained**

(A) The cover of the inspection book shall contain the following particulars, namely:—

1. The name and address of the registration certificate holder \_\_\_\_\_.
2. Registration certificate number \_\_\_\_\_.

(B) (i) The pages of the inspection book shall be serially numbered and duly stamped by the State Licensing Authority\*. The pages, other than the first and the last pages, shall have the following particulars:—

Name and designation of the Medical Device Officer who inspected the premises:

Date of inspection \_\_\_\_\_

Observations of the Medical Device Officer \_\_\_\_\_

Signature of the Medical Device Officer