

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/Firm: Safe Life Care System
2. Address of the premises to be registered: Safe Life Care System Booth No 38, 2nd Part, HUDA Market, Kheri Pul, Sector 18, Faridabad, Haryana-121002, India
3. Contact details of applicant: Telephone No.: 8130318037, FAX: 8130318037, E-mail: safelifecaresystem@gmail.com
4. Nature and constitution of applicant: Proprietary
5. Name, qualification and experience of competent person appointed:

S.NO	Name	Qualification	Experience
1	Sumit	B.Tech (Mechanical Engineering)	5 Years

6. Fee paid on 22-APR-2023, INR 3000.00 receipt/challan/transaction id 0101783481.

7. I have enclosed the documents as specified in the sub-rule (3) of rule 87A of the Medical Devices Rules, 2017.

Place: Faridabad (Haryana)

Date: 24-Apr-2023

Name, designation & signature of
Director/Proprietor/Partner