Form MD-5

[See sub-rule (4) of rule 20 and sub-rule (6) of rule 20]

Licence to Manufacture for Sale or for Distribution of Class A or Class B Medical Device.

Licence Number: …….

1. M/s _____(Name and full address of manufacturer with telephone, fax and e-mail) has been licenced to manufacture for sale or for distribution the below listed medical device(s) at the premises situated at _____ (address of manufacturing facility where the manufacturing will be carried out).
2. Details of medical device(s) [Annexed].

3. This licence is subject to the provisions of the Medical Devices Rules, 2017 and conditions prescribed therein.

Place: _____ State Licensing Authority

Date: _____ [To be signed digitally]

Annexure:

S.N.	Generic name	Model No.	Intended use	Class of medical device	Material of construction	Dimension (if any)	Shelf life	Sterile or Non sterile	Brand Name (if registered under the Trade Marks Act, 1999)