



Application form for medical device

Applicant name	
New registration/Listing or Re-registration/Listing	
Trade name	
Description	
Class	
Product category	
Codes, Models(in table)	
Notified body	
Manufacturer name(legal and actual if present)	
Manufacturer address	
Country of origin	
Distributor/agent name	
Specialty	
Address:	
Telephone no:	
Mobile no:	
Email:	
Fax no:	