**Acknowledgement Form for Sample Import License –Medical Devices**

1. Name of the product:………………………………………………………………………………………………………..
2. Brand name:……………………………………………………………………………………………………………………..
3. Requesting models/sizes (if available):………………………………………………………………………………
4. Pack size:…………………………………………………………………………………………………………………………..
5. Requesting quantity:…………………………………………………………………………………………………………
6. Type of the device:……………………………………………………………………………………………………………
7. Class of the device:……………………………………………………………………………………………………………
8. Type of manufacturer: Actual Legal Contract OEM
9. Name & address of the legal of manufacturer:………………………………………………………………...

…………………………………………………………………………………………………………………………………………

1. Name and address of the physical site:…………………………………………………………………………….

…………………………………………………………………………………………………………………………………………

1. Status of the manufacturing site: Existing New
2. Name of the Importer:……………………………………………………………………………………………………..
3. Name of the applicant:……………………………………………………………………………………………………..
4. Designation of the applicant:……………………………………………………………………………………………
5. Contact details: Email Address…………………………………………….Mobile No:…………………………
6. Signature of the applicant:………………………………………………………………………………………………

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