

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 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. Fees 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**