

Central Drug Standard Control Organization
Directorate General of Health Services
Office of Drugs Controller General (India)
(Medical Device Division)

Checklist for Pre Screening of Applications for Grant of Import License in Form-10

Name of the firm: _____ Date: _____

TR-6 challan No: _____ Date: _____ Ref.No: _____

S. No.	Administrative /Legal Documents.	Status	
		YES	NO
1.	Covering Letter-Purpose should be clearly mentioned with page number and Index.		
2.	Form-8 duly Signed & Stamped by Indian Agent along with name & designation of the Authorized Signatory		
3.	Form-9 duly Signed & Stamped by Indian Agent along with name & designation of the Authorized Signatory or duly Notarized, if signed & stamped by the Manufacturer		
4.	Requisite Fee Rs.1000 for One Proposed Device and Rs.100 for each additional Device		
5.	Notarized & valid copy of Wholesale Licence or Manufacturing Licence of the Indian Agent		
6.	Valid Copy of Registration Certificate in form-41		
7.	A Copy of import License in form-10 (if the application is for renewal/ Endorsement)		
8.	Documents as stated in Registration Certificate issued on condition		

Signature of the Reviewer with Date

Accepted/Returned due to incomplete application