Central Drug Standard Control Organization
Directorate General of Health Services
Ministry of Health & Family Welfare

(Medical Device and Diagnostic Division)

A.7. Pre-Screening checklist for acceptability of applications for further Clarification in respect of the Product

Name of the firm:_____ **Date:** _____

S. No.	Administrative/Legal Documents.	Status		
		Please Tick(√)	Pg. No.	Annexure
1.	Covering Letter-Purpose should be clearly mentioned with page number and Index.	☐		
2.	Self-attested copy of authorization letter to the person issued by the Director/Company Secretary/Partner of the Indian Agent firm	☐		
3.	Detail Product description along with material of construction, intended use, Product specification, product literature, package inserts alongwith a sample	☐		
4.	Regulatory status of the said product in country of origin	☐		
5.	Regulatory certificates in respect of said product	☐		

Mailing Address of the applicant :	**Stamp & Signature of the Authorised Signatory of the applicant** **Mobile No.** :……..…… **E-mail**:……

Office Use Only:

Accepted for review/Not accepted due to incomplete information in respect of point no. (s) ……mentioned above.

Signature: ……..
Name of the Reviewer:…..…….
Date:…….……