**FORM-17***[See rule 65(1)]*

 **APPLICATION FOR APPROVAL OF ADVERTISMENT OF A MEDICAL DEVICE**

I............of M/s……………. hereby apply for permission to advertise the following medical device or accessory or component through …………………… (specify name of media )

1. Name of medical device or accessory or component:
2. Registration number:
3. Class of medical device:
4. Name and complete address of manufacturer:
5. intended uses of the medical device:
6. indications that the medical device will diagnose, treat, prevent, cure or mitigate:
7. instructions for use:
8. contraindications:
9. warnings to inform on specific risk or hazard that a user needs to know before using the medical device:
10. precautions to exercise special care necessary for the safe and effective use of the medical device:
11. potential adverse effects or side effects:

2. The required fee, information and documents have been attached and therefore requested to grant permission.

 **DECLARATION**

Certified that the documents and information provided herein are genuine and correct and if found at any stage to be misrepresenting or incorrect it shall lead to action to be taken by the MDB under the DRAP Act, the Act and the rules made there under.

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| Date............................ | Signature-------------------------------- Name, address and stamp of applicant: |