**CHECKLIST FOR GRANT OR RENEWAL OF AN ESTABLISHMENT LICENCE TO IMPORT MEDICAL DEVICES.**

[Form-2 *rule 4(2), 5(1), 6(3) and 8(3)(a)]*

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| **Sr.#.** | **DESCRIPTION** | **SELECT** (YES/NO/NA) |
| **1.** | **Application on Form-2 (Duly signed & stamped)** |  |
|  | New Application |  |
|  | For Renewal Purpose (copy of license and last renewal attached) |  |
|  | Provide the details of change of any particular of a licensed establishment (in case of any proposed change). |  |
| **2.** | **Proof of fee deposited: (endorsed by Statistical officer.)** |  |
| **3.** | **Establishment Details** |  |
|  | Provided the firm’s name, complete address of office and storage premises. |  |
| ii | Provided the Type of ownership i.e. partnership, proprietorship, public & private limited etc. |  |
| iii | In case of proprietorship: NTN, Online FBR Certification. |  |
| iv | In case of public & private limited: SECP-Form-21, Form-29, NTN. |  |
| v | In case of partnership: NTN, Online FBR Certification, Partnership Deed, Certificate of Registrar of firms. |  |
| vii | Provided the Names, CNIC, photos of partners/proprietors/directors: |  |
| viii | Storage facility at the premises. |  |
| ix | Provided the details of equipment & machinery for handling and storage of medical devices: |  |
| **4.** | **Detail of Qualified technical Person**  |  |
|  | Provided the Name, Qualification, Photographs, copies of registration certificate from concerned council (where applicable), CNIC, Degrees, experience certificates and appointment letter for supervising sale, distribution or wholesale of medical devices. |  |
|  | Provided the List of other technical staff: |  |
| **5.** | Provided the list medical devices (name/ category) intend to be imported: |  |
| **6.** | Provided the DECLARATION on stamp paper as per Form-2. |  |
| **7.** | Provided the UNDERTAKING (on stamp paper) as per Form-2. |  |
| **8.** | Provide readable softcopy along with application in USB/CD. |  |

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