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: __________

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

Mailing Address of the applicant:

Stamp & Signature of the Authorised Signatory of the applicant

Mobile No.: ..............................................

E-mail: ..................................................

Office Use Only:

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Accepted for review/Not accepted due to incomplete information in respect of point no. (s)
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Signature: ...........................................
Name of the Reviewer: .....................................
Date: ..............................................