

**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		
9.	Labels as per Rule 96 if applicant is other than Indian agent		

**Signature of the Reviewer with Date**

**Accepted/Returned due to incomplete application**