

Checklist for Renewal of Medical Device (Dossier Submission)

Generic Name:

Brand Name:

Class:

Group:

Name of the Applicant/Market Authorization Holder:

Registration Number:

Contact Details:

Name of the Manufacturer:

Contact Details:

Application date:

SN. No	Document Requirements	Please Tick (√) or (X) for missing Remarks (If ... to any Question)
1	Dully filled Application form	
2	Declaration Letter from the company stating that there is no change in all aspects of the registered product. Specimen of package, label and insert where applicable	
3	Copy of Initial Registration Certificate	
4	Specimen of package, label and insert where applicable	
5	Product Sample where applicable	

Name and Signature of the competent person.