



Medical Device Advertisement Application Form

Section 1: Establishment Details

Facility Type	<input type="checkbox"/> AR/ Supplier	<input type="checkbox"/> Healthcare Facility	<input type="checkbox"/> Manufacturer
Facility Name			
NHRA Registration Certificate / License. If any	<u>Attach</u>		
Address			
CR	<u>Attach</u>		
Contact Person			
Job title			
Mobile No.			
Email Address			

Section 2: Medical Device Details

Device Name			
Model No.			
Device Type	<input type="checkbox"/> Single use	<input type="checkbox"/> Multiple	
Serial No.		Batch/Lot No.	
Intended Use	<u>Attach</u>		
NHRA Approval	<u>Attach</u>	NHRA Registration	<u>Attach</u>
Quality Assurance Certificate	<u>Attach</u>		
Manufacturer Name		Country of Origin	
Email Address			
Supplier / AR			
Email Address			



Section 3: Advertisement Details

Advertising or marketing material	<u>Attach</u>
Medical Claim	<u>Attach (Art work, Label, Catalogue, Leaflet)</u>
Advertising channel	<input type="checkbox"/> TV <input type="checkbox"/> Internet (provide link) <input type="checkbox"/> Social media (provide account details) <input type="checkbox"/> News Paper <input type="checkbox"/> Brochures <input type="checkbox"/> Others
If others, please specify	

I hereby declare that all documents and information provided is correct. And I will inform NHRA if there is any change to the provided information.

Authorized Person Name: -----

Application Date: / /

Signature: -----

Stamp:



Section 4: NHRA (Medical devices Regulatory Dept)

Request Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
NHRA Comment			
Reviewed by:		Date:	/ /
Sign:			