



## DRUG REGULATORY AUTHORITY OF PAKISTAN

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

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

Sr.#.	DESCRIPTION	SELECT (YES/NO/NA)
<b>1.</b>	<b>Application on Form-2 (Duly signed &amp; stamped)</b>	
i.	New Application	
ii.	For Renewal Purpose (copy of license and last renewal attached)	
iii.	Provide the details of change of any particular of a licensed establishment (in case of any proposed change).	
<b>2.</b>	<b>Proof of fee deposited: (endorsed by Statistical officer.)</b>	
<b>3.</b>	<b>Establishment Details</b>	
i.	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:	
<b>4.</b>	<b>Detail of Qualified technical Person</b>	
i.	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.	
ii.	Provided the List of other technical staff:	
<b>5.</b>	<b>Provided the list medical devices (name/ category) intend to be imported:</b>	
<b>6.</b>	<b>Provided the DECLARATION on stamp paper as per Form-2.</b>	
<b>7.</b>	<b>Provided the UNDERTAKING (on stamp paper) as per Form-2.</b>	
<b>8.</b>	<b>Provide readable softcopy along with application in USB/CD.</b>	

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