|  |  |
| --- | --- |
| **Date of application** |  |
| **Name of Applicant** |  |
| **Applicant is** | **Principal Investigator  Sponsor  Other** |
| **If other, provide contact details (Name, address, email, phone)** |  |
| **Name, address, email, phone of Sponsor (if not applicant)** |  |
| **Name, address, email, phone of Principal Investigator  (if not applicant)** |  |
| **Title of the trial** |  |
| **Protocol No** |  |
| **Clinical Trial Site(s)** |  |
| **MCA CT number** |  |

***Please repeat for each product to be imported***

|  |  |
| --- | --- |
| **Product to be imported is** | **Medicine  Related Product** |
| **Product) to be imported is used as** | **Test product  Comparator  Auxiliary medicines** |
| **Name or Identifying number of product** |  |
| **Batch number and expiry date** |  |
| **Quantities** |  |
| **Blinding done** | **Yes  No** |
| **Recommended storage temperature** |  |
| **Port of Entry:** |  |

**Name and Signature of Applicant:**

Name

Signature Date