|  |  |
| --- | --- |
| **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