|  |  |
| --- | --- |
| Date of application |  |
| Name, address, email, phone of Applicant |  |
| Applicant is | Principal Investigator  Sponsor  Other  If other, specify: |
| 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: |  |

Signature of Applicant Date