|  |  |
| --- | --- |
| 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