



CLINICAL TRIAL IMPORT APPLICATION FORM

MCA-F-501/06

Date of application	
Name, address, email, phone of Applicant	
Applicant is	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Sponsor <input type="checkbox"/> 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	<input type="checkbox"/> Medicine <input type="checkbox"/> Related Product
Product) to be imported is used as	<input type="checkbox"/> Test product <input type="checkbox"/> Comparator <input type="checkbox"/> Auxiliary medicines
Name or identifying number of product	
Batch number and expiry date	
Quantities	
Blinding done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommended storage temperature	
Port of Entry:	

.....
Signature of Applicant

.....
Date