



**Request form for Irradiation of Medical Devices at Electron Beam
Radiation Processing Facility, Indore**

1.	Name of user organization/ Institution	:																	
2.	Type of organization	:	Private/ Semi-private/ Government/ PSUs/ Others (pl. specify) _____																
3.	Registered office address	:																	
	Phone No. / Fax No.	:																	
4.	Name of the Proprietor/ Managing Director/ Chief Executive Officer/ Authorized Signatory	:																	
5.	Annual Turnover of the Organization	:																	
6.	Contact Person's Name	:																	
	Designation	:																	
	Mobile No	:																	
	Email ID	:																	
7.	Product Information	:																	
8.	Generic Name (Please tick all the applicable option)	:	<table border="1"><tr><td>Surgical Dressing Material</td><td></td></tr><tr><td>Catheter</td><td></td></tr><tr><td>Specimen Receptacles</td><td></td></tr><tr><td>Disposable Perfusion Sets</td><td></td></tr><tr><td>Umbilical Occlusion Device</td><td></td></tr><tr><td>Bolster Suture</td><td></td></tr><tr><td>Alcohol Swabs</td><td></td></tr><tr><td>Non-notified /Others (pl. specify)</td><td></td></tr></table>	Surgical Dressing Material		Catheter		Specimen Receptacles		Disposable Perfusion Sets		Umbilical Occlusion Device		Bolster Suture		Alcohol Swabs		Non-notified /Others (pl. specify)	
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9.	Objective of irradiation	:	
	Dose requirements	:	Minimum – Maximum –
10.	FDA Loan Licence No. ¹	:	
11.	Whether e-beam or gamma radiation facility is used earlier for similar products by the applicant.	:	
12.	Any other relevant information	:	

Declaration

The information provided above is true and correct to the best of my knowledge.

Place:

(Name & signature of authorised signatory
with office seal)

Date:

¹ In case, the irradiation service is required for non-notified products, the applicant need to submit a signed self-certification on the company letter head stating the purpose/objective of availing the e-beam irradiation for the products.