



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཆས་དང་སྒྲིན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN  
MINISTRY OF HEALTH  
BHUTAN FOOD AND DRUG AUTHORITY



## APPLICATION FOR AUTHORIZATION TO IMPORT MEDICAL PRODUCT(S) FOR SALE/DISTRIBUTION

I/we hereby apply for authorization to import for following medical products in Bhutan for sale and distribution.

SN	Product Name	Registration No.	Registration Validity	Manufacturer	Pack size

Address of the premise(s)/Store(s):

Is the product registered by the applicant? Yes ☐ No ☐ (Please tick the appropriate box)

(Please attach the following Documents)

**Note: The following documents are not required for Import Authorization for personal use, health camp, research purpose and special purpose**

Documents required for registered medical products	Documents required for non-registered medical products
<ol style="list-style-type: none"> <li>1. Proforma Invoice;</li> <li>2. Evidence of route of import (Airway bill OR Transport consignee note)</li> <li>3. No Objection letter from the Market Authorization holder in case the importer is different from the Market Authorization holder.</li> </ol>	<ol style="list-style-type: none"> <li>1. Certificate of Analysis (CoA) or performance data/report (in case of medical devices);</li> <li>2. Manufacturing license;</li> <li>3. cGMP certificate;</li> <li>4. Specimen of packaging (package, label and insert); and</li> <li>5. Route of import permit (Airway bill OR Transport consignee note)</li> <li>6. Proforma Invoice;</li> <li>7. Supply Order</li> </ol>

**Declaration (please tick the boxes):**

- ☐ I hereby declare that the documents submitted above/all information provided in the document above is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- ☐ I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravene the provision(s) of the act and regulations made there under.
- ☐ If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority.

Date:

Signature of Applicant  
Name, Address, Contact details