

APPLICATION FORM FOR IMPORT OF LIFE SAVING DRUGS, MEDICINES,
EQUIPMENTS UNDER NOTIFICATION NO. 208/81-CUSTOM, DATED 22-9-1981

1. Name of the patient:
2. Age:-
3. Address:
4. Name of disease:
5. Name of the hospital where treatment is being received:
6. List of saving drugs/equipments under notification No. 208/81-Cus. (Deptt.of Revenue):

Name of drug etc, (Both proprietary and generic name)	Strength	Quantity Required	Period up to which the quantity mentioned
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7. Whether prescription and certificate from authorised treating specialist attached or not? Yes/No
 8. Certificate from the treating Physician that drug is
(a) Life saving for the patient Attached/Not Attached
(b) Not manufactured and not marketed in india Attached/Not Attached
 9. Case No. and date on which earlier CDEC for these/this drug(s) was issued : Yes/No
Please mention case No. _____/
Date _____
If so, a utilisation certificate stating inter-alia that the medicine/drug/
equipments for which CDEC was issued earlier, was utilised by the patient Yes/No
concerned.
(This certificate may be given by the treating physician)
 10. Copy of record of treatment taken for the last 3 months Attached/Not Attached
 11. Short History of the patient Attached/Not Attached
 12. Copy of investigations and reports (Latest)
Attached/Not Attached
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PLEASE DO NOT LEAVE ANY COLUMN BLANK/UNANSWRED

Station:

Date:-

Name & Signature of the applicant