

**Application Form for CDEC for import of Life Saving Drugs/Medicines/
Equipment's under Condition 8 annexed to Notification No. 21/2002-
Cus.,dt.1.3.2002 amended from time to time by Ministry of Finance**

1. Name of the Patient :
2. Age :
3. Address :
4. Name of Disease :
5. Name of Hospital where Treatment is being received :

6. List of life saving drugs/medicines/equipments being imported under notification no. 21/2002-Cus., dt. 1.3.2002

Name of drugs etc. (Both proprietary And Generic names)	Strength	Quantity	Period for which Quantity mentioned in Col. (iii) will last
(i)	(ii)	(iii)	(iv)

6.(a) If request is for life saving equipment : **Attached/ Not Attached**
Please attach NMIC from DGTD

7. Whether prescription and certificate from : **Yes/ No**
Authorised treating physician attached

8. Copy of record of treatment taken for the : **Attached/ Not Attached**
Last 3 months

9. Certificate from treating Physician that the : **Attached/ Not Attached**
Drug is (a) Life Saving for the patient
(b) Not manufactured in India/ Not
Marketed in India`

10. Case No. & date in case any CDEC : **No. _____**
Issued for the same medicine earlier **Date _____**

11. Utilisation Certificate from the treating : **Attached/ NotAttached**
Physician stating that the medicine imported
Under previous CDEC has been utilized by
the patient.

12. Short history/ investigation report (copy) : **Attached/ Not Attached**

Date:

Signature & Relationship of the Applicant

CERTIFICATE FROM THE TREATING SPECIALIST

I, Dr. _____ working as _____
_____ in the hospital _____ hereby

certify that Sh./Smt./Master _____

is suffering from _____ (diagnosis of

diseases) for the last ____ years ____ months ____ days. This is life

threatening disease. For his/ her treatment, the following medicine/ drug/

equipments is/ are required in the quantity and strength (in case of drugs) given below:-

Equipment	Quantity mentioned in Col.(iii) will last		
(i)	(ii)	(iii)	(iv)

I, hereby, certify that the above mentioned drugs/ medicines/ equipments is/ are Life Saving to the patient and not manufactured and marketed in India. I recommend the above drug/ medicine/ equipments should be imported for saving the life of the patient.

Signature of the Specialist : _____

Date : _____

Designation : _____

Name of the Hospital : _____
(with rubber stamp)