CHECKLIST

Form Name: Post Approval Change
Category: MD

Section no.	Checklist Name	Is Mandatory
1.0	Covering Letter,	Yes
2.0	Justification/Rationale for Changes,	Yes
3.0	Upload Existing Import License	Yes
4.0	Comparison between existing and proposed Model no./Model names	Yes
5.0	DMF of New model	Yes
6.0	Undertaking from the manufacturer that the manufacturing process, Material of Construction, Intended use are same as existing model	Yes
7.0	Labels and IFU	Yes
8.0	Power of Attorney	Yes
9.0	Free Sale Certificate	Yes
10.0	Other relevant document incorporating change, if any ,	No