



2-days Industry Awareness Programme on “Understanding EC Regulations and CE Marking and ICMED Certification for Medical Device Manufacturers”

Venue: Ahmedabad (TBD)
on 29-30 March 2017

Please complete and return this form **on or before 27th Mar 2017**

By email or fax* to

Ms. Ajita Srivastava
QCI Secretariat

Email: ajita@qcin.org, Tel: +91-11-23378056/57; Fax +91-11-23378678

*Sending by email is preferable. Please print clearly if sending by fax

NOMINATION FORM

A. PERSONAL PARTICULARS

Title (please tick) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

Name	:			
Organization	:			
Position / Designation	:			
Organization Address	:			
City		Postal Code / Zip		
State		Telephone (O)		
Fax		Telephone (R)		
Email Address		Mobile		

Note:

- Registration fee per participant is **Rs. 2000/-**.
- For registration, kindly submit filled-in Registration Form along with a Demand Draft or online payment in favour of “**Quality Council of India**” payable at New Delhi.
- Registration will be done on First-come-first-serve basis.

Announcement

Subject: Invitation to 2-days Industry Awareness Programme on “Understanding EC Regulations and CE Marking and ICMED Certification for Medical Device Manufacturers” on 29 - 30 March 2017 at Ahmedabad (TBD).

The EU regulatory framework in the Medical device sector comprises Directive 93/42/EEC on Medical Devices, Directive 98/79/EC on in Vitro Diagnostics and finally Directive 90/385/EEC on active implantable (i.e. pacemakers). This framework was under review and the new principles which will apply from 2018 after a three years transitional period and will comprise two Regulations instead of three Directives where relevant provisions regarding the Notified Bodies was set up in Regulation N0 920/2013 of September 2013 and provisions regarding the Authorised Representative (for products entering into the EU from third countries) were appropriately amended.

In the Indian context, Directive 93/42/EEC on Medical Devices covers 85% of Indian manufacturers while Directive 98/79/EC in vitro diagnostics covers 12% and Directive 90/385/EEC on active implantable only the 3% of the Indian manufacturers

In order to facilitate the CE Mark for export purposes in medical devices in the country and provide training to the industry on achieving compliance to EC regulations for CE marking and for capacity building for ICMED Certification a 2-days Programme has been planned on **29-30 March at Ahmedabad** with the financial support from the **Department of Commerce and Andhra Pradesh Medical Tech Zone (AMTZ)** and in partnership with the **Association of Indian Medical Device Industry (AIMED)**.

We invite participants from interested manufacturing industry, medical devices professionals and other stakeholders to register to participate in this 2 days programme.

Please note that this 2-days Industry awareness programme has limited seats and registration will be done on first come first serve basis.

Last date for registration is 27 March 2017

Please confirm your nomination by submitting filled-in registration form along with fees as per the nomination form attached by **27 March 2017** to **Ms. Ajita Srivastava** (ajita@qcin.org).

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- Registration will be done on First-come-first-serve basis.

For any information, please contact **Ms. Ajita Srivastava**, Contact No. +91 – 11-2337 8056/57, Fax- +91 – 11-2337 8678, email: ajita@qcin.org

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING TIMES GROSS
SETTLEMENT (RTG) FACILITY FOR RECEIVING PAYMENTS**

SL. NO.	DETAILS OF ACCOUNT HOLDER	
1.	NAME OF ACCOUNT HOLDER	QUALITY COUNCIL OF INDIA
a)	COMPLETE CONTACT ADDRESS	2 ND FLOOR, INSTITUTION OF ENGINEERS BUILDING, BAHADUR SHAH ZAFAR MARG, NEW DELHI – 110002 – INDIA
b)	TELE No. / Fax / E-mail	011-2337 9321, 23379621 info@qcindia.org
2.	DETAILS OF ACCOUNTS DETAILS-	
a)	BANK NAME	AXIS BANK LTD.
b)	Branch Name with complete address	6/83, Padam Singh Road, W.E.A. Karol Bagh, New Delhi – 110 005 Tel No.011 45400735 Fax : 011-45400734 Web : www.axisbank.com
c)	Whether the branch is computerized?	Yes
d)	Is the branch also NEFT	Yes
d)	Type of Bank Account	Savings Bank A/c
e)	Complete Bank A/c No.	223010100053020
f)	MICR Code of bank	110211025
g)	RTGS / IFS Code	UTIB0000223

SWIFT Code

AXISINBB223

c) Date of effect-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

For Quality Council of India**Authorized Signatory**

Signature of Customer

Date : 05/11/2009

Certified that particulars furnished above are correct as per our records.
(Bank's Stamp)

Signature of the Authorised Official from the Bank



Date:

1. Please attach a photocopy of cheque alongwith the verification obtained from the bank