

Application Form for CDEC for import of Life Saving Drugs / Medicines under Condition 17 annexed to Notification No.17/2023-Custom,dt.29.3.2023 amended from time to time by Ministry of Finance (Department of Revenue).

1. Name of the Patient :
2. Father's/Guardians Name :
3. Age :
4. Address/Contact No. & E-mail ID :
5. Name of Disease :
6. Name of Hospital where Treatment is being received :
7. List of life saving drugs/medicines being imported under notification No.17/2023-Custom, dt. 29.3.2023

Name of drugs etc.	Strength Quantity	Quantity which may Be imported	Period for which Quantity mentioned
(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 Authorised treating physician attached : **Yes/ No**
8. Copy of record of treatment taken for the Last 3 months : **Attached/ Not Attached**
9. Certificate from treating Physician that the Drug is (a) Life Saving for the patient (b) Not manufactured in India/ Not Marketed in India : **Attached/ Not Attached**
10. Case No. & date in case any CDEC Issued for the same medicine earlier : **No. _____ Date _____**
11. Utilisation Certificate from the treating Physician stating that the medicine imported Under previous CDEC has been utilized by the patient. : **Attached/ NotAttached**
12. Short history/ investigation report (copy) : **Attached/ Not Attached**

Date:

Signature & Relationship of the Applicant

CERTIFICATE FROM THE TREATING SPECIALIST
(Vide Notification No.17/2023-Custom dated 29.03.2023)
(To be signed by the Treating Specialists in his/her own handwriting)

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 /rare disease. For his/ her treatment, the following medicine/drug
is / are required in the quantity and strength (in case of drugs) given below:-

Name of the Drug/Medicine	Strength	Quantity	Period for quantity Vide Col(iii) will last
(i)	(ii)	(iii)	(iv)

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

Signature of the Specialist : _____
Registration No. : _____
Date : _____
Designation : _____
Telephone No. & Mail ID : _____
Name of the Hospital : _____
(with rubber stamp)

Note:1.Treating Specialists certificate from concerned doctor should be sent with original signature only. Scanned signature will not be accepted for application process.
2.Telephone No: Kindly ensure your direct number or Mobile Number is given to reach out for any clarifications on the certificate.