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| **Part - A – Applicant & Product Related Information**  **Part- B – Schedule of Fees: (Shall be sent by EVL on receipt of complete information in this form.)** |

**Part - A – Applicant & Product Related Information**

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| Note: Please use this from for a single product. |
| **1. Data on the Applicant, Payer and Document Recipient** |

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| **1.0 Applicant** | | | *(A client placing an order with EVL, or its adviser/representative. The applicant on issued documents.)* | | | | | | | |
| Registered company name | | |  | | | | | | | |
| Full address | | |  | | | | | | | |
| Contact person | | |  | | | | | | | |
| Phone |  | | | | Fax |  | | E-mail |  | |
|  | | | | | | | | | | |
| **1.1 Manufacturer** | | | | **Same as in 1.0** **Applicant** | | | | |  | |
| Registered company name | | | |  | | | | | | |
| Full address | | | |  | | | | | | |
| Contact person | | | |  | | | | | | |
| Phone | |  | | Fax | | |  | | E-mail |  |
|  | | | | | | | | | | |
| **1.2 Document recipient** | | | **Same as in 1.0 Applicant** **Same as in 1.1 Manufacturer** | | | | | | *(A client that will receive the issued documents.)* | |
| Registered company name | | |  | | | | | | | |
| Full address | | |  | | | | | | | |
| Contact person | | |  | | | | | | | |
| Phone |  | | | | Fax |  | | E-mail |  | |

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| **2. Data on Product, Manufacturer and Place of Manufacture & Market** |

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| **2.1 Product** |  |
| **Product name 1** |  |
| Model, type, code mark |  |
| Other data (**product application/use, ratings, brand name, notes**) |  |

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| **Product name 2** |  |
| Model, type, code mark |  |
| Other data (**product application/use, ratings, brand name, notes**) |  |

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| **Product name 3** | |  | |
| Model, type, code mark | |  | |
| Other data (**product application/use, ratings, brand name, notes**) | |  | |
| ***Please use separate additional tables for additional products.*** | | | |
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| **2.2 Place of market** | ***India***  ***European Union***  ***Any other*** | | ***Gulf & Middle East***  ***Product Sold Over Internet***  *(Place of market and end user)* |

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| 3. Data on Applicable Directives |
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| **4. Harmonised and other Standards (if applicable)** |

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| (The applicant lists the Harmonised Standard(s) List. If after a review of the application the submitted Standard List is found to be incomplete, the applicant will be requested to submit the missing ones.) |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **5. Details Of The Ordered Service(S) Route To Conformance - EC Declaration Of Conformity- Module A:** |
| Technical Documentation Requirements Training & Gap Analysis  Technical Documentation First Off Review  Technical Documentation Yearly Review  Technical Documentation Significant Change Review  ISO 13485:2003 Certification Services  CE Marking Certification Services  Liaison with European Authorized Representative  Any Other – Please Specify: |

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| **6. Technical Documentation** |

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| (The applicant lists the documents that will be submitted for the purpose of performing the ordered service(s). If after a review of the application the submitted documentation is found to be incomplete, the applicant will be requested to submit the missing documentation.) |
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| **7. Delivery of issued documents to the recipient** |

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| After the completion of the service, the issued documents are sent in a paper form by registered post to the document recipient. |
| Other options against payment: |
| Express mail (issued documents are delivered to the address of the document recipient by courier. |
| PDF file by e-mail (issued documents are sent in electronic form to the e-mail address of the document recipient) |
| PDF file on CD (issued documents – on CD and in paper form – are sent by post to the address of the document recipient) |

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| **8. Business terms and conditions** |

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| An offer should be sent to the applicant on the basis of this application. Once the applicant confirms the offer, the application should be considered as an order. |
| The applicant agrees that Testing, Certification Bodies Fees, European Authorized Representative Fees (where applicable) shall be paid directly to contracted Service Provider chosen by the applicant. |

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| **Place and date:** |  |
| **For Applicant:** |  |
| **Name:** | ***Signature:*** |