

## FORM MD-12

[See sub-rule (1) of rule 31]

### Application for License to Manufacture Medical Device for Purpose of Clinical Investigation, Test, Evaluation, Examination, Demonstration or Training

1. Name of Applicant: M/s Perfect Surgicare Industries Private Limited,  
Plot No. 11, Vijay Nagar, Near Namastey Chowk,  
Karnal, Karnal, Haryana (India) - 131001  
Telephone No.: 9416034857 FAX: 9416034857 Email:  
mukeshperfectpharma@gmail.com
2. Nature and constitution of manufacturer: Private Limited
3. (i) Corporate/ registered office address: M/s Perfect Surgicare Industries Private Limited,  
Plot No. 11, Vijay Nagar, Near Namastey Chowk,  
Karnal, Karnal, Haryana (India) - 131001  
Telephone No.: 9416034857 FAX: 9416034857 Email:  
mukeshperfectpharma@gmail.com
- (ii) Testing or evaluation site address: M/s Perfect Surgicare Industries Private Limited,  
Plot No. 3, Vijay Nagar, Near Namastey Chowk, Karnal-132001  
, Karnal, Haryana (India) - 132001  
Telephone No.: 1842254857 FAX: 1842254857
- (iii) Address for correspondence: M/s Perfect Surgicare Industries Private Limited,  
Plot No. 3, Vijay Nagar, Near Namastey Chowk  
, Karnal, Haryana (India) - 132001  
Telephone No.: 9416034857 FAX: 9416034857
4. Details of medical device(s) to be manufactured

S.NO	Medical Device Details
1	<p>1. <b>Generic Name:</b> Nebulizer</p> <p>2. <b>Model No.:</b> Perfect Ultra - Max. Compressor Pressure 3.0-3.5 Bar, Average nebulization rate 0.3 ml/min., Sound Level 60 dBA ,Perfect Compact - Max. Compressor Pressure 3.0-3.5 Bar, Average nebulization rate 0.3ml/min, Sound Level 60 dBA ,Perfect Handy - Max. Compressor Pressure 3.0-3.5 Bar, Average nebulization rate 0.3ml/min., Sound Level 60 dBA,Perfect Smart - Max. Compressor Pressure 3.0-3.5 Bar, Average nebulization rate 0.3ml/min., Sound Level 60 dBA</p> <p>3. <b>Intended Use:</b> It is device used to administer medications in the form of mist to inhale for respiratory disorders.</p> <p>4. <b>Class of medical device:</b> Class C</p> <p>5. <b>Material of construction:</b> ABS, Polypropylene, Polyvinylchloride, Polycarbonate, Silicon, Copper, Rubber</p> <p>6. <b>Dimension(if any):</b>NA</p> <p>7. <b>Shelflife:</b> Five Year</p> <p>8. <b>Sterile or Non sterile:</b> Non-Sterilized</p> <p>9. <b>Brand Name(if registered under the Trade Marks Act, 1999):</b> Perfect</p> <p>10. <b>Quantity:</b> 30 Pieces</p>

5. Fee paid on 22-NOV-2021, INR 500.00 receipt/challan/transaction id 2211210001517.

6. I hereby state and undertake that, I shall comply with all applicable provisions of the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Medical Devices Rules, 2017.

Place:

Date: 26-Apr-25

Signature

