Form – VIII A

Application for Inclusion/Withdrawal of Model(s) from scope of licence

(To be issued on company letter head)

1.	Licence No. :									
2.	Name of Licensee:									
3.	Address of Licensee:									
4.	IS No.:									
5.	Product:									
6.	Brand:									
7.	Valid upto:									
8.	Models covered in scope of licence:									
9.	Inclusion/Withdrawal ID:									
10.	10. Models to be included in scope/ withdrawn from scope/ updation of critical component list:									
11. Details of test report(s) of the product for inclusion/updation of critical component list applied for:										
Sl. No.	Name of Laboratory				te of Issue of st Report	Model Number		Brand		
		1								
12. Payment Details:										
	Amount in Rs.		Payment Gateway receipt number		Date of payment receipt		Remarks			

- 13. Manufacture Does the manufacturing unit have complete manufacturing facility for the product and its models and series for which the licence is applied for? : Yes / No (In case 'No', provide details of manufacturing processes outsourced)
- 14. Testing Does the manufacturing unit have complete testing facility installed in-house for ascertaining the conformity of product as per Indian Standard? : Yes / No

Date: Place: Seal of the Manufacturer Signature ____ Name Designation Date of application_ Important: Application should be signed by Chief Executive Officer of the manufacturer producing goods (product manufactured by) or his authorized representative in the manufacturing unit (enclose letter of authorization). Counter signature of Authorized Indian Representative (in case of Application from Foreign Manufacturer): Name of the Organisation, if Branch / Liaison Office is established /Brand Owner/ Any third party nominated as Authorised Indian representative: Name and Designation of authorised signatory: ___ Signature & Date____ Address: _____ Telephone No.:

(In case 'No', provide details of the tests for which there is no in-house test facility and how

these tests are arranged)

Mobile No.: __