



APPLICATION FORM FOR ADDITIONAL TECHNICAL PERSONNEL (REGISTERED CAB)

ATTENTION:

1. All information should be **completed** and written using **uppercase letters**.

MDA Office Use Only (Tick if completed)

<input type="checkbox"/> Received form	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> CE Office	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> Finance Unit	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> Head of CAB Unit	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> Evaluation officer	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> TEK CAB Meeting	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> Information to CAB	[Date: _____]][Signature&Name: _____]
<input type="checkbox"/> Update Data	[Date: _____]][Signature&Name: _____]

1.0 INFORMATION ON ORGANISATION			
1.1	Name of CAB		
1.2	Address		
1.3	Telephone No. (O)	Telephone No. (H)	
1.4	Fax No.	E-mail address	
1.5	Website		

2.0 INFORMATION ON PERSONNEL			
2.01	Title	Dato' / Datin / Prof. / Assoc. Prof / Dr. / Ir. / Mr. / Mrs. / Ms.	
2.02	Full Name		
2.03	IC/ Passport No.		
2.04	Telephone No. (O)	Telephone No. (H)	
2.05	Fax No.	E-mail address	
2.06	Employment Status	PERMANENT / SUBCONTRACTOR	
2.07	IRCA No.		
2.08	Qualification	BACHELOR / DIPLOMA DEGREE of	
2.09	Name of University		
2.10	Graduation Year		

I **(Name of personnel)**.....hereby attest that the information provided on this application is accurate, correct and current to this date.

Signature:

Date:

3.0 INFORMATION ON SCOPE APPLIED

(Please tick at the appropriate box)

Conformity Assessment on Quality Management System (QMS)

<input type="checkbox"/>	ISO 13485	Quality Management System for Medical Devices-Requirements for Regulatory Purpose
<input type="checkbox"/>	GDPMD	Good Distribution Practice for Medical Devices

Conformity Assessment by Way of Verification

Verification : Conformity Assessment by Way of Verification (*No fee imposed*)

Conformity Assessment of Medical Device Technical Areas

MD 0100: General Non-Active, Non-Implantable Medical Devices

<input type="checkbox"/>	MD 0101	Non-active devices for anaesthesia, emergency and intensive care
<input type="checkbox"/>	MD 0102	Non-active devices for injection, infusion, transfusion and dialysis
<input type="checkbox"/>	MD 0103	Non-active orthopaedic and rehabilitation devices
<input type="checkbox"/>	MD 0104	Non-active medical devices with measuring function
<input type="checkbox"/>	MD 0105	Non-active ophthalmologic devices
<input type="checkbox"/>	MD 0106	Non-active instruments
<input type="checkbox"/>	MD 0107	Contraceptive medical devices
<input type="checkbox"/>	MD 0108	Non-active medical devices for disinfecting, cleaning, rinsing
<input type="checkbox"/>	MD 0109	Non-active devices for in vitro fertilization (IVF) and assisted reproductive technologies (ART)

MD 0200: Non-Active Implants

<input type="checkbox"/>	MD 0201	Non-active cardiovascular implants
<input type="checkbox"/>	MD 0202	Non-active orthopaedic implants
<input type="checkbox"/>	MD 0203	Non-active functional implants
<input type="checkbox"/>	MD 0204	Non-active soft tissue implants

MD 0300: Devices For Wound Care

<input type="checkbox"/>	MD 0301	Bandages and wound dressings
<input type="checkbox"/>	MD 0302	Suture material and clamps
<input type="checkbox"/>	MD 0303	Other medical devices for wound care

MD 0400: Non-Active Dental Devices And Accessories

<input type="checkbox"/>	MD 0401	Non-active dental equipment and instruments
<input type="checkbox"/>	MD 0402	Dental materials
<input type="checkbox"/>	MD 0403	Dental implants

MD 1100: General Active Medical Devices

<input type="checkbox"/>	MD 1101	Devices for extra-corporal circulation, infusion and haemopheresis
<input type="checkbox"/>	MD 1102	Respiratory devices, including hyperbaric chambers for oxygen therapy, inhalation anaesthesia
<input type="checkbox"/>	MD 1103	Devices for stimulation or inhibition
<input type="checkbox"/>	MD 1104	Active surgical devices
<input type="checkbox"/>	MD 1105	Active ophthalmologic devices
<input type="checkbox"/>	MD 1106	Active dental devices
<input type="checkbox"/>	MD 1107	Active devices for disinfection and sterilisation
<input type="checkbox"/>	MD 1108	Active rehabilitation devices and active prostheses
<input type="checkbox"/>	MD 1109	Active devices for patient positioning and transport
<input type="checkbox"/>	MD 1110	Active devices for in vitro fertilisation (IVF) and assisted reproductive technologies (ART)
<input type="checkbox"/>	MD 1111	Software

MD 1200: Devices For Imaging

<input type="checkbox"/>	MD 1201	Imaging devices utilising ionizing radiation
<input type="checkbox"/>	MD 1202	Imaging devices utilising non-ionizing radiation

MD 1300: Monitoring Devices

<input type="checkbox"/>	MD 1301	Monitoring devices of non-vital physiological parameters
<input type="checkbox"/>	MD 1302	Monitoring devices of vital physiological parameters

MD 1400: Devices For Radiation Therapy And Thermo Therapy

<input type="checkbox"/>	MD 1401	Devices utilising ionizing radiation
<input type="checkbox"/>	MD 1402	Devices utilising non-ionizing radiation
<input type="checkbox"/>	MD 1403	Devices for hyperthermia / hypothermia
<input type="checkbox"/>	MD 1404	Devices for (extracorporal) shock-wave therapy (lithotripsy)

AIMD 0100: General Active Implantable Medical Devices

**ATTESTATION BY APPLICANT FOR ADDITIONAL
TECHNICAL PERSONNEL APPLICATION**
[To be printed on CAB letterhead of applicant]

Medical Device Authority, MOH

Date:

Dear Sir,

ATTESTATION FOR ADDITIONAL TECHNICAL PERSONNEL APPLICATION

I(Person Responsible)..... , NRIC No:..... hereby attest that the information provided on this application with any attached documents and certificates are accurate, correct and current to this date.

I understand and acknowledge that it is an offence under Section 76 of the Medical Device Act 2012 (Act 737) to make signs or furnish any declaration, certificate or other document which is untrue, inaccurate or misleading.

Yours Sincerely,

Signature :

Name :

Date :