FEEDBACK FORM ON UPCOMING GUIDANCE DOCUMENT FOR MEDICAL DEVICE

Name	
Designation	
Organization	
Address	
Telephone, FAX, E-mail and Mobile phone numbers	

1.	**Contents of the Document:**	
	a. In your experience or views, what are the problems that the manufacturer/importer/distributor of medical devices generally faces?	
	b. Your view on the contents of the guidance document as to whether they address the problems that manufacturer/importer/distributor generally faces?	
	c. If not, what are other areas need attention?	
	d. If yes, has the Document resolved the problems to an extent?	
	e. If any matter(s) has/have been left out in your views, please state the same.	
	f. Your views on the presentations in general.	
2.	Corrections needed/suggested in Guidance document	Title: e.g. Introduction/Quality management System Page No.: Content need to be replaced/edited:

		Corrections Suggested: Justification:	
3.	Outline the benefits that you have derived out of this guidance document.		
4.	Your Rating of the Document: (✓) Tick in appropriate column	Excellent	
		Very good	
		Good	
		Average	
		Below Average	

Signature

Date

Kindly send your suggestions/comments to mvpi.ipcindia@gmail.com