

## FORM 12A

**(See rule 36, Second Proviso)**  
**Application for the issue of a permit to import small quantities of drugs for personal use**

I, ..... (Full Name) resident of  
..... (Full Address) by Occupation  
.....hereby apply for a permit to import the drugs  
specified below for personal use from.....  
(Address from where the medical devices are to be imported)

I attach a prescription from a registered medical practitioner in regard to the need for the said drugs.

Names of Medical Devices

- 1.
- 2.

Quantities:

Date.....

Signature.....