**医疗器械初审申请表**

**Application Form**

**公司信息：**

|  |  |  |
| --- | --- | --- |
| **申请商****Applicant** | 公司名称：Company Name： |       |
| 公司地址：Company Address： |       |
| 联系人Contact： | 姓名Name |       | 电话Tel. |       |
| 职位Position |       | 邮箱Email |       |

**产品信息：**

|  |  |  |
| --- | --- | --- |
| 产品名称: |       | 商标/Trademark: |
| Product Name: |       |       |
| 主测型号Main Model No.: |       |
| 系列型号Series Model: |       |
| 产品差异说明Model Difference |       |
| 产品额定参数Ratings | 额定电压(Voltage) |       | 额定电流(Voltage) |       |
| 额定功率(Power) |       | 额定频率(Frequency) |       |
| 适配器信息Adapter information | 型号(Model):       |
| 输入(Input):       | 输出(Output):       |
| **其他Others:**可以附带产品的说明书，规格书，图片等 |       |