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भारतीय आयुर्विज्ञान अनुसंधान परिषद  
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार  
Indian Council of Medical Research  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

## **Request for Participation In ICMR's Landscape Study For Medical Device And Diagnostics under Product Ignition & Development Enabler (mPRiDE) Program of Medical Device and Diagnostics Mission Secretariat, ICMR**

The Indian Council of Medical Research (ICMR), New Delhi, the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world. ICMR has always attempted to address itself to the growing demands of scientific advances in biomedical research on the one hand and to the need of finding practical solutions to the health problems of the country, on the other.

The Indian Medical device market is currently valued at USD 11.2 billion and is experiencing a growth rate of 15% CAGR as against growth rates observed by developed countries of about 4% CAGR. India is dependent on imports for its medical device needs with 80% of medical devices being imported. In view of the huge import, dependency and long technology development cycle of medical devices, there is an urgent need for providing holistic support across the medical device development and commercialisation cycle including R&D, scale-up, validation, regulatory compliance, market access etc.

To cater to the above challenges, ICMR has established Medical Device and Diagnostics Mission Secretariat (MDMS) with a vision to support and catalyze research, development and indigenous manufacturing of cost-effective medical devices to strengthen health care sector in India and reduce import dependency through a Mission mode consortia approach. ICMR-MDMS aims to conduct a multipronged landscape study inviting medical professionals working at both Government and Private Institutes to provide their opinion on the medical device and diagnostic products as they are the Key Opinion Leaders and the end users of the products.

The objectives of the study are:

- (i) To identify various medical devices/sub-sectors/verticals based on unmet healthcare needs and contribute to import dependency in the Country with inherent potential for societal impact.
- (ii) To strategize, categorize, prioritize, and plan devices/sub-sectors/verticals for extending funding support in a phased manner initially focussing on low end devices, which can deliver volumes and then graduating to high end devices as the program progresses, for accelerating unmet need driven devices and diagnostics product development for wide societal impact.

Medical professionals in both Government and private medical colleges/ institution are requested to fill the virtual survey form. The form can be accessed through the link given below. A guidance document is also enclosed for your kind perusal for assisting in filling up the form.

**Link for the Medical Device form : <http://103.25.130.160/icmr-survey/>**

**Link for Invitro Diagnostic Devices Form: <http://103.25.130.160/icmr-survey/niform.php>**

**Date of Submission:**

**Start Date:** 3<sup>rd</sup> Feb' 2022 **Time:** 09:00 AM

**End Date:** 25<sup>th</sup> Feb'20202 **Time:** 05:00 PM

**In case of any query you may contact the following officials:**

**Dr. Suchita Markan,**

Scientist 'E'

Medical Device and Diagnostics Mission Secretariat (MDMS)

Ansari Nagar, ICMR, New Delhi- 110029

Email:

[suchita.markan@icmr.gov.in](mailto:suchita.markan@icmr.gov.in),

[icmrmdmsoffice@gmail.com](mailto:icmrmdmsoffice@gmail.com),

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Telephone No.: +91-11-26588895 Ext-337




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# GUIDANCE DOCUMENT

1. Click on below mentioned link:

<http://103.25.130.160/icmr-survey/>

2. After Click on link below form will open on your computer screen

  
MEDICAL DEVICE & DIAGNOSTICS  
MEDICAL SECRETARIAT, ICMR  
Nurturing MedTech Ecosystem

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**Need Identification Form (Medical Devices)**

**Name of the Doctor :\***  **Name of the Department :\***

**Email :**  **Contact No. :**

**Sector :\***  Government  Private **Select Organization Type :\***

**Name of the Organization :\***

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Please mention 5-10 Medical Devices that are critically required by your organization as they are not available easily

Sl. No.	Name of the Medical Device*	Application Area(s)	Cost per Medical Device (INR)	Volume (in numbers) of Medical Devices required by your Organization per month	CDSCO risk-based Classification (Optional)	Reasons for facing access barriers	
						Affordability* (Please score in the scale 1-3)	Accessibility* (Please score in the scale 1-3)
1.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text" value="Select Medical Device"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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\* In case you don't find the Medical Device of your interest, please select option "Any other" from the drop-down menu under the column "Name of the Medical Device". This enables opening of the option to fill details about the Medical Device of your interest. Please type the name of the device of your interest and the corresponding details alongside.  
Please click on the "Any other" option again to fill details about another Medical Device of your interest.

Scale-1 = Easily affordable and accessible | Scale-2 = Moderately affordable and accessible | Scale-3 = Not affordable and accessible  
Accessibility = In terms of demand and supply  
Affordability = In terms of cost

# GUIDANCE DOCUMENT

## 3. FILLING UP THE FORM

The form is titled "Need Identification Form (Medical Devices)" and includes logos for ICMR and MDS. It contains the following fields and instructions:

- Name of the Doctor:** Dr. Ajay Kumar
- Name of the Department:** Cardiology
- Email:** abc@gmail.com
- Contact No.:** 1122334455
- Sector:**  Government  Private
- Select Organization Type:** A dropdown menu with options: Institute, Hospital, Others.
- Name of the Organization:** XYZ

Below the form, there is a table header for listing medical devices:

S. No.	Name of the Medical Device*	Application Area(s)	Cost per Medical	Volume (in numbers) of	CDSO risk-based	Reasons for facing access barriers
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\*Please mention 5-10 Medical Devices that are critically required by your organization as they are not available easily

Enter your Name

Enter your email ID

Select your sector and click on this

Enter your Organization Name

Enter your Department Name

Enter your contact no.

Select your Organization after clicking on drop down.

# GUIDANCE DOCUMENT

Please mention 5-10 Medical Devices that are critically required by your organization as they are not available easily

Sl. No.	Name of the Medical Device	Application Area(s)	Cost per Medical Device (INR)	Volume (in numbers) of Medical Devices required by your Organization	CDSCO risk-based Classification (Optional)	Reasons for facing access barriers	
						Affordability* (Please score in the scale 1-3)	Accessibility* (Please score in the scale 1-3)
1.	ENDOSCOPES	Surgery	5000C	20 Devices	Class-B		
2.	ELECTRO-CARDIOGRAPHS						
3.	ELECTRO-ENAPHALOGRAPHS						
4.	ENT PRECISION INSTRUMENTS						
5.	ENDOSCOPES						

Select name of the Medical device from the drop-down after typing in the search bar option. E.g. ENDOSCOPES

Mention Application Area. E.g Surgery of numerous parts of body

Mention Approximate cost

Mention Approximate volume of Medical device required at you Hospital/Institute per month

Mention the risk class of Medical device, however this is not mandatory, you can pass for next field.

Select the Scale from 1-3 from drop-down for Affordability and Accessibility, Meaning of Scale 1-3 is mentioned in end of this form just below the "Submit" button

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Please click on the "Any other" option again to fill details about another Medical Device of your interest.

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**Accessibility** = In terms of demand and supply

**Affordability** = In terms of cost

**4. Review the Filled details to check its correctness, and then click on submit button.**