|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.N** | **Clause No.** | **Paragraph** | **Line number** | **Comment** | **Name & Organisation** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**Kindly address your comments to Vishal Shukla, Assistant Director: vishal@nabl.qcin.org till 01 August, 2017**

**Comment Table-Draft Specific Criteria: Medical Devices Calibration, NABL (QCI)**