

**GOVERNMENT OF HIMACHAL PRADESH
STATE DRUGS CONTROLLER,
-CUM-LICENSING AUTHORITY
BADDI, DISTT. SOLAN (H.P.)
CERTIFICATE OF PHARMACEUTICAL PRODUCTS¹**

No. of Certificate : HFW-H[Drugs]231/05 (Vol- XII)/21-596
Valid up to: 13-04-2024

Exporting (certifying) Country : INDIA
Importing (requesting) Country : UKRAINE

1 Proprietary Name (If applicable) and Dosage form of Product

Cytarabine
Cytarabine Solution for Injection (1000mg/10 ml)

1.1 Active Ingredient(s)² and Amount(s) per unit dose³

One ml Solution contains:
Cytarabine USP 100 mg
Excipients: Macrogol400, TRIS Buffer, Water for Injection

(For complete qualitative composition including excipients are not attached⁴)

1.2 Is this product licensed to be placed on the market for use in the exporting country?

Yes ☒ No ☐ Not applicable ☐

1.3 Is this product naturally on the market in the exporting country?⁵ Yes ☒ No ☐ Unknown ☐
(If the answer to 1.3 is Yes, continue with question 2.A and omit question 2.B) (If the answer to 1.3 is No, omit section 2.A and continue with section 2.B)⁶

2.A

1. Product license ⁷ and Date of issue: MB/05/204, 23-07-2021
2. Product-license holder: (Name & Address) M/s. Venus Remedies Limited, Hill Top Industrial Estate, Jharmajri, EPIP Phase-I (Extn), Bhatoli Kalan, Baddi, Distt. Solan, Himachal Pradesh, 173205, India
3. Status of applicant: a/b/c (key in appropriate category as defined in note ⁸) a <input checked="" type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> ⁹
4. Is an approved technical summary ap- pended? ¹⁰ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Provided <input type="checkbox"/>
5. Is the attached, officially approved prod- uct information complete and consonant with the license? ¹¹ Yes <input type="checkbox"/> No <input type="checkbox"/> Not provided <input checked="" type="checkbox"/>
6. Applicant for certificate, if different from the License holder (Name & Address) ¹² : Not Applicable

2.B

1. Applicant for Certificate : (Name & Address)
2. Status of Applicant: a/b/c (key in appro- priate category as define in note ⁸) a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
3. Why is authorization lacking? Not Required <input type="checkbox"/> Not Requested <input type="checkbox"/> Under Consideration <input type="checkbox"/> Refused <input type="checkbox"/>
4. Remarks: ¹³

3. Does the certifying authority arrange for periodic inspection of manufacturing plant in which the dosage form is produced?¹⁴ Yes ☒ No ☐ Not Applicable ☐ (if No or Not Applicable, Proceed to Question 4)

3.1 Periodicity of routine inspection: **ONCE IN A YEAR**

3.2 Has the manufacturer of this type of dosage form been inspected? Yes ☒ No ☐

3.3 Do the facilities and operations conforms to GMP as recommended By the World Health Organization?¹⁵

Yes / No/ Not applicable¹⁴ Yes ☒ No ☐ Not Applicable ☐

4. Does the information submitted by the applicant satisfy the certifying Authority on all aspects of the manufacturer of the product?¹⁶ Yes ☒ No ☐ If no, Explain.

Address of Certifying Authority :

**STATE DRUGS CONTROLLER
Controlling-cum-Licensing Authority
BADDI, DISTT. SOLAN (H.P.)- 173205
01795-244288, sdc4 hp@gmail.com**



**Name of Authorizing person
Signature**

**04 AUG 2021
(NAVNEET MARWAHA)**

State Drugs Controller
(Navneet Marwaha)
Controlling cum Licensing Authority
Baddi Distt. Solan (H. P.)- 173205
01795-244288 sdc4hp@gmail.com

**THIS CERTIFICATE CONFORMS TO THE FORMAT RECOMMENDED BY THE WORLD HEALTH ORGANISATION
(GENERAL INSTRUCTION AND EXPLANATORY NOTES ARE ON OVERLEAF)**

GENERAL INSTRUCTION: Please refer to the guidelines for full instructions how to complete with form and information on the implementation of the scheme. The forms are suitable for generation by computers. They should always be submitted as hard copy with responses printed in type rather than handwritten additional sheets should be appended, as necessary, to accommodate remarks and explanations.

EXPLANATORY NOTES

1. This certificate, which is in the format recommended by WHO, establishes the status of the pharmaceutical product and of the applicant for the certificate in the exporting country, it is for a single product only since manufacturing arrangements and approved information for different dosage forms and different strengths can vary.
2. Use whenever possible International Non-proprietary Names (INN's) or National Non-proprietary Names.
3. The formula (complete composition) of the dosage form should be given on the certificate to be appended.
4. Details of quantitative composition are preferred, but their provision is subject to the agreement of the product-license holder.
5. When applicable append details of any restriction applied to the sale, distribution, or administration of the product that is specified in the product license.
6. Section 2.A and 2.B are mutually exclusive.
7. Indicate, when application, if the license is provisional, or the product has not been approved.
8. Specify whether the person responsible for placing the product on the market:
 - a) manufactures the finished dosage form;
 - b) packages and/ or labels a dosage form manufactured by an independent company; or
 - c) is involved in none of the above.
9. This information can be provided only with the consent of the product-license holder, or in the case of non-registered products. The applicant non-completion of this section indicates that the party concerned has not agreed to inclusion of the information. It should be noted that information concerning the site of production is part of the product license. If the production site has changed, the license must be updated or it will cease to be valid.
10. This refers to the document, prepared by some national regulatory authorities that summarizes the technical basis on which the product has been licensed.
11. This refers to the product information approved by the competent national regulatory authority such as a Summary of Product Characteristics (SPO).
12. In this circumstances, permission for issuing the certificate is required from the product-license holder. This permission must be provided to the authority by the applicant.
13. Please indicate the reason the applicant has provided for non-requesting registration:
 - a) the product has been developed exclusively for the treatment of conditions-particularly topical diseases-not endemic in the country of export.
 - b) The product has been reformulated with a view to importing its stability under tropical conditions.
 - c) The product has been reformulated to exclude excipients not approved for use in pharmaceutical products in the country of import.
 - d) The product has been reformulated to meet a different maximum dosage limit for an active ingredient;
 - e) Any other reason, please specify.
14. Non applicable means that the manufacture is taking place in a country other than that issuing the product certificate and inspection is conducted under the country of manufacturer.
15. The requirement for good practices in the manufacture and quality control of drugs referred to in the certificates are those included in the thirty- second report of the expert committee on specifications for pharmaceutical, preparation (WHO technical report series, No:823, 1992, Annex.1). recommendations specifically applicable to biological products have been formulated by the WHO Expert Committee on Biological Standardization (WHO Technical Report Series No. 822, 1992, Annex. 1)
16. This section is to be completed when the product license holder or applicant conforms to status b) or c) as described in note 7 above. It is of particular importance when foreign contractors are involved in the manufacture of the product in these circumstances the applicant should supply the certifying authority with information to identify the contracting parties responsible for each stage of manufacture of the finished dosage form and the extent and nature of any controls exercised over each of these parties.

U-11-21-24-596