

Certificate of a Pharmaceutical Product¹

(This certificate conforms to the format as recommended by the World Health Organization (general instructions and explanatory notes overleaf))

No. of Certificate : SDC/HR/23/65 Valid upto: 22.02.2026
 Exporting (certifying country) : India
 Importing (requesting country) : Jamaica
 Name and dosage form of product : Mesna Injection 400mg/4ml (Flint glass ampoule of 5ml)
 1.1 Active Ingredient(s)² and amount(s) per unit dose³ : Each ml contains
 Mesna BP 100 mg
 For complete qualitative composition including excipients : Sterile Water for Injection USP/BP q.s.
 1.2 Is this product licensed to be placed on the market for use in the exporting country?⁵ : Yes
 (If yes, complete box 2A. If no, complete box 2B.)⁶
 1.3 Is this product actually on the market in the exporting country? : Yes

2A 1	Number of Manufacturing license ⁷ : 225-B(H) Date of product approval: 19.07.2021	2B 1	Applicant for certificate (name and address): N/A
2A 2	Product - license holder : M/s Getwell Pharmaceuticals (name and address) 474, Udyog Vihar, Phase-V, Gurugram, Haryana - 122016, India	2B 2	Status of applicant: N/A
2A 3	Status of product license holder ⁸ : a <input checked="" type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	2B 2.1	For categories b and c the name and address of the manufacturer producing the dosage form are ⁹ : N/A
2A 3.1	For categories b and c the name and address of the manufacturer producing the dosage form are ⁹ : N/A		
2A 4	Is Summary Basis of Approval appended? ¹⁰ : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2B 3	Why is marketing authorization lacking? (not required <input type="checkbox"/> not requested <input type="checkbox"/> under consideration <input type="checkbox"/> refused <input type="checkbox"/>): N/A
2A 5	Is the attached, officially approved product information complete and consonant with the license? ¹¹ Yes <input type="checkbox"/> No <input type="checkbox"/> Not provided <input checked="" type="checkbox"/>		
2A 6	Applicant for certificate, if different from license holder ¹² : N/A	2B 4	Remarks ¹³ :

3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?¹⁴ : Yes
 (if not or not applicable, proceed to question 4)
 3.1 Periodicity of routine inspections (years) : Once in a year
 3.2 Has the manufacturer of this type of dosage form been inspected : Yes
 3.3 Do the facilities and operations conform to GMP as recommended by the World Health Organization?¹⁵ : Yes
 4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product?¹⁶ : Yes
 Yes ☒ No ☐ If no explain:


Address of certifying authority : State Drugs Controller
 (Controlling & Licensing Authority)
 Food & Drug Administration, Haryana
 SCO-94, Sector-5, Panchkula.

Name of authorized person : Manmohan Taneja

Signature

Telephone/ Fax number : 0172 – 2583557/2583189

Stamp and date


MANMOHAN TANEJA
 State Drugs Controller-cum-Controlling &
 Licensing Authority
 Food & Drug Administration, Haryana

21 JUN 2023