GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **1096/DI/MLK/TST/COPP/09122019** Valid up to: **08/12/2021**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **TAJIKISTAN**

1. Name and dosage form of the product: **LEUCOVORIN CALCIUM INJECTION USP 30 mg 3 mL/Vial**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL contains	
Leucovorin (as Leucovorin Calcium USP)	10 mg
Excipients	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10.IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L. IDNO 1002600053289

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person : **Dr. B. VENKATESHWARLU**
DEPUTY DIRECTOR & CERTIFYING AUTHORITY

Signature :

Stamp and Date

B. Venkateshwarlu 9/12/19

Dr. B. VENKATESHWARLU
DEPUTY DIRECTOR & CERTIFYING AUTHORITY

Deputy Director Drugs Control Administration Government Of Telangana HYDERABAD

REPUBLICA MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA «MEDEFERENT GRUP» IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3824/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **CROATIA**

1. Name and dosage form of the product: **CYTARABINE INJECTION BP 1g 10 mL/Vial**
CYTARAMAX 1000

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL Contains:		
Cytarabine	BP	100 mg
Water for injection	BP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10.IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

IDNO 1002600053289
«MEDEFERENT GRUP»
S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S

«MEDEFERENT GRUP» S.R.L.
IDNO 1002600053289

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **4912/DI/MLK/TST/COPP/05122020** Valid up to: **06/01/2022**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **KAZAKHSTAN**

1. Name and dosage form of the product: **EPIRUBICIN HYDROCHLORIDE INJECTION USP 10 mg 10 mL/Vial**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL contains :

Epirubicin Hydrochloride ph.Eur		5 mg
Sodium Chloride	USP	9 mg
Excipients		q.s
Water for Injection	USP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

MOLDOVA ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA "MEDEFERENT GRUP" IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person : **Dr. B. VENKATESHWARLU**
JOINT DIRECTOR & CERTIFITING AUTHORITY

Signature :

Stamp and Date

5/01/20

Dr. B. VENKATESHWARLU
JOINT DIRECTOR(FAC)
DRUGS CONTROL ADMINISTRATION

DRUGS CONTROL ADMINISTRATION * GOVERNMENT OF TELANGANA * HYDERABAD JD(FAC)

«MEDEFERENT GRUP» S.R.L. IDNO 1002600053289

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **1512/DI/MLK/TST/COPP/091219** Valid up to: **08/12/2021**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **TAJIKISTAN**

1. Name and dosage form of the product: **FLUOROURACIL INJECTION USP 250 mg 5 mL/Ampoule**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL contains :

Fluorouracil	USP	50 mg
Water for Injection	USP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person : **Dr. B. VENKATESHWARLU**
DEPUTY DIRECTOR & CERTIFYING AUTHORITY

Signature :

Stamp and Date

B. Venkateshwarlu 9/12/19

Dr. B. VENKATESHWARLU
DEPUTY DIRECTOR & CERTIFYING AUTHORITY

Deputy Director Drugs Control Administration Government Of Telangena HYDERABAD

REPUBLICA MOLDOVA ANENII NOI RUSENI SOCIETATEA CU RASPUNDERE LIMITATA MEDEFERENT GRUP IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3825/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **MOLDOVA**

1. Name and dosage form of the product: **IFOSFAMIDE FOR INJECTION USP 1g**
IPOGET

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each Vial Contains:
Ifosfamide USP 1000 mg

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

IDNO 1002600053289
«MEDEFERENT GRUP»
S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA "MEDEFERENT GRUP" IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3826/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **MOLDOVA**

1. Name and dosage form of the product: **LEUPROLIDE ACETATE DEPOT FOR INJECTION 3.75 mg**
PROLEMAX 3.75 mg

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each Lyophilized vial contains

Leuprolide Acetate	USP	3.75 mg
Excipients		q.s

1 mL Ampoule of Solvent contains

Each Sterile ampoule contains:

Sodium Carboxymethyl Cellulose	USP	5 mg
Mannitol	USP	50 mg
Polysorbate 80	USP	1 mg
Water for Injection	USP	q.s.

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/R, Dated: 19.04.2018**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

IDNO 1002600053289 "MEDEFERENT GRUP" S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S.

IDNO 1002600053289
«MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3827/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **VENEZUELA**

1. Name and dosage form of the product: **LOMUSTINE CAPSULES 40 mg**
LOMCAP 40

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each capsule contain	
Lomustine	40 mg
Excipeints	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address) [12] :

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA MEDEFERENT GRUP
IDNO 1002600053289
«MEDEFERENT GRUP»
S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3828/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **MOLDOVA**

1. Name and dosage form of the product: **MESNA INJECTION 400 mg 4 mL/ Ampoule**
MESNA 400

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL Contains

Mesna	Ph.Eur	100 mg
Disodium Editate	USP	0.25 mg
Benzyl Aclohol	USP	10.4 mg
Water for Injection	USP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

MOLDOVA, AGENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA 2 REFERENT GRUP MEDEFERENT GRUP IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S.

MEDEFERENT GRUP
IDNO 1002600053269
«MEDEFERENT GRUP»
S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **2564/DI/MLK/TST/COPP/100520** Valid up to: **09/05/2022**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **KENYA**

1. Name and dosage form of the product: **SORAFENIB TABLETS 200 mg**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each film coated tablet contains:

Sorafenib Tosylate Equivalent to Sorafenib	200 mg
Excipients	q.s

Colour: Iron Oxide of Red & Titanium Dioxide USP

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119** **FAX: +91 40 23814360**

Name of Authorized Person : **Dr. B. VENKATESHWARLU**
JOINT DIRECTOR & CERTIFITING AUTHORITY

Signature :

Stamp and Date

10/05/20

Dr. B. VENKATESHWARLU
JOINT DIRECTOR(FAC)
DRUGS CONTROL ADMINISTRATION

DRUGS CONTROL ADMINISTRATION * GOVERNMENT OF TELANGANA * HYDERABAD JD(FAC)

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA "MEDEFERENT GRUP" IDNO 1002600053269 «MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3929/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **MOLDOVA**

1. Name and dosage form of the product: **THALIDOMIDE CAPSULES USP 100 mg**
THALIMAX 100

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each Capsules contains:

Thalidomide	USP	100 mg
Excipients		q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA "MEDEFERENT GRUP"
IDNO 1002600053289
«MEDEFERENT GRUP»
S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3930/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **ZAMBIA**

1. Name and dosage form of the product: **VINBLASTINE SULFATE FOR INJECTION USP 10 mg**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each lyophilized vial contains

Vinblastine sulfate	USP	10 mg
Mannitol	USP	q.s
Water for Injection	USP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA, MEDEFERENT GRUP, IDNO 1002600053280, «MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S.

MOLDOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA «MEDEFERENT GRUP» IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.

GOVERNMENT OF TELANGANA
DRUGS CONTROL ADMINISTRATION
Vengalarao Nagar, Hyderabad 500 038

CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization
(General Instructions and explanatory notes attached.)

No. of Certificate : **3931/A3/2021** Valid up to: **11.01.2023**

Exporting (certifying) country: **INDIA**

Importing (requesting) country: **JAMAICA**

1. Name and dosage form of the product: **VINCRISTINE SULFATE INJECTION USP 1mg 1mL/ Vial**

1.1 Active Ingredient (S)[2] and amounts (S) per unit dose[3] :

Each mL contains:

Vincristine Sulfate	USP	1 mg
Mannitol	USP	100 mg
Water for Injection	USP	q.s

1.2 Is this product licensed to be placed on the market for use in the exporting country? [5]
(Key in as appropriate)

Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country?

Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B6

SECTION 2A

2.A.1 Number of product Licence[7] and date of issue : **22/RR/TS/2015/F/G, Dated: 13.01.2015**

2.A.2 Product license holder (Name and address) : **GLS PHARMA LIMITED**
Plot.No. 10,IDA, Phase-I
Jeedimetla, R.R.Dist,
Hyderabad, Telangana, INDIA

2.A.3 Status of product – license holder[8] (Key is appropriate category as defined in note (8)

a) ☒ b) ☐ c) ☐

2A.3.1 For categories b and c the name and address of the Manufacturer producing the dosage form is [9] ?

Yes ☐ No ☐ Not applicable ☒

2.A.4 Is summary basis for approval appended [10] ? (enclosed at the time of product approval)

Yes ☒ No ☐ Not applicable ☐

2.A.5 Is the attached, officially approved product information complete and consonant with the license?[11]
(key as appropriate)

Yes ☒ No ☐ Not applicable ☐

2. A.6 Applicant for certificate, if different from license holder (Name & Address)[12]

Yes ☐ No ☒ Not applicable ☐

«MEDEFERENT GRUP» S.R.L.

SECTION 2B IS TO BE OMITTED

2. B.1 Applicant for certificate (Name & address)

2. B.2 Status of applicant: (Key in the appropriate category as defined in note 8)

2. B.2.1 For categories b and c the name and address of the manufacturer producing the dosage from is[9] :

2. B.3 Why is marketing authorization lacking?
Not required / Not requested / under consideration / Refused (Key in as appropriate)

2. B.4 Remarks: [13]

3. Dose the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?

Yes ☒ No ☐ Not applicable[14] ☐

If not or not applicable, proceed to question 4.

Periodicity of routine inspections (years) : ***NOT LESS THAN ONCE A YEAR***

Has the manufacturer of this type of dosage form been inspected Yes/No (Key in as appropriate)

Yes ☒ No ☐ Not applicable ☐

Do the facilities and operations conform to GMP as recommended by the World Health Organisation[15]?

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 ☐ Not applicable ☐

Address of certifying authority : **Office of the Deputy Director**
Drugs Control Administration, Vengalarao Nagar,
Hyderabad 500 038, Telangana, INDIA.

Telephone and Fax numbers : **TEL: +91 40 23814119 FAX: +91 40 23814360**

Name of Authorized Person :

Dr. Y. NAVEEN KUMAR.
JOINT DIRECTOR(FAC)
LICENSING & CONTROLING AUTHORITY

Signature :

Stamp and Date :

Dr. Y. NAVEEN KUMAR
M.Pharm.,Ph.D
Joint Director (Enforcement)
Licensing & Controlling Authority (FAC)
Drugs Control Administration
Government of Telangana
Hyderabad-500 038, T.S

«MEDEFERENT GRUP» S.R.L.
IDNO 1002600053289

DCA
DRUGS CONTROL ADMINISTRATION
TELANGANA

DRUGS CONTROL ADMINISTRATION
Government of Telangana

L.Dis.No.7775/A2/2018. Dated 15-02-2020

To

M/s. GLS Pharma Limited,
Plot.No.10, Phase – I,
IDA., Jeedimetla,
Medchal-Malkajgiri District – 500 055,
Telangana, INDIA.

Sirs,

Sub: Drugs and Cosmetics Act, 1940 and Rules made thereunder – Issue of World Health Organization Good Manufacturing Practice Certificate – Regarding.

Ref:
1. Your application dated 05.11.2018.
2. Joint Inspection Report dated 20.02.2019 & 21.02.2019.
3. Compliance Verification Report dated 05.12.2019.
4. Lr.No. 5-6(490 A1)/2018/7492, dated 13.02.2020 of Deputy Drugs Controller(India), CDSCO, Hyderabad

@@@

I forward herewith **WORLD HEALTH ORGANIZATION GOOD MANUFACTURING PRACTICE CERTIFICATE** for the products recommended by the Joint Inspection Team consisting of officers of Central Drugs Standard Control Organization and officer from Drugs Control Administration, Telangana for **Export** Purpose.

This Certificate is valid for a period of **Three** years from the date of issue.

DRUGS CONTROL ADMINISTRATION * GOVERNMENT OF TELANGANA * HYDERABAD JD(FAC)

Yours faithfully,

15/02/20

Dr. B. VENKATESHWARLU
JOINT DIRECTOR(FAC)
DRUGS CONTROL ADMINISTRATION

OLCOVA, ANENII NOI, RUSENI, SOCIETATEA CU RASPUNDERE LIMITATA "MEDEFERENT GRUP" IDNO 1002600053289 «MEDEFERENT GRUP» S.R.L.