

CERTIFICATE OF A PHARMACEUTICAL PRODUCT

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

Certificate No.: No. HFW. H (Drugs) 217/09/2022/48

VALID UPTO: 22/02/2025

Exporting (certifying) country : INDIA
Importing (requesting) country : Annexure Attached
1. Name and dosage form of product : **Hisone-20
Hydrocortisone Tablets USP**
1.1 Active ingredient (s) and Amount (s) per unit dose : Each uncoated tablet contains:
Hydrocortisone IP..... 20 mg

1.2 For complete qualitative composition including Excipients: N.A.
Is this product licensed to be placed on the market for use in the exporting country?

Yes No

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

Yes No Unknown

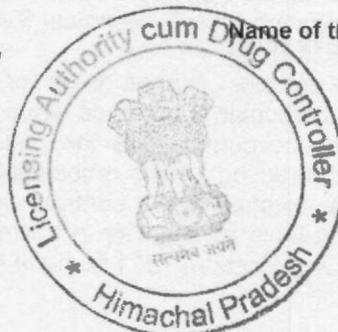
If the answer to 1.2 is yes, continue with section 2A and omit section 2B.
If the answer to 1.2 is no, omit section 2A and continue with section 2B.

2A
A.1 No of product license : MB/09/791 in Form No. 28
And date of issue : 01.04.2020
A.2 Product License holder : M/s Samarth Life Sciences Pvt. Ltd.
Unit-II Plot No. 2, Industrial Area, Vill.
Lodhimajara, Baddi, Distt. Solan
H.P. 173205 India
A.3 Status of Product-license Holder :
a b c
A.3.1 For categories b and c, The name and address of the
Manufacturer producing the dosage form are
Not Applicable
A.4 Is summary Basis of Approval appended? :
Yes No
A.5 Is the attached, officially approved product information
Complete and consonant with the License? :
Yes No Not provided
A.6 Applicant for certificate if different from License holder :
Not Applicable

2B
B. 1 Applicant for certificate
(name and address) :
B. 2 Status of applicant:
a b c
B.2.1 For categories b and c the name
and address of the Manufacturer
producing the dosage form are
B. 3 Why is marketing authorization
lacking ?
Not Not Under
Required Requested consideration
Refused
B. 4 Remark :

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

Address of Certifying Authority:
State Drug Controller
Controlling Cum Licensing Authority
Baddi Distt. Solan (H.P) -173205
01795-244228, sdc4hp@gmail.com



Name of the Authorized Person : Navneet Marwaha
Designation : State Drug Controller
Signature : *Navneet Marwaha*
Stamp and Date :
State Drug Controller
Controlling cum Licensing Authority
Baddi Distt. Solan (H. P.) 173205
01795-244228, sdc4hp@gmail.com

08 MAR 2022