

**CERTIFICATE OF A PHARMACEUTICAL PRODUCT<sup>1</sup>**

No of Certificate : 3090518/TS/2022

Valid UpTo: **15/06/2025**

1.Name and Dosage form of Product:

Exporting(Certifying)Country: **INDIA**

**CHLORAMBUCIL TABLETS USP 2mg CELKERAN 2**

1.1 Active Ingredients(s)<sup>2</sup> and amount(s) per unit dose<sup>3</sup>:

Importing(Requesting) country **Mozambique**

Each film coated tablet contains Chlorambucil USP 2mg Excipients q.s.

Colours: Iron oxide of yellow & Titanium Dioxide USP.

For complete qualitative composition including excipients see above<sup>4</sup>

1.2 Is this Product licensed to be placed on the market for use in Exporting country?<sup>5</sup>

**Yes**

1.3 Is this product actually on the marketing in the Exporting Country?

**Yes**

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 continue with section 2B<sup>6</sup>

2A.1 Number of Product Licence<sup>7</sup>: **25/HD/AP/2003/F/CC Dated 27.05.2003**

2B.1 Applicant for Certificate(Name and Address)

2A.2 Product License Holder(Name and address): CELON LABORATORIES PRIVATE LIMITED. Plot. No. 2, ALEAP Industrial Estate, Gajularamaram, Medchal District 500 090, Telangana State, India.

2B.2 Status of Applicant<sup>8</sup>

2A.3 Status of License Holders<sup>8</sup> : a

2B2.1 For Categories (b) and (c) the name and address of the manufacturer producing the dosage form is<sup>9</sup>

2A.3.1 For Category b and c the name and address of the manufacturer producing the dosage form is <sup>9</sup> Not Applicable

2B.3 Why is marketing authorisation lacking?

2A.4 Is Summary basis of approval appended ? <sup>10</sup> No

2B.4 Remarks<sup>13</sup> :

2A.5 Is the Attached, officially approved production information complete and consonant with the license?<sup>11</sup>: Not Provided

2A.6 Applicant for Certificate, if different from licence holder (name and address) No

3 Does the certifying authority arrange for periodic spection of the manufacturing plant in which the dosage form is produced?<sup>14</sup>

**Yes**

3.1 Periodicity of routine inspection(years)

**Once in a Year**

3.2 Has the Manufacture of this type of dosage from been inspected?

**Yes**

3.3 Do the facilities and operations conform to GMP as recommended by World Health Organization?<sup>15</sup>

**Yes**

4.0 Does the information Submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product?<sup>16</sup>

**Yes**

Address of Certifying Authority.

Name of the authorized person:

Drugs Control Administration, Vengalraonagar, Hyderabad 500038, India

Digitally Signed By

Telephone No : 91-040-23814119 Fax No : 91-040-23814360

**C RAJAVARDHANA CHARY**

**Deputy Director and Certifying Authority**

**DRUGS CONTROL ADMINISTRATION**

**TELANGANA STATE**

Date:25-06-2022 12:36:47 PM