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

		minutely motor attached)	
No. of certificate	: HFW-H (Drugs) 98/09 (Vol. I) / 23 - 04	VALID UPTO: 23.12.2025
Exporting (certifying) country Importing (requesting) country	: INDIA : OTHER THAN INDIA		
1. Name and dosage form of product	: L-Asparaginase for I	njection 10000 IU (Ly	ophilized)
1.1 Active ingredient(s) ² and amount(s)	L-Asparagir Excipients		ution)
For complete qualitative composition in	cluding excipients, see attache	d.⁴NA	
1.2 Is this product licensed to be placed	on the market for use in the e	xporting country ?5 Yes	× No □
1.3 Is this product actually on the market	all that self of houseon ma-	Yes X No	Unknown
If the answer to 1.2 is Yes, continue with If the answer to 1.2 is No, omit section 2	n section 2A and omit section 2 2A continue section 2B ⁶	2B	
A.3 Status of product license Holders a	product information icense ? ¹¹ Not provided from	manufacturer proc	and c the name and address of the ducing the dosages form are quithorization lacking
3. Does the certifying authority arrange Yes X No If no or not applicable proceed to que 3.1 Periodicity of routine inspections (yes 3.2 Has the manufacture of this type of or 3.3 Do the facilities and operations conformation submitted by the Yes X No	Not applicable 14 stion 4 ars): Yearly dosage form been inspected? Yorm to GMP as recommended Not applicable	Yes X No Down of the Norganisati	On?14
If no, explain:			
Address of certifying authority: State Drugs Controller, Controlling cum - Licensing Authority, I.P., Baddi, Distt- Solan 173205 Ph. No.: 01795 244288 Sax. No. 01795 244288		Name of the Au State Drugs (Signature: g cl	im Licensing Authority
ax. 110. 01/35 244288		Stamp and date 01795-24428	8,sdc4hp@gmail.com

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

No. of certificate : HFW-H (Drugs) 98/09 (Vo	ol. I) / 23 - 49 VALID UPTO: 23.12.2025
	Kind on account of the second of to though solding
Exporting (certifying) country : INDIA	
Importing (requesting) country : OTHER THAN INDIA	
Name and dosage form of product : PEG L-Asparaginase	Injection 3750 IU/5 mi
1.1 Active ingredient(s)² and amount(s) per unit dose³ : Each ml con PEG L-Aspar Excipients	ntains: raginase 750 IU qs
For complete qualitative composition including excipients, see attached	d. ⁴ NA
1.2 Is this product licensed to be placed on the market for use in the ex	
	Yes X No Unknown
	28
If the answer to 1.2 is Yes, continue with section 2A and omit section 2 if the answer to 1.2 is No, omit section 2A continue section 2B ⁶	The second second second
A.1 Number of product license ⁷ MB/09/749 and date of issue: 05.03.2020 A.2 Product license holder: M/s Beta Drugs Ltd., (Name and address) Kharuni-Lodhimajra Road, Vill. Nandpur, Baddi, Distt. Solan (H.P.) INDIA	B.2 Status of application : a b C d d
A.3 Status of product license Holder ⁸ a x b c	B.2.1 For categories b and c the name and address of the manufacturer producing the dosages form are ⁹ Why is marketing authorization lacking
A3.1 For categories b and c the name and address of the manufacturer producing the dosage form are ⁹ : Not Applicable	Not Not under refused
A.4 Is summary basis of approval appended ?10 Yes No X	Required Requested consideration B.4 Remark: 13
A.5 Is the attached, officially approved product information Complete and consonant with the license ?11	
Yes No Not provided X	of the working and the products that the second
A.6 Application for certificate if different from license holder ¹² : Not Applicable	The control of the co
3. Does the certifying authority arrange for periodic inspection of the Yes X No Not applicable 14 If no or not applicable proceed to question 4 3.1 Periodicity of routine inspections (years): Yearly 3.2 Has the manufacture of this type of dosage form been inspected 3.3 Do the facilities and operations conform to GMP as recommend Yes X No Not applicable	d? Yes X No Seed by World Health Organisation? ¹⁵
4. Does the information submitted by the applicant satisfy the certification and the satisfy the certificati	fying authority on all aspects of the manufacture of the product?
If no, explain:	
	0 5 JAN 2023
Address of certifying authority:	Name of the Authorised Person: Navneet Marwah
State Drugs Controller,	(NAVNEET MARVVAA)
Controlling cum - Licensing Authority,	State Drugs Controller Controlling cum Licensing Authority
H.P., Baddi, Distt- Solan 173205	Signature: I. Solan (H. P.) -173205
Ph. No.: 01795 244288	Stamp and date: sdc4hp@gmail.cc
- N- 0470F 244288	

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

o. of certificate : HFW-H (Drugs) 98/0	09 (Vol. I) / 23 - 36 VALID UPTO: 23.12.2025
0. 01 001 111101110	
xporting (certifying) economy	A an achelgo kno course one animoso of a session
nporting (requesting) seems	
Name and dosage form of product : Sorafenib Tablets	S 200 mg
.1 Active ingredient(s) ² and amount(s) per unit dose ³	Each film coated tablet contains: Sorafenib Tosylate
	eq. to Sorafenib 200 mg
so algebras infantile has send against the first sides.	Excipients qs Colour: Approved colours
or complete qualitative composition including excipients, see att	the experting country? ⁵ Yes X No
.2 Is this product licensed to be placed on the market for use in	
.3 Is this product actually on the market in the exporting country	y? Yes X No Unknown Unknown
If the answer to 1.2 is Yes, continue with section 2A and omit sec If the answer to 1.2 is No, omit section 2A continue section 2B ⁶	ection 2B
	20
2A A.1 Number of product license ⁷ MNB/09/748	B.1 Applicant for certificate (name and address) :
and date of issue: 25.02.2021 A.2 Product license holder: M/s Beta Drugs Ltd.,	B.2 Status of application :
(Name and address) Kharuni-Lodhimajra Road, Vill. Nand Baddi, Distt. Solan (H.P.) INDIA	dipur, a b c u
Daddi, Distr. Solali (III. 1, III.)	
A.3 Status of product license Holder ⁸	B.2.1 For categories b and c the name and address of the
a x b c	manufacturer producing the dosages form are9
	B.3 Why is marketing authorization lacking
A3.1 For categories b and c the name and address of the	
manufacturer producing the dosage form are ⁹ : Not Applicable	Not Not under refused
	Not Not under relused Required Requested consideration
A.4 Is summary basis of approval appended ?10	
Yes No x	B.4 Remark: 13
A.5 Is the attached, officially approved product information Complete and consonant with the license ?11	the state of the second med and milety of (0)
Not provided X	
les	The second second and preference and like
A.6 Application for certificate if different from license holder ¹² : Not Applicable	15 Marin 15 Voltage 65 164 (5
(maintain inspection	of the manufacturing plant in which the dosage form is produced?
Not applicable 14	of the management of the control of
163	recover the production of the particle of the
If no or not applicable proceed to question 4	
3.1 Periodicity of routine inspections (years): Yearly	
3.2 Has the manufacture of this type of dosage form been ins	spected? Yes X No
3.3 Do the facilities and operations conform to GMP as recom	nmended by World Health Organisation? ¹⁵
Not applicable	
Yes x No	e certifying authority on all aspects of the manufacture of the product? ¹⁶
Yes x No Not applicable	The special state of the state
If no, explain:	Service de serve and an artikled death by see and behaviored
η πο, ολριαπι	- = 141 2000
Address of certifying authority:	0 5 JAN 2023
State Drugs Controller,	Name of the Authorised Person: Navneet Marwa
Controlling cum - Licensing Authority,	State Drugs Controller
H.P., Baddi, Distt- Solan 173205	Controlling cum Licensing Aut Orth
Ph. No.: 01795 244288	Signature: islt. Solan (H, P.)-173205
04705 244299	Stamp and date:

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

(General instructions and expla	IDTO 00 40 202E
No. of certificate : HFW-H (Drugs) 98/09 (Vo	ol. I) / 23 - 44 VALID UPTO: 23.12.2025
Exporting (certifying) country : INDIA	
Importing (requesting) country : OTHER THAN INDIA	
1. Name and dosage form of product : Thalidomide Capsules	s USP 100 mg
1.1 Active ingredient(s) ² and amount(s) per unit dose ³ : Each hard go Thalidomide	elatin capsule contains:
For complete qualitative composition including excipients, see attached	
1.2 Is this product licensed to be placed on the market for use in the ex	xporting country ? ⁵ Yes X No No
1.3 Is this product actually on the market in the exporting country?	res X No Unknown
If the answer to 1.2 is Yes, continue with section 2A and omit section 2 If the answer to 1.2 is No, omit section 2A continue section 2B ⁶	2B A COLOR OF THE STATE OF THE
A.1 Number of product license ⁷ MNB/09/748 and date of issue: 13.11.2019 A.2 Product license holder: M/s Beta Drugs Ltd., (Name and address) Kharuni-Lodhimajra Road, Vill. Nandpur, Baddi, Distt. Solan (H.P.) INDIA A.3 Status of product license Holder ⁸ a	B.1 Applicant for certificate (name and address): B.2 Status of application: a b c d d B.2.1 For categories b and c the name and address of the manufacturer producing the dosages form are9 B.3 Why is marketing authorization lacking Not Not under refused Required Requested consideration B.4 Remark: B.4 Remark: B.5 Status of application: C d d d d d d d d d d d d d d d d d d
Does the certifying authority arrange for periodic inspection of the Yes X No Not applicable 14	manufacturing plant in which the dosage form is produced?
If no or not applicable proceed to question 4	
3.1 Periodicity of routine inspections (years): Yearly	CONTROL CONTRO
3.2 Has the manufacture of this type of dosage form been inspected	d? Yes X No
3.3 Do the facilities and operations conform to GMP as recommend Yes	
If no, explain:	0 5 JAN 2023
Address of certifying authority:	Name of the Authorised Person: Navneer Marwaha
State Drugs Controller,	(14/14/14/20/20/14/14/14/14/14/14/14/14/14/14/14/14/14/
Controlling cum - Licensing Authority,	State Drugs Controller Controlling cum Licensing Authority
H.P., Baddi, Distt- Solan 173205	Baddi Disti. Solan (H. P.)-173205
Ph. No.: 01795 244288	Stamp and date:
04705 044000	

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

No. of certificate :	HFW-H (Drugs) 98/09 (V	/ol. l) / 23 - 37	VALID UPTO: 23.12.2025
Exporting (certifying) country	INDIA		
	OTHER THAN INDIA		
Name and dosage form of product :	Temozolomide Capsu	les USP 20 mg	
1.1 Active ingredient(s) ² and amount(s) pe	er unit dose ³ : Each hard g Temozolomi Excipients	elatin capsule contains	9
For complete qualitative composition inclu 1.2 Is this product licensed to be placed of 1.3 Is this product actually on the market If the answer to 1.2 is Yes, continue with	on the market for use in the exit in the exporting country?	xporting country ? ⁵ Yes Yes No	X No Unknown
If the answer to 1.2 is No, omit section 24	A continue section 2B ⁶		or in adjusted and of the block of V
2A A.1 Number of product license ⁷ MNB/09 and date of issue: 06.04.2 A.2 Product license holder: M/s Beta D (Name and address) Kharuni-Lodhin Baddi, Distt. Sc	2021 Drugs Ltd.,	B.1 Applicant for certi	ficate (name and address) : ion : c d
A.3 Status of product license Holder ⁸ a x b	ge	manufacturer p B.3 Why is marketi	b and c the name and address of the producing the dosages form are any authorization lacking Not under refused equested consideration
A.5 Is the attached, officially approved and consonant with the large No	Not provided t from	B.4 Remark :13	A THE CONTRACT OF THE CONTRACT
3. Does the certifying authority arrange Yes X No If no or not applicable proceed to que 3.1 Periodicity of routine inspections (ye 3.2 Has the manufacture of this type of	Not applicable ¹⁴ estion 4		hich the dosage form is produced?
3.3 Do the facilities and operations con			nisation? ¹⁵
Ves W No	Not applicable		cts of the manufacture of the product? ¹⁶
If no, explain:			
			n 5 JAN 2028
Address of certifying authority:		Name of t	he Authorised Person: Navneet Marwa
State Drugs Controller,		(NA)	NEETMARWAHA
Controlling cum - Licensing Authority	•	State D	drugs Controller
H.P., Baddi, Distt- Solan 173205		Signature	Hing cum Licensing Without
Ph. No.: 01795 244288		Stamp an	11011.001d1111. F.J-110400
Fax. No. 01795 244288		Ottp.u	- The Manual March Control of the Co

Health and Family Welfare Department Himachal Pradesh Baddi-173 205,

Date:

FREE SALE CERTIFICATE

holding Licence in Form No. 25 & 28 and bearing Manufacturing License No. MNB/05/99 & This is to certify that M/s Adley Formulations, Village Kotla, Barotiwala, Distt. Solan, HP are MB/05/100 granted on dated 19.03.2020 and valid up to 08.02.2025 issued by the Drugs Control the firm is permitted to manufacture the following drugs subject to the provisions of Drugs and per the provisions of Drugs and Cosmetics Act, 1940 and rules made there under the said Licenses, Administration for the manufacture for sale or distribution of drugs approved by this department as Cosmetics Act, 1940 and rules there under and to export freely subject to the Laws and Regulations of the importing country.



(Dr. KAMLESH NAIK)
ASSISTANT DRUGS CONTROL HER
COLLEGE SHE WAS BELLED THE CONTROL CHROMAN PROPERTY OF CHROMAN PROPERTY OF THE CONTROL CHROMAN PROPERTY OF THE

Health and Family Welfare Department NO. HFW -H (Drugs) 22/65 (Vol. VIII) **Himachal Pradesh** Baddi-173 205,

LIST OF ONCOLOGY LYOPHILIZED PRODUCTS

	4,	·ω	2	г	Sr.	
Dacarbazine For Injection	Dacarbazine For Injection	Zoledronic Acid for Injection		Gemcitabine for Injection USP	GENERIC NAME	
Dacarbazine USP 500 mg	Dacarbazine USP Excipients (Sterile Lyophilized Powder for reconstitution) Fach Vial contains:	Zoledronic Acid monohydrate eq. to Zoledronic Acid anhydrous 4.0 mg Excipients (Sterile Lyophilized Powder for reconstitution) Each Vial contains:	Gemcitabine Hydrochloride USP eq. to Gemcitabine 1000 mg Excipients qs. (Sterile Lyophilized Powder for reconstitution)	Each Vial Contains: Gemcitabine Hydrochloride USP eq. to Gemcitabine excipients Excipients (Sterile Lyophilized Powder for reconstitution) Each Vial Contains:	LABEL CLAIM	
500	200 mg per Vial	4.0 mg per Vial	1000 mg per Vial	200 mg per Vial	STRENGTH	



Olo Controlling Authority ER
Hebberg Hall 1915 205 AN, H.P. 173285
Email 305 Apg (Mail.com
Phone: 01795-244288
Page (O'Assistant Drugs Controller

and/2/10

Page 6 of 13

NO .HFW-H (DCA) (Vol. 1) 98/09 HEALTH AND FAMILY WELFARE DEPARTMENT BADDI, HIMACHAL PRADESH

FREE SALE CERTIFICATE

This is to certify that M/s Beta Drugs Ltd. Situated at Kharuni – Lodhimajra Road, Village: Nandpur, Baddi, Distt Solan (H.P.) are holding license/s in form/s No 25 & 28. bearing No. MNB/09/748 & MB/09/749 respectively valid up to 26.10.2024 issued by the Drugs Control Administration for the manufacture for sale or distribution of drugs approved by this department as per the provisions of Drugs and Cosmetics Act, 1940 and rules made there under the said Licenses, the firm is permitted to manufacture the following drugs subject to the provisions of Drugs and Cosmetics Act, 1940 and rules there under and to export freely subject to the Laws and Regulations of the importing country.

List of Product as enclosed as ANNEXURE I

(NAVNEET MARWAHA)

State Drugs Controller

Cumu Dicensing Asthority

NO .HFW-H (DCA) (Vol. 1) 98/09 HEALTH AND FAMILY WELFARE DEPARTMENT BADDI, HIMACHAL PRADESH

ANNEXURE I LIST OF PRODUCTS

	14.	Dasatinib Tablets 50mg	Each film coated tablet contains: Dasatinib 50mg Excipients qs Colour : Red oxide of iron	50 mg
	15	Dasatinib Tablets 70mg	Each film coated tablet contains: Dasatinib 70mg Excipients qs Colour : Titanium Dioxide	70 mg
The second secon	16.	Vinorelbine Injection USP 50 mg / 5 ml	Each ml contains: Vinorelbine Tartrate USP eq. to Vinorelbine 10mg Water for Injections USP qs	50 mg / 5 ml

(NAVNEET MARWAHA)
State Drugs Controller
Controlling cum licensing Authority
Baddi Distt.Solan (H.P.)-173205

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

(General instructions and expla	가는 내가 가는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
No. of certificate : HFW-H (Drugs) 98/09 (V	/ol. I) / 23 - 31 VALID UPTO: 23.12.2025
Exporting (certifying) country : INDIA	
Importing (requesting) country : OTHER THAN INDIA	
Dasa Excip Colou	atinib 50 mg ients qs rr: Red Oxide of Iron
For complete qualitative composition including excipients, see attached	
1.2 Is this product licensed to be placed on the market for use in the ex	xporting country? ⁵ Yes No
1.3 is this product actually on the market in the experting search,	res x No Unknown
If the answer to 1.2 is Yes, continue with section 2A and omit section 2 If the answer to 1.2 is No, omit section 2A continue section 2B ⁶	2B
A.1 Number of product license ⁷ MNB/09/748 and date of issue: 03.07.2021 A.2 Product license holder: M/s Beta Drugs Ltd., (Name and address) Kharuni-Lodhimajra Road, Vill. Nandpur, Baddi, Distt. Solan (H.P.) INDIA A.3 Status of product license Holder ⁸ a x b c A.1 For categories b and c the name and address of the manufacturer producing the dosage form are ⁹ : Not Applicable	B.1 Applicant for certificate (name and address): B.2 Status of application: a b c d d B.2.1 For categories b and c the name and address of the manufacturer producing the dosages form are ⁹ B.3 Why is marketing authorization lacking
A.4 Is summary basis of approval appended ?¹0 Yes No X A.5 Is the attached, officially approved product information Complete and consonant with the license ?¹¹ Yes No Not provided X A.6 Application for certificate if different from license holder ¹²: Not Applicable	Required Requested consideration B.4 Remark: 13
Does the certifying authority arrange for periodic inspection of the Yes No Not applicable	manufacturing plant in which the dosage form is produced?
If no or not applicable proceed to question 4	
3.1 Periodicity of routine inspections (years): Yearly 3.2 Has the manufacture of this type of dosage form been inspected. 3.3 Do the facilities and operations conform to GMP as recommended.	
Yes X No Not applicable Yes X No Not applicant satisfy the certify Yes X No Not applicable Yes X No Not applicable	
If no, explain:	03 JAN 2023/
Address of certifying authority: State Drugs Controller, Controlling cum - Licensing Authority, H.P., Baddi, Distt- Solan 173205 Ph. No.: 01795 244288 Fax. No. 01795 244288	Name of the Authorized Person: Navneet Marwaha State Drugs Controller Controlling cum Licensing Auth 17/14 Signature: Solan (H. P.) - 17320 Stamp and date:

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

No. of certificate	: HFW-H (DRUG) 22/05 (V	/ol. VII)/ 23 - 43	VALID UPTO: 23.12.2025
Exporting (certifying) country	: INDIA		
Importing (requesting) country	: OTHER THAN INDIA		
Name and dosage form of product	Fludarabine Phospha	te for Injection US	P 50 mg (Lyophilized)
 Name and dosage form of product 1.1 Active ingredient(s)² and amount(s) 	per unit dose ³ : Each vial cor Fludarabine F Excipients	ntains: Phosphate USP 50 gs ophilized powder for rec	mg
For complete qualitative composition in	actuding excipients, see attached	d.⁴ NA	
1.2 Is this product licensed to be place			× No
1.3 Is this product actually on the mark		res x No	Unknown
If the answer to 1.2 is Yes, continue w If the answer to 1.2 is No, omit section	ith section 2A and omit section 2 2A continue section 2B ⁶	2B	The State of the S
A.1 Number of product license ⁷ MB/0 and date of issue: 13.1° A.2 Product license holder: M/s Beta	9/749 1.2019 a Drugs Ltd	B.2 Status of applica	c d
A.3 Status of product license Holder a x b c	3	manufacturer	s b and c the name and address of the producing the dosages form are ⁹ ting authorization lacking
A3.1 For categories b and c the name manufacturer producing the do form are ⁹ : Not Applicable	and address of the sage	Not	Not under refused
A.4 Is summary basis of approva	l appended ? ¹⁰	Required F	Requested consideration
A.5 Is the attached, officially approve Complete and consonant with the	ne license ?"		
A.6 Application for certificate if differ	rent from		lando de care de parase o proceso de problema y entre de pro- o en ou portropa de care de pro-
license holder 12 : Not Applica			which the desage form is produced?
3. Does the certifying authority arran Yes X No	ge for periodic inspection of the Not applicable ¹⁴	manufacturing plant in v	which the dosage form is produced.
If no or not applicable proceed to	question 4		
3.1 Periodicity of routine inspections			
3.2 Has the manufacture of this type		1? Yes X No	Colleton exchine
3.3 Do the facilities and operations	conform to GMP as recommend		anisation? ¹⁵
		ying authority on all asp	ects of the manufacture of the product? ¹⁶
Yes x No	Not applicable		
If no, explain:			0 5 JAN 2023 (
Address of certifying authority:		era kanadaria da angalah Kanadari 1888 melang	. //
State Drugs Controller,		Name of	the Authorised Person: Navneet Marwal
Licensing Authority-cum -Controll	ing Authority	State	Orugs Controller
Baddi - 173205, Distt- Solan (H.P),		Contro	Hing cum Licensing Authority
Ph. No.: 01795 244288		Cinnatu	o H Solan IH P I-1/3ZU3
Fax. No. 01795 244288		Stamp a	nd date: sdc4hp@gmail.com

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

	(General Instructions and expi		141 ID LIDTO: 22 42 2025
No. of certificate	: HFW-H (Drugs) 98/09 (Vol. I) / 23 - 46	VALID UPTO: 23.12.2025
Exporting (certifying) country	: INDIA		
Importing (requesting) country	: OTHER THAN INDIA		
Name and dosage form of product	HYDROXYUREA CA	PSULES USP 500 mg	CATANA ADMINISTRA
1. Name and dosage form of produc	Assistantes (Decide un bobie		
1.1 Active ingredient(s) ² and amount(s	Hydroxyure Excipients	gelatin capsule contains: ea USP 500 qs colours used in empty capsu) mg ule shell
For complete qualitative composition i	ncluding excipients, see attache	ed.⁴NA	y a strengt sprend act - E
1.2 Is this product licensed to be place			× No L
1.3 Is this product actually on the man		Yes X No	Unknown
If the answer to 1.2 is Yes, continue void the answer to 1.2 is No, omit section	with section 2A and omit section	1 2B	on II. hor A. abound. A
A.2 Product license holder: M/s Bet	nta Drugs Ltd., things Ltd., the Lorentz Ltd., the Ltd.,	B.2 Status of application by the second by t	b and c the name and address of the roducing the dosages form are a quathorization lacking Not under refused quested consideration
A.5 Is the attached, officially approvation of the state	ved product information the license ?11 Not provided verent from the license information verent from the license inform	B.4 Remark : ¹³	Supply the section cannot be a section of the secti
3. Does the certifying authority arranges Yes No If no or not applicable proceed to 3.1 Periodicity of routine inspection	Not applicable ¹⁴ question 4	e manufacturling plant in wh	ich the doeage ferm is produced?
3.2 Has the manufacture of this typ		ed? Yes X No	A STATE OF STREET, STR
3.3 Do the facilities and operations Yes	conform to GMP as recommen	ded by World Health Organ	cts of the manufacture of the product? ¹⁶
If no, explain:			- 000 // 00000 /
Address of certifying authority:			0 5 JAN 2028
State Drugs Controller,		Name of the	ne Authorised Person: Navneet Marwaha
Controlling cum - Licensing Auth	ority,	(NA	VNEETMARWAHA
H.P., Baddi, Distt- Solan 173205			Drugs Controller
		Signature	alling cum Licensing Authority
		Stamp an	d date: 01911 (11. F.)-1/3203
Fax. No. 01795 244288			-244288.sdc4hp@gmail.com

NO. HFW –H (Drugs) 22/05 (Vol. VIII) Health and Family Welfare Department Himachal Pradesh Baddi-173 205,

Date:

FREE SALE CERTIFICATE

This is to certify that M/s Adley Formulations Pvt. Ltd, Village Kotla, Barotiwala, Distt. Solan, HP are holding Licence in Form No. 25 & 28 and bearing Manufacturing License No. MNB/05/99 & MB/05/100 granted on dated 19.03.2020 and valid up to 08.02.2025 issued by the Drugs Control Administration for the manufacture for sale or distribution of drugs approved by this department as per the provisions of Drugs and Cosmetics Act, 1940 and rules made there under the said Licenses, the firm is permitted to manufacture the following drugs subject to the provisions of Drugs and Cosmetics Act, 1940 and rules there under and to export freely subject to the Laws and Regulations of the importing country.

Sr. No	Drug Product	Composition	Ph. Ref	Strength
1	Sorafenib Tablets 200 mg	Each film coated tablet contains: Sorafenib Tosylate Eq. to . Sorafenib 200 mg Excipients qs Colour : Approved colours	IH	200 mg
2	Bleomycin Injection USP 15Units (Lyophilized)	Each single dose vial contains: Bleomycin Sulphate USP eq. to Bleomycin 15 Units (As sterile freeze dried powder for reconstitution)	USP	15 Units

State Drug Controller (VAHA)
Controlling Cum Eicensing Authority,

n1795-244288,sdc4hp@gmail.com