CERTIFICATE OF PHARMACEUTICAL PRODUCT

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

Valid up to: 28.10.2024

No. of Certificate: 4602/A3/2022

Exportin	g (certifyi	ng) country:	INDIA			
Importing (requesting) country: CROATIA						
1. Nam	e and dosa	age form of the p	roduct: BLEC		CIN INJECTION USP 15	UNITS
1.1 Activ	e Ingredie	ent (S)2 and amou	unts (S) per unit	dose ³ :	Ď.	
	Each Ly	ophilized vial co	ntains			
		cin sulfate ent to Bleomycin	USF free base		15 IU 15 mg	
1.2		oduct licensed to as appropriate)	be placed on the	e mark	et for use in the exporting cour	ntry? 5
	Yes	\boxtimes			No 🔲	
1.3	Is this pr	oduct actually or	the market in th	e expo	orting country?	
	Yes	\boxtimes			No 🗌	Unknown
	If the ans	swer to 1.2 is yes	, continue with s	ection	2A and omit section 2B.	
	If the ans	swer to 1.2 is no,	omit section 2A	and co	ontinue with section 2B6	
S	ECTION	2A				
2.A.1	Number	of product Licen	ce ⁷ and date of i	ssue:	22/RR/TS/2015/F/G, Dated	: 13.01.2015
2.A.2	Product l	icense holder (N	ame and address):	GLS PHARMA LIMITED Plot.No. 10,IDA, Phase-I Jeedimetla, R.R.Dist, Hyderabad, Telangana, INDI	
2.A.3	Status of	product – licens	e holder ⁸ (Key i	s appro	opriate category as defined in 1	note (8)
	a) 🛛			b) []	c) 🔲
2A.3.1	For categ	gories b and c the	name and addre	ss of t	he Manufacturer producing the	dosage form is 9?
	Yes 🗌			No [Not applicable
2.A.4	Is summa	ary basis for app	roval appended 1	⁰ ? (er	nclosed at the time of product a	approval)
	Yes 🛚			No [Not applicable
2.A.5	Is the atta (key as	ached, officially appropriate)	approved produc	t infor	rmation complete and consonar	nt with the license? ¹¹
2. A.6	Yes 🛛 Applican	nt for certificate,	if different from	No [e holder (Name & Address) ¹²	Not applicable
	Yes 🔲			No [\boxtimes	Not applicable

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	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	Remark	ks: ¹³							
3.		ne certifying authority arrange produced?	for perio	odic inspection of the	e manufacturing plant in which the dosage				
	Yes			No 🗆	Not applicable ¹⁴ □				
	If not o	or not applicable, proceed to qu	estion 4	e e					
	Periodi	Periodicity of routine inspections (years): NOT LESS THAN ONCE A YEAR							
	Has the	e manufacturer of this type of o	losage fo	e form been inspected Yes/No (Key in as appropriate)					
	Yes			No 🗌	Not applicable				
	Do the	Do the facilities and operations conform to GMP as recommended by the World Health Organisation 15?							
	Yes	\boxtimes		No 🗌	Not applicable				
4.		ne information submitted by that acturer of the product? 16	e applica	ant satisfy the certify	ing authority on all aspects of the				
	Yes	\boxtimes		No 🗌	Not applicable				
	Addres	s of certifying authority	; I	Deputy Director (FA	g Control Administration AC) Licensing & Controlling Authority erabad 500 038, Telanagana, INDIA				
	Teleph	one and Fax numbers	:	TEL: +91 40 23	3814119 FAX: +91 40 23814360				
	Name	of Authorized Person	:		B. SOWBHAGYA LAXMI				
	Signatu	ure	3		UTY DIRECTOR (FAC) & CONTROLLING AUTHORITY				
	Stamp and Date			R.	Swhe pyr leg 10/2:	2			
	Joputy Director	etument of Topland Administration Administration Region		D Licensi Drug Go	OWBHAGYA LAXMI Deputy Director (FAC) ing & Controlling Authority gs Control Administration overnment of Telangana vderabad-500 038, T.S.				

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.)

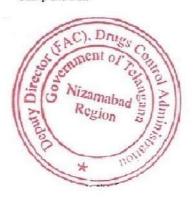
Valid up to: 20.12.2023

No. of Certificate: 3931/A3/2021

Exportin	g (certifyi	ng) country:	INDIA				
Importin	g (request	ing) country:	ALGERIA				
1. Name	e and dosa	age form of the		DARABI DAMAX		PHOSPHATE FOR INJ	ECTION USP 50 mg
1.1 Activ	e Ingredie	ent (S)2 and ar	nounts (S) per u	nit dose ³ :			
	Each Lyophilized vial contains:						
	Fludarab Mannito Excipien		US	P		50 mg 100 mg q.s	
1.2		oduct licensed as appropriat		the marke	et for	use in the exporting cour	ntry? 5
	Yes	\boxtimes			No		
1.3	Is this pr	oduct actually	on the market in	n the expo	rting	country?	
	Yes	\boxtimes			No		Unknown
	If the ans	swer to 1.2 is	yes, continue wit	h section	2A a	nd omit section 2B.	
	If the ans	swer to 1.2 is	no, omit section	2A and co	ntinu	ue with section 2B6	
S	ECTION	2A					
2.A.1	Number	of product Lic	ence ⁷ and date of	of issue:	22/I	RR/TS/2015/F/G, Dated:	: 13.01.2015
2.A.2	Product l	icense holder	(Name and addr	ress):	Plot	S PHARMA LIMITED t.No. 10,IDA, Phase-I dimetla, R.R.Dist, derabad, Telangana, INDI	
2.A.3	Status of	product – lice	ense holder ⁸ (Ke	y is appro	priat	e category as defined in r	note (8)
	a) 🛛			b) [ĺ		c) 🔲
2A.3.1	For categ	gories b and c	the name and ad	dress of th	ne Ma	anufacturer producing the	dosage form is 9?
	Yes 🗌			No []		Not applicable
2.A.4	Is summa	ary basis for a	pproval appende	d ¹⁰ ? (en	close	ed at the time of product a	approval)
	Yes 🛛			No [Not applicable
2.A.5	Is the atta (key as	ached, official appropriate)	ly approved pro	duct infor	matic	on complete and consonar	nt with the license?11
2. A.6	Yes 🛛 Applican	nt for certificat	e, if different fro	No [om license		ler (Name & Address) ¹²	Not applicable
	Yes 🗌			No [₫		Not applicable

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	\boxtimes		No 🗆	Not applicable 14			
	If not or	not applicable, proceed to c	luestion	n 4.				
	Periodic	ity of routine inspections (y	ears):	NOT LESS THE	AN ONCE A YEAR			
	Has the	manufacturer of this type of	dosage	e form been inspected Yes/No (K	ey in as appropriate)			
	Yes	\boxtimes		No 🗌	Not applicable			
	Do the f	acilities and operations conf	orm to	GMP as recommended by the W	orld Health Organisation 15?			
	Yes			No 🗌	Not applicable			
4.		e information submitted by t turer of the product ? ¹⁶	he app	licant satisfy the certifying author	rity on all aspects of the			
	Yes	\boxtimes		No 🗆	Not applicable			
	Address	of certifying authority	:		Administration sing & Controlling Authority 0 038, Telanagana, INDIA			
	Telepho	ne and Fax numbers	:	TEL: +91 40 23814119	FAX: +91 40 23814360			
	Name of	f Authorized Person	:		LA SARALA			
	Signatur	e	:		RECTOR (FAC) ROLLING AUTHORITY			
					0.,			

Stamp and Date



PATLOLLA SARALA
DEPUTY DIRECTOR & CERTIFYING AUTHORITY
NIZAMABAD

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 C	Certificate	: 3825/A3/20	021			Valid up to: 1	1.01.2023
Exportin	ng (certify	ing) country: I	NDIA				
Importi	ng (reques	ting) country: M	IOLDOVA				
1. Nan	ne and dos	age form of the p	product: IFOS		E FOR INJECTION USP 1g		
1.1 Acti	ve Ingredi	ent (S)2 and amo	ounts (S) per un	it dose ³ :	SI .		
	Each Via Ifosfami	l Contains: de	USP	1000 1	mg		
1.2		roduct licensed to as appropriate)	o be placed on	the mark	et for use in the exporting cour	ntry? 5	
	Yes	\boxtimes			No 🔲		
1.3	Is this p	oduct actually o	n the market in	the expo	orting country?		
	Yes	\boxtimes			No 🗌	Unknown	
	If the an	swer to 1.2 is ye	s, continue with	n section	2A and omit section 2B.		
	If the an	swer to 1.2 is no	, omit section 2	2A and co	ontinue with section 2B6		
5	SECTION	1 2A					
2.A.1	Number	of product Licer	nce ⁷ and date o	f issue:	22/RR/TS/2015/F/G, Dated	: 13.01.2015	
2.A.2	Product	license holder (N	Name and addre	ess):	GLS PHARMA LIMITED Plot.No. 10,IDA, Phase-I Jeedimetla, R.R.Dist, Hyderabad, Telangana, IND		
2.A.3	Status of	f product – licen	se holder8 (Ke	y is appro	opriate category as defined in	note (8)	
	a) 🛛			b) []	c) 🔲	
2A.3.1	For cate	gories b and c th	e name and add	dress of th	he Manufacturer producing the	e dosage form is	9?
	Yes			No [Not applicable	\boxtimes
2.A.4	Is summ	ary basis for app	proval appended	i ¹⁰ ? (en	closed at the time of product a	approval)	
	Yes 🛛			No [Not applicable	
2.A.5	Is the att (key as	ached, officially appropriate)	approved prod	luct infor	mation complete and consonar	nt with the licens	se? ¹¹
2. A.6	Yes 🛭 Applicar		if different fro	No [m license	holder (Name & Address) ¹²	Not applicable	
	Yes 🗌			No 2	⊲	Not applicable	

2. B.1	Applica	ant for certificate (Name & ac	ddress)				
2. B.2	Status of applicant: (Key in the appropriate category as defined in note 8)						
2. B.2.1	For cate	egories b and c the name and	address of t	he manufacturer producing th	ne 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.		ne certifying authority arrange produced?	e for periodi	c inspection of the manufactu	uring plant in which the dosage		
	Yes			No 🗆	Not applicable 14		
	If not o	r not applicable, proceed to q	juestion 4.				
	Periodi	city of routine inspections (ye	ears):	NOT LESS THA	N ONCE A YEAR		
	Has the	manufacturer of this type of	dosage form	n been inspected Yes/No (Ke	y in as appropriate)		
	Yes	\boxtimes		No 🗆	Not applicable		
	Do the	facilities and operations conf	orm to GMI	P as recommended by the Wo	rld Health Organisation ¹⁵ ?		
	Yes	\boxtimes		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	\boxtimes		No 🗌	Not applicable		
	Addres	s of certifying authority	#	Office of the Dep Drugs Control Administr Hyderabad 500 038,	ation, Vengalarao Nagar,		
	Telepho	one and Fax numbers		TEL: +91 40 23814119	FAX: +91 40 23814360		
	Name o	of Authorized Person	:				
					VEEN KUMAR. IRECTOR(FAC)		
				LICENSING & CO	ONTROLING AUTHORITY		
		Signature HYDERABAD JD(FAC) Stamp and Date	:	Dr. Y. NAVEEN Joint Director (Enf. Licensing & Controlling Drugs Control Adr. Government of Hyderabad-500	Pharm.,Ph.D forcement) Authority (FAC) ministration		

CERTIFICATE OF PHARMACEUTICAL PRODUCT

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

Valid up to: 11.01.2023

No. of Certificate: 3828/A3/2021

				450		
Exportin	g (certifying) country:	INDIA				
Importin	g (requesting) country:	MOLDOVA				
1. Name	e and dosage form of the	e product: MESNA IN MESNA 40	NJECTION 400 mg 4 mL/ An	npoule		
1.1 Activ	e Ingredient (S) ² and an	nounts (S) per unit dose	5 ³ :			
	Each mL Contains					
	Mesna		100 mg			
	Disodium Editate Benzyl Aclohol		0.25 mg 10.4 mg			
	Water for Injection	USP	q.s			
1.2	Is this product licensed (Key in as appropriate		arket for use in the exporting cou	ntry? 5		
	Yes 🛛		No 🗌			
1.3	Is this product actually	on the market in the ex	xporting 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 a	no, omit section 2A and	Continue with section 2B6			
S	ECTION 2A					
2.A,1	Number of product Lic	eence ⁷ and date of issue	e: 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, IND			
2.A.3	Status of product - lice	ense holder ⁸ (Key is ap	propriate category as defined in	note (8)		
	a) 🖾	b)		c) 🔲		
2A.3.1	For categories b and c	the name and address of	of the Manufacturer producing the	e dosage form is 9?		
	Yes	No		Not applicable		
2.A.4	Is summary basis for a	pproval appended 10 ?	(enclosed at the time of product a	approval)		
	Yes 🖂	No		Not applicable		
2.A.5	Is the attached, official (key as appropriate)	ly approved product in	formation complete and consona	nt with the license? ¹¹		
2. A.6	Yes Applicant for certificat		nse holder (Name & Address) ¹²	Not applicable		
	Yes 🗌	No		Not applicable		

2. B.1	Applica	ant for certificate (Name & ac	ddress)				
2. B.2	Status of applicant: (Key in the appropriate category as defined in note 8)						
2. B.2.1	For cate	egories b and c the name and	address of t	he manufacturer producing th	ne 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.		ne certifying authority arrange produced?	e for periodi	c inspection of the manufactu	uring plant in which the dosage		
	Yes			No 🗆	Not applicable 14		
	If not o	r not applicable, proceed to q	juestion 4.				
	Periodi	city of routine inspections (ye	ears):	NOT LESS THA	N ONCE A YEAR		
	Has the	manufacturer of this type of	dosage form	n been inspected Yes/No (Ke	y in as appropriate)		
	Yes	\boxtimes		No 🗆	Not applicable		
	Do the	facilities and operations conf	orm to GMI	P as recommended by the Wo	rld Health Organisation ¹⁵ ?		
	Yes	\boxtimes		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	\boxtimes		No 🗌	Not applicable		
	Addres	s of certifying authority	#	Office of the Dep Drugs Control Administr Hyderabad 500 038,	ation, Vengalarao Nagar,		
	Telepho	one and Fax numbers		TEL: +91 40 23814119	FAX: +91 40 23814360		
	Name o	of Authorized Person	:				
					VEEN KUMAR. IRECTOR(FAC)		
				LICENSING & CO	ONTROLING AUTHORITY		
		Signature HYDERABAD JD(FAC) Stamp and Date	:	Dr. Y. NAVEEN Joint Director (Enf. Licensing & Controlling Drugs Control Adr. Government of Hyderabad-500	Pharm.,Ph.D forcement) Authority (FAC) ministration		

CERTIFICATE OF PHARMACEUTICAL PRODUCT

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

Valid up to: 11.01.2023

No. of Certificate: 3930/A3/2021

						.Pi
Exportin	g (certifyi	ng) country:	INDIA			
Importin	g (request	ing) country:	MOLDOVA			
1. Name	e and dosa	ige form of the	product: VIN	BLASTI	INE SULFATE FOR INJE	CTION USP 10 mg
			VIN	BLASTI	INE -GLS	
1.1 Activ	e Ingredie	ent (S)2 and am	ounts (S) per un	it dose ³	:	
	Each via	l contains				
	Vinblast	ine sulfate	USF)	10 mg	
	Mannito	l	USF		q.s	
	Water fo	or Injection	USI	•	q.s	
1.2		oduct licensed as appropriate		the mark	tet for use in the exporting cou	ntry? 5
	Yes	\boxtimes			No 🗆	
1.3	Is this pr	oduct actually	on the market in	the expe	orting country?	
	Yes	\boxtimes			No 🗆	Unknown
	If the ans	swer to 1.2 is y	es, continue with	n section	2A and omit section 2B.	
	If the ans	swer to 1.2 is n	o, omit section 2	2A and co	ontinue with section 2B6	
S	ECTION	2A				
2.A.1	Number	of product Lice	ence ⁷ and date o	f issue:	22/RR/TS/2015/F/G, Dated	: 13.01.2015
2.A.2	Product 1	license holder (Name and addre	ess):	GLS PHARMA LIMITED Plot.No. 10,IDA, Phase-I Jeedimetla, R.R.Dist, Hyderabad, Telangana, IND	
2.A.3	Status of	product – lice	nse holder ⁸ (Ke	y is appr	opriate category as defined in	note (8)
	a) 🛛			b) [J	c) 🗌
2A.3.1	For categ	gories b and c t	he name and add	lress of t	the Manufacturer producing the	e dosage form is ⁹ ?
	Yes 🗌			No [Not applicable
2.A.4	Is summ	ary basis for ap	proval appended	i ¹⁰ ? (er	nclosed at the time of product	approval)
	Yes 🛛			No [Not applicable
2.A.5	Is the att (key as	ached, officiall appropriate)	y approved proc	luct infor	rmation complete and consona	nt with the license? ¹¹
2. A.6	Yes 🛭 Applicar	nt for certificate	e, if different fro	No [m license	e holder (Name & Address) ¹²	Not applicable
	Yes 🗌			No	\boxtimes	Not applicable

2. B.1	Applica	ant for certificate (Name & ac	ddress)				
2. B.2	Status of applicant: (Key in the appropriate category as defined in note 8)						
2. B.2.1	For cate	egories b and c the name and	address of t	he manufacturer producing th	ne 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.		ne certifying authority arrange produced?	e for periodi	c inspection of the manufactu	uring plant in which the dosage		
	Yes			No 🗆	Not applicable 14		
	If not o	r not applicable, proceed to q	juestion 4.				
	Periodi	city of routine inspections (ye	ears):	NOT LESS THA	N ONCE A YEAR		
	Has the	manufacturer of this type of	dosage form	n been inspected Yes/No (Ke	y in as appropriate)		
	Yes	\boxtimes		No 🗆	Not applicable		
	Do the	facilities and operations conf	orm to GMI	P as recommended by the Wo	rld Health Organisation ¹⁵ ?		
	Yes	\boxtimes		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	\boxtimes		No 🗌	Not applicable		
	Addres	s of certifying authority	#	Office of the Dep Drugs Control Administr Hyderabad 500 038,	ation, Vengalarao Nagar,		
	Telepho	one and Fax numbers		TEL: +91 40 23814119	FAX: +91 40 23814360		
	Name o	of Authorized Person	:				
					VEEN KUMAR. IRECTOR(FAC)		
				LICENSING & CO	ONTROLING AUTHORITY		
		Signature HYDERABAD JD(FAC) Stamp and Date	:	Dr. Y. NAVEEN Joint Director (Enf. Licensing & Controlling Drugs Control Adr. Government of Hyderabad-500	Pharm.,Ph.D forcement) Authority (FAC) ministration		

CERTIFICATE OF PHARMACEUTICAL PRODUCT

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

Valid up to: 11.01.2023

No. of Certificate: 3937/A3/2021

Exportin	g (certifyii	ng) country:	INDIA			
Importin	g (requesti	ng) country:	JAMAICA			
1. Name	e and dosa	ge form of the	product: VINCRI	STINE	SULFATE INJECT	ION USP 1mg 1mL/ Via
1.1 Activ	-	ent (S) ² and amo	ounts (S) per unit do	ose ³ :		
	Mannitol	ne Sulfate l or Injection	USP USP USP	1 mg 100 r q.s		
1.2		oduct licensed t s appropriate)		narket fo	or use in the exporting c	country? 5
	Yes	\boxtimes		No	о 🔲	
1.3	Is this pro	oduct actually o	on the market in the	exportin	g country?	
	Yes	\boxtimes		No	o 🗆	Unknown
	If the ans	wer to 1.2 is ye	es, continue with sec	tion 2A	and omit section 2B.	
	If the ans	wer to 1.2 is no	o, omit section 2A a	nd conti	nue with section 2B6	
S	ECTION	2A				
2.A.1	Number	of product Lice	nce ⁷ and date of iss	ue: 22	/RR/TS/2015/F/G, Dat	ted: 13.01.2015
2.A.2	Product l	icense holder (l	Name and address)	Ple Je	LS PHARMA LIMITI ot.No. 10,IDA, Phase-I edimetla, R.R.Dist, yderabad, Telangana, IN	
2.A.3	Status of	product – licen	se holder ⁸ (Key is	appropri	ate category as defined	in note (8)
	a) 🛛		b			c) 🔲
2A.3.1	For categ	ories b and c th	ne name and address	of the N	Manufacturer producing	the dosage form is 9?
	Yes 🗌		N	Го 🔲		Not applicable
2.A.4	Is summa	ary basis for app	proval appended 10 S	enclos	sed at the time of produ	ct approval)
	Yes 🛛		N	о 🗆		Not applicable
2.A.5	Is the atta (key as	ached, officially appropriate)	approved product	informat	ion complete and conso	onant with the license?11
2. A.6	Yes 🛭 Applican	t for certificate		o 🗌	lder (Name & Address)	Not applicable
	Yes 🗌		N	o 🛛		Not applicable

2. B.1	Applica	ant for certificate (Name & ac	ddress)				
2. B.2	Status of applicant: (Key in the appropriate category as defined in note 8)						
2. B.2.1	For cate	egories b and c the name and	address of t	he manufacturer producing th	ne 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.		ne certifying authority arrange produced?	e for periodi	c inspection of the manufactu	uring plant in which the dosage		
	Yes			No 🗆	Not applicable 14		
	If not o	r not applicable, proceed to q	juestion 4.				
	Periodi	city of routine inspections (ye	ears):	NOT LESS THA	N ONCE A YEAR		
	Has the	manufacturer of this type of	dosage form	n been inspected Yes/No (Ke	y in as appropriate)		
	Yes	\boxtimes		No 🗆	Not applicable		
	Do the	facilities and operations conf	orm to GMI	P as recommended by the Wo	rld Health Organisation ¹⁵ ?		
	Yes	\boxtimes		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	\boxtimes		No 🗌	Not applicable		
	Addres	s of certifying authority	#	Office of the Dep Drugs Control Administr Hyderabad 500 038,	ation, Vengalarao Nagar,		
	Telepho	one and Fax numbers		TEL: +91 40 23814119	FAX: +91 40 23814360		
	Name o	of Authorized Person	:				
					VEEN KUMAR. IRECTOR(FAC)		
				LICENSING & CO	ONTROLING AUTHORITY		
		Signature HYDERABAD JD(FAC) Stamp and Date	:	Dr. Y. NAVEEN Joint Director (Enf. Licensing & Controlling Drugs Control Adr. Government of Hyderabad-500	Pharm.,Ph.D forcement) Authority (FAC) ministration		