	us, Bhutan, Bolovia, Brazil, Burkina Faso, Cambodia, Cameroon, Chad, Costa
Rica, D.R. Congo Egypt, Equatorial Guines, Guyana, Ga Kazakhastan, Kenya, Korea, Kuwait, Kyrgystan, Madag Oman, Panama, Peru, Philipines, Qatar, Republic of Co	abon, Ghana, Gorgia, Indonesia, Iran, Iraq, Israel, Ivory Coast, Jamaica, Jordan gascar, Malawi, Malaysia, Mangolia, Mozambique. Myanmar, Nepal, Nigeria, ngo, Republic of Guinea, Romania, Russia, Rwanda, Saudi Arabia, Senegal, Serbia, tan, Tanzania, Thailand, Togo, Turkmenistan, UAE, Uganda.
CERTIFICATE OF A PHAR	RMACEUTICAL PRODUCT ¹
 Name & dosage form of product: DOSS X'TRA TIME DELAY SPRAY (Lidocal 1.1 Active ingredient (s)² and amount (s) per unit dose³ (complete qualitative composition in 	cluding excipients, see attached)
Composition:	Attested
Lidocaine USP	Sughuite AMERICAN CHAMBER
Vitamin E USP	SUSHMITA
1.2 Is this product licensed to be placed on the market for use in the exporting country?	YES Secretary .2 6 JUN 2020
If yes, complete box A, if no, complete box B: 1.3 Is this product actually on the market in the exporting country? ⁵	YES 0 0 2 8 1 4
The most than the state of the	B WEWREA
2A.1 Number of product licence & date of issued: 65/UA/2016 & 65/UA/SC/P-2016	2B.1 Applicant for certificate (name & address)
dt. 24/08/2016	2B.2 Status of applicant: (a) (b) (c) (d)
2A.2 Product licence holder: M/s SIGNATURE PHYTOCHEMICAL INDUSTRIES. 122, MI, SELAQUI INDUSTRIAL AREA, DEHRADUN 2A.3 Status of product licence holder ⁸ : (a)	2B.2.1 For categories b and c the names and address of the manufacturer producing the dosage form are ⁹ :
2A.3.1 For categories b and c the name and address of the manufacturer producing	2B.3 Why is marketing authorization lacking?
the dosage form are ⁹ : Not Applicable	Not
2A.4 Is summary basis of Approval appended ¹⁰ ? Yes \(\subseteq \text{No} \) \(\subseteq \text{V} \) 2A.5 Is the attached, officially approved product information complete and consonant with the licence ¹¹ ? Yes \(\subseteq \text{No} \) \(\subseteq \text{No} \) \(\subseteq \text{No} \)	Required Requested Consideration 2B.4 Remark: 13
2A.6 Applicant for certificate if different from licenced holder: Not Applicable 12	2B.4 Remark.
3. Does the certifying authority arrange for periodic inspection of the manufacturing plan	t in which the dosage form is produced? Yes √ No NA
Periodically of routine inspection (years): Once in a year 3.2 Has the manufacture of this type of dosage form been inspected	Yes ☑ No □
3.3 Do the facilities and operations conform to GMP as recommended by the World Health	Organization? ¹⁵
4. Does the information submitted by the applicant satisfy the certifying authority on all as	spects of the manufacture of the product? Yes $N \square \sqrt{}$
WHO-GMP-CERT.NO. 26/1/Drug/20/2019/8456, Valid up to: 14/05/2023	Name of the authorized person:
Address of certifying authority:	
Drug Licensing & Controlling Authority Directorate General of Medical Health & Family Welfare,	Signature:
Sahastradhara Road, Dehradun-248001 (Uttarakhand) (INDIA)	Stamp & Date
Directorate General of Medical Health & Family Welfare, Sahastradhara Road, Dehradun-248001 (Uttarakhand) (INDIA)	Stamp & Date Stamp & Date Stamp & Date Orug Controlling & Licensing (Uttarakhan)



