No. of Certificate: 26/1/Drug/20/2019/8456 11687		Exporting (Certifying) Country: INDIA		
Kazakhastan, Ker Oman, Panama, F Singapore, South	ca, Algeria, Azerbaijan, Bahrin, Baelarus, Egypt, Equatorial Guines, Guyana, Gabo nya, Korea, Kuwait, Kyrgystan, Madagaso Peru, Philipines, Qatar, Republic of Congo Africa, Srilanka, Sudan, Syria, Tajikistan, tan, Venezuela, Vietnam, Yemen.	n, Ghana, Gorgia, Indonesia, Iran, Iraq, Is car, Malawi, Malaysia, Mangolia, Mozam o, Republic of Guinea, Romania, Russia, I	srael, Ivory Coast, Jamaica, Jordan nbique. Myanmar, Nepal, Nigeria, Rwanda, Saudi Arabia, Senegal, Serbi	ia,
	CERTIFICATE OF A PHARM	ACEUTICAL PRODUCT1		
1. Name & dosage form of product: LEFLOZOL F 1.1 Active ingredient (s) ² and amount (s) per unit dose Composition: Each film coated tablet conta Levofloxacin Hemihydrate U Eq. to Levofloxacin	ins: ISP	Altes Sush	MITA etary 8 2 6 JUN	2020 RERCE
2A.1 Number of product licence & date of issued: dt. 24/08/2016 2A.2 Product licence holder: M/s SIGNATURE PHY 122, MI, SELAQUI IND		2B.1 Applicant for certificate (name & 2B.2 Status of applicant: (a) 2B.2.1 For categories b and c the names dosage form are?:	(b) (c) (d)	ducing the
 2A.3 Status of product licence holder⁸: (a) 2A.3.1 For categories b and c the name and address of the dosage form are⁹: Not Applicable 2A.4 Is summary basis of Approval appended¹⁰? Yes 2A.5 Is the attached, officially approved product inforconsonant with the licence¹¹? Yes Not Applicant for certificate if different from licence 	The manufacturer producing Sormation complete and No Not provided Ced holder: Not Applicable 12	2B.3 Why is marketing authorization Not Not Required Requested 2B.4 Remark: 13	lacking? Under Refused Consideration	
 Does the certifying authority arrange for period Periodically of routine inspection (years): Has the manufacture of this type of dosage form Do the facilities and operations conform to GMI Does the information submitted by the applicant 	Once in a year been inspected as recommended by the World Health C	rganization? ¹⁵	Yes √ No □NA Yes √ No □ Yes √ No □ Yes √ No □ Yes √ No □	□
WHO-GMP-CERT.NO. 26/1/Drug/20/2019/8456, Valid up to: Address of certifying authority: Drug Licensing & Controlling Authority Directorate General of Medical Health & Family Welfare, Sahastradhara Road, Dehradun-248001 (Uttarakhand) (INDIA Directorate General of Medical Health & Family Welfare, Sahastradhara Road, Dehradun-248001 (Uttarakhand) (INDIA	14/05/2023 A)	Name of the authorized person: Signature: Stamp & Date Stamp & Date	Jahr suh	er Singh) Ocensing Authority (Mfg.) Ocensing Authority (Mfg.)

