No. of Certificate: 26/1/Drug/20/2019/8456 11682	Exporting (Certifying) Country: INDIA
Date:	
CERTIFICATE OF A PHARM	ACEUTICAL PRODUCT ¹
 Name & dosage form of product: PINAXIT TABLETS (Flupentixol & Melitracen Tablets) 1.1 Active ingredient (s)² and amount (s) per unit dose³ (complete qualitative composition including excipients, see attached) Composition: 	
Each film coated tablet contains: Flupentixol 0.5 mg as dihydrochloride BP Melitracen 10 mg as hydrochloride	Sushinty.
Excipientsq.s. Colours: Approved colours used	SUSHMITA Secretary 2 6 JUN 2020
 1.2 Is this product licensed to be placed on the market for use in the exporting country? If yes, complete box A, if no, complete box B: 1.3 Is this product actually on the market in the exporting country? 	YES YES 0 0 2 8 2 1
A	В
2A.1 Number of product licence & date of issued: 65/UA/2016 & 65/UA/SC/P-2016 dt. 24/08/2016 2A.2 Product licence holder: M/s SIGNATURE PHYTOCHEMICAL INDUSTRIES. 122, MI, SELAQUI INDUSTRIAL AREA, DEHRADUN	2B.1 Applicant for certificate (name & address) 2B.2 Status of applicant: (a)
2A.3 Status of product licence holder ⁸ : (a)	2B.3 Why is marketing authorization lacking? Not
3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced? Periodically of routine inspection (years): Once in a year 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 by the World Health Organization?¹⁵ 4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product?¹⁶ Yes ✓ No □ Yes ✓ No □	
WHO-GMP-CERT.NO. 26/1/Drug/20/2019/8456, Valid up to: 14/05/2023 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)	Name of the authorized person: Signature: Stamp & Date Stamp & Date Orug Controlling & Licensing Aut (Uttarakhand)

