**REPORT NO: 2112 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/DS/DI/SAM/VSPM/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1256/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LORATADINE USP |
|  |  | **B.NO:** BLRD/1710125, **M.D:** 10/2017, **E.D**: 09/2022 |
|  |  | **Mfd by:** M/s. Vasudha Pharma chem Ltd,  Unit-II, Plot No. 79, Jawaharlal Nehru Pharma City,  Thanam Village, Parawada (M),  Visakhapatnam-531019,  Andhra Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per U.S.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 1x50 gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Loratadine as per U.S.P. | -- | -- | Complies |
| **Melting Point** | 1360C | -- | 1320C – 1370C | Complies |
| **Loss on Drying** | 0.18% w/w | -- | **NMT** 0.5% w/w | Complies |
| **Assay for**  **Loratadine** | 98.84% w/w | 100% w/w | 98.5% - 101% w/w | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2113 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/DS/DI/SAM/VSPM/2017, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1291/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GLYCOMET-250  (Metformin Hydrochloride Tablet – 250 mg) |
|  |  | **B.NO:** 28013416, **M.D:** 07/2017, **E.D:** 06/2020 |
|  |  | **Mfd by:** M/s USV Private Limited,  Plot No. 6&7E, HPSIDC,  Indl.Area, Baddi Dist, Solan,  Himachal Pradesh-173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tab | -- | -- | -- |
| **Description** | White coloured, circular tablet with break line on one side and monogram “USV” on another side. | | | Complies |
| **Identification** | Positive for  Metformine Hydrochloride  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.2978 gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 70% | Complies |
| **Assay for**  **Metformine Hydrochloride** | 249mg | 250mg | 237.5 – 262.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2114 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | E. Sambasiva Rao, Vijayawada (Zone-I). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 41/ESR/DI/Z-I/VJA/2017, Dated: 20/11/2017 |
| 3. | **Number of sample** | 1339/T/2017 |
| 4. | **Date of Receipt** | 21/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Met XL 25  (Metoprolol Succinate Extended Release Tablets IP 25mg) |
|  |  | **B.NO:** CR0177F, **M.D:** 06/2017, **E.D:** 05/2020 |
|  |  | **Mfd by:** M/s. Ajanta Pharma limited,  Ajanta House Charkop Kandivli (w),  Mumbai -400 067.  **Mfd at:** M/s.Khasra No: 587/588,  Kunjhal, Baddi, Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x15 Tab | -- | -- | -- |
| **Description** | White colour, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Metoprolol Tartrate as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.2573gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metoprolol Tartrate** | 26.79mg | 25mg | 22.5 – 27.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 2115 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/TVK/DI/PDTR/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1358/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXA  (Dexamethasone Tablets I.P.) |
|  |  | **B.NO:** GLDX-1708, **M.D**:09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. KONIS PHARMACEUTICALS PVT. LTD.,  Jagriti sadan, Subathu Road,  Solan – 173212 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x25 Tab | -- | -- | -- |
| **Description** | White colour, oval, biconvex and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Dexamethasone as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1484gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Dexamethasone** | 0.501mg | 0.5mg | 0.45 – 0.55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 2116 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 02-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1387/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXIN  (Dexamethasone Tablets I.P) |
|  |  | **B.NO:** T-7592, **M.D:** 01/2017, **E.D:** 12/2018 |
|  |  | **Mfd by:** M/s. GOPISH PHARMA LIMITED,  Ropar Road, Near Derowal Barrier,  Village Behrampur, Tehsil Nalagarh,  Dist. Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White colour, circular and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Dexamethasone as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1044gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Dexamethasone** | 0.508mg | 0.5mg | 0.45 – 0.55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2117 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Krishna, Srikakulam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/11/AK/DI/SKL/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1373/T/2017 |
| 4. | **Date of Receipt** | 25/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | URISOL Tablets IP 200 mg  (Flavoxate Hydrochloride Tablets) |
|  |  | **B.NO:** L34E102, **M.D:** 08/2017, **E.D:** 07/2020 |
|  |  | **Mfd by:** M/s. STADMED Private Limited,  C-18, Sarojini Nagar, Industrial Estate,  Lucknow-226008. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White colour, circular and biconvex tablets with a monogram “STADMED”. | | | Complies |
| **Identification** | Positive for  Flavoxate as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.4079gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Flavoxate** | 199.85mg | 200mg | 190 – 210mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 2118 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2211-02/DI/NRT/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1368/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Nimutop-DS  (Nimesulide Tablets) |
|  |  | **B.NO:** NPT-17003, **M.D:** 10/2017, **E.D:** 09/2019 |
|  |  | **Mfd by:** M/s. NOEL PHARMA (INDIA) PVT. LTD.,  Khasra No. 66/3 & 67/2, Juddi kalan,  Baddi – 173 205, Distt. Solan (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 Tab | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex tablets with break line on one side. | | | Complies |
| **Identification** | Positive for  Nimesulide as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.9182gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide** | 212.09mg | 200mg | 180 – 220mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-08

**REPORT NO: 2119 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 05-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1390/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TOSSEX  (Chlorpheniramine Maleate & Codeine Phosphate Syrup) |
|  |  | **B.NO:** TOS7065, **M.D:** 08/2017, **E.D:** 07/2020 |
|  |  | **Mfd by:** M/s. ABBOTT HEALTHCARE PVT. LTD.,  Village Bhatauli Khurd, P.O.Baddi – 173205,  Dist. Solan, Himachal Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x100 ml | -- | -- | -- |
| **Description** | Pink coloured, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate as per S.T.P and Codeine Phosphate as per I.P. | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate**  **Codeine Phosphate** | 4.03mg  10.20mg | 4mg  10mg | 3.6 – 4.4mg  9 – 11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2120 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | DR J.BALU, Vijayawada (Zone-II). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 43/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1310/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cardiorostin ASP  (Rosuvastatin & Aspirin Capsules) |
|  |  | **B.NO:** BULD1701, **M.D:** 04/2017, **E.D**: 09/2018 |
|  |  | **Mfd by:** M/s. Ravenbhel Biotech EPIP, SIDCO,  Kartholi, Brahmana, Jammu – 181133. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Caps | -- | -- | -- |
| **Description** | Blue coloured hard gelatin capsule contains white powder and white circular biconvex tablet. | | | Complies |
| **Identification** | Positive for  Rosuvastatin Calcium and Aspirin as per S.T.P. | -- | -- | Complies |
| **Average net Content** | 0.4628gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rosuvastatin Calcium**  **Aspirin** | 9.38mg  75.20mg | 10mg  75mg | 9 – 11mg  67.5 – 82.5mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-520 008

**REPORT NO: 2121 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/51/DI/KDP/2017, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1335/T/2017 |
| 4. | **Date of Receipt** | 21/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CODISTAR  (Codeine Phosphate and Chlorpheniramine Maleate Syrup) |
|  |  | **B.NO:** ASALQ260, **M.D:** 09/2017, **E.D:** 08/2019 |
|  |  | **Mfd by:** M/s. SIRMOUR REMEDIES (P) LTD.,  Village Kayadra, P.O Missarwala,  Paonta sahib, Distt.Sirmour (H.P),  173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03x100 ml | -- | -- | -- |
| **Description** | Orange coloured, clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate as per S.T.P and Codeine Phosphate as per I.P. | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate**  **Codeine Phosphate** | 3.96mg  10.20mg | 4mg  10mg | 3.6 – 4.4mg  9 – 11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

**REPORT NO: 2122 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | E. Sambasiva Rao, Vijayawada (Zone-I). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 40/ESR/DI/Z-I/VJA/2017, Dated: 20/11/2017 |
| 3. | **Number of sample** | 1338/T/2017 |
| 4. | **Date of Receipt** | 21/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SHELCAL – 500  (Calcium with Vitamin D3 Tablets) |
|  |  | **B.NO:** GAV68916, **M.D:** 12/2016, **E.D:** 11/2018 |
|  |  | **Mfd by:** M/s. Pure and Cure Health Care Pvt. Ltd,  Plot No: 27-30, Sector-8A, IIE,  Ranipur, Haridwar (Uttarakhand) – 249 403. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x15 Tab | -- | -- | -- |
| **Description** | Blue coloured, elongated, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Elemental Calcium as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 1.4146gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Elemental Calcium** | 491.62mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 2123 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D.Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 41/SA/DI-DL/KVR/W.G./2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1394/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Endex® 8.75%  (Triclabendazole & Levamisole HCL Suspension) |
|  |  | **B.NO:** ENS16019BH, **M.D:** 12/2016, **E.D:** 11/2019 |
|  |  | **Mfd by:** M/s. Bushal Health-Care Pvt. Ltd,  W – 11, M.I.D.C, Badlapur,  Dist. Thane. 421 503. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x250 ml | -- | -- | -- |
| **Description** | Half white colour suspension. | | | Complies |
| **Identification** | Positive for  Triclabendazole and Levamisole HCL as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Triclabendazole**  **Levamisole HCL** | 239.94mg  216.72mg | 250mg  187.5mg | 225 – 275mg  168.75 – 206.25mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-08

**REPORT NO: 2124 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 06-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1391/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZENEGRA-50  (Sildenafil Tablets I.P) |
|  |  | **B.NO:** ZGT-6009SB, **M.D:** 11/2016, **E.D:** 10/2018 |
|  |  | **Mfd by:** M/s. SIVA BIOGENETIC PHARMACEUTICALS PVT. LTD., Village Manpura, Baddi, Dist. Solan, (H.P) – 174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x07x04 Tab | -- | -- | -- |
| **Description** | Blue coloured, triangular, biconvex, coated and uniform tablets with monogram “50” present on one side. | | | Complies |
| **Identification** | Positive for  Sildenafil as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2286gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Sildenafil** | 49.64mg | 50mg | 45 – 55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2125 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | J.Vijayalakshmi, Kurnool (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 50/DI/KNL-R/NOV/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1344/T/2017 |
| 4. | **Date of Receipt** | 22/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PARANIR-M Suspension |
|  |  | **B.NO:** CGD609005, **M.D:** 09/2016, **E.D:** 08/2018 |
|  |  | **Mfd by:** M/s. Celebrity Biopharma Ltd.,  Village-Panga, Via-Jharmajri, Hill Top Estate,  Barotiwala, Dist-Solan (H.P)-174103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60 ml | -- | -- | -- |
| **Description** | Pale orange colour suspension. | | | Complies |
| **Identification** | Positive for  Mefenamic Acid and Paracetamol  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Mefenamic Acid** | 124.22mg  52.87mg | 125mg  50mg | 112.5 – 137.5mg  45 – 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

**REPORT NO: 2127 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D.Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 40/SA/DI-DL/KVR/W.G./2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1393/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | A-ZOLE  (ALBENDAZOLE ORAL SUSPENSION IP 2.5% W/V) |
|  |  | **B.NO:** AZ1717, **M.D:** 09/2017, **E.D:** 02/2020 |
|  |  | **Mfd by:** M/s. VETINDIA PHARMACEUTICALS LIMITED,  A-6/1, Electronic Complex, Kushaiguda,  Hyderabad – 500 062, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x500ml | -- | -- | -- |
| **Description** | Off white coloured suspension. | | | Complies |
| **Identification** | Positive for  Albendazole as per I.P | -- | -- | Complies |
| **Assay for**  **Albendazole** | 26.86mg | 25mg | 22.5 - 27.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-08

**REPORT NO: 2128 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 07-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1392/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CYCLOSPAM Tablets |
|  |  | **B.NO:** T-7851, **M.D:** 08/2017, **E.D:** 07/2020 |
|  |  | **Mfd by:** M/s. GOPISH PHARMA LIMITED,  Ropar Road, Near Dherowal Barrier,  Village Behrampur, Tehsil Nalagarh,  Dist. Solan, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Yellow colour, circular and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Dicyclomine Hcl  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6201gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Dicyclomine Hydrochloride** | 304.29mg  9.51mg | 325mg  10mg | 292.5 – 357.5mg  9 – 11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2129 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B.Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/35/DI/EG/RJY/U/2017, Dated: 23/11/2017 |
| 3. | **Number of sample** | 1376/T/2017 |
| 4. | **Date of Receipt** | 25/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CARENAC Rx  (Aceclofenac & Paracetamol Tablets) |
|  |  | **B.NO:** TNAP-1019, **M.D:** 02/2017, **E.D:** 01/2019 |
|  |  | **Mfd by:** M/s. Accurate Pharmaceuticals,  C-3, (A&B) Gondpur Industrial Area,  Paonta Sahib (H.P.) – 173 025. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6884gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 100.88mg  326.79mg | 100mg  325mg | 90 – 110mg  292.5 – 357.5mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08

**REPORT NO: 2130 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Srinivasa Rao, Machilipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 39/BSR/DI/MTM/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1329/T/2017 |
| 4. | **Date of Receipt** | 18/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Quick-900 Tablets  (Diclofenac Potassium, Paracetamol and Chlorzoxazone ) |
|  |  | **B.NO:** VEQK-1708, **M.D:** 06/2017, **E.D:** 05/2019 |
|  |  | **Mfd by:** M/s. Konis Pharmaceuticals Pvt. Ltd.,  Jagriti Sadan, Subathu Road,  Solan – 173 212 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Off-white, elongated, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Diclofenac Potassium, Paracetamol and Chlorzoxazone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 1.0399gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diclofenac Potassium**  **Paracetamol**  **Chlorzoxazone** | 53.49mg  317.74mg  243.66mg | 50mg  325mg  250mg | 45 – 55mg  292.5 – 357.5mg  225 – 275mg | Complies  Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 2131 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Keerthana, Tirupati (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 371117/DI/TPT-R/2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 491/H/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Folic Acid Tablets IP 5 mg |
|  |  | **B.NO:** 251606, **M.D:** 12/2016, **E.D**: 11/2018 |
|  |  | **Mfd by:** M/s. Safe Formulations Ltd,  Gollapadu – 522 408, Guntur Distt. A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 02x05x10 Tablets | -- | -- | -- |
| **Description** | Yellow colour, circular tablets. | | | Complies |
| **Identification** | Positive for  Folic Acid as per I.P | -- | -- | Complies |
| **Average Weight** | 0.05991gm | -- | -- | Complies |
| **Average Content** | 5.1mg | 5mg | -- | Complies |
| **Assay for**  **Folic Acid** | 4.9mg | 5mg | **NLT** 4.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Rural). VIJAYAWADA-520 008

**REPORT NO: 2132 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Chandra Rao, Kakinada (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/DI/EG/KKD/U/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1366/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NOVOCIN – 500 Tablets  (Levofloxacin Tablets IP) |
|  |  | **B.NO:** C1150B, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. J.M Laboratories, Village – Bhanat,  P.O – Ghatti, Subathu Road, Solan (H.P) - 173211. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tablets | -- | -- | -- |
| **Description** | Pale red coloured, oval shaped, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Levofloxacin as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7831gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 70% | Complies |
| **Assay for**  **Levofloxacin** | 490.57mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 2133 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Chandra Rao, Kakinada (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/32/DI/EG/KKD/U/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1364/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CAPCID – 20  (Omeprazole Capsules I.P 20 mg) |
|  |  | **B.NO:** LGC-1702, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. Live Well Healthcare  (A Captab Group Inc)  Plot No: 80, A-1EPIP, Phase – 1,  Jharmajri, Baddi, Dist. Solan – 173205 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Capsules | -- | -- | -- |
| **Description** | Bicoloured (Pink cap) transparent capsules inside with white coloured granules. | | | Complies |
| **Identification** | Positive for  Omeprazole as per I.P. | -- | -- | Complies |
| **Average net Content** | 0.2915gm | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 70% | Complies |
| **Assay for**  **Omeprazole** | 19.86mg | 20mg | 18 – 22mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 2134 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.V.Bhupesu, Gajuwaka. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/45/DI/GWK/VSP/2017, Dated: 20/11/2017 |
| 3. | **Number of sample** | 505/H/2017 |
| 4. | **Date of Receipt** | 22/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FIXICAN-DT 100mg  (Cefixime Dispersible Tablets) |
|  |  | **B.NO:** CT160475, **M.D:** 06/2016, **E.D**: 05/2018 |
|  |  | **Mfd by:** M/s. Theon Pharmaceutical Ltd,  Village – Saini Majra, The-Nalagarh,  Distt. Solan (H.P) – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Half white colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime Trihydrate as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3067gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime Trihydrate** | 94.51mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-520 008

**REPORT NO: 2135 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/11/2017 |
| 3. | **Number of sample** | 1360/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACITO – P  (Aceclofenac and Paracetamol Tablets) |
|  |  | **B.NO:** LV17F - 747, **M.D:** 06/2017, **E.D**: 05/2019 |
|  |  | **Mfd by:** M/s. L.V.Life Sciences ,  VPO Gurumajra, Nalagarh Road,  Baddi Distt. Solan – 174 101 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7554gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 96.24mg  334.06mg | 100mg  325mg | 90 – 110mg  292.5 – 357.5mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 2136 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.Kalyani, Palakonda. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 36/11/KK/DI/PLK/2017, Dated: 23/11/2017 |
| 3. | **Number of sample** | 1382/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | VERTIPRIDE  (Betahistine Hydrochloride Dispersible Tablets) |
|  |  | **B.NO:** MT-16229, **M.D:** 02/2017, **E.D**: 01/2019 |
|  |  | **Mfd by:** M/s. Sunlife Sciences 130, Kurdi,  Jhabrera Road, Manglour, Roorkee,  Distt.Haridwar (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Betahistine Hydrochloride  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2815gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Betahistine HCL** | 15.8mg | 16mg | 15.2 – 16.8mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 2137 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 04-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1389/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PHENSEDYL-T  (Triprolidine Hydrochloride & Codeine Phosphate Cough Syrup) |
|  |  | **B.NO:** VTC0011, **M.D:** 09/2017, **E.D:** 08/2019 |
|  |  | **Mfd by:** M/s. VITAL THERAPEUTICS & FORMULATIONS PVT. LTD., Plot No.47B/2, Street No.4, Phase – 1,  IDA, Cherlapally, Hyderabad – 500051, Telangana,  India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 02x100ml | -- | -- | -- |
| **Description** | Brown coloured, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Triprolidine Hydrochloride &  Codeine Phosphate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Codeine Phosphate**  **Triprolidine Hydrochloride** | 9.36mg  1.28mg | 10mg  1.25mg | 9 – 11mg  1.175 – 1.375mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2138 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Keerthana, Tirupati (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 391117/DI/TPT-R/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 1327/T/2017 |
| 4. | **Date of Receipt** | 18/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEDOMOL D S  (Paracetamol Paediatric Oral Suspension IP) |
|  |  | **B.NO:** MNQH-03, **M.D:** 08/2017, **E.D**: 07/2020 |
|  |  | **Mfd by:** M/s. NTK PHARMAA, 7/136,  Kundratthur Main Road, Kovvur, Chennai – 600 128. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured liquid. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 253.16mg | 250mg | 237.5 – 262.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Rural). VIJAYAWADA-520 008

**REPORT NO: 2139 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K.S., Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 048/DI/ADN/NOV/2017, Dated: 28/11/2017 |
| 3. | **Number of sample** | 1398/T/2017 |
| 4. | **Date of Receipt** | 30/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | M – ROCINE  (Enrofloxacin Oral Solution) |
|  |  | **B.NO:** MD166, **M.D:** 10/2017, **E.D**: 09/2019 |
|  |  | **Mfd by:** M/s. AIMEX PHARMA.,  Plot No 27, Rajiv Gandhi Nagar,  I.D.A. Kukatpally, Hyderabad – 500072. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Colourless liquid. | | | Complies |
| **Identification** | Positive for  Enrofloxacin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 102.66mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 2140 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3108-02/DI/NRT/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 898/T/2017 |
| 4. | **Date of Receipt** | 05/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MECOFOL-PLUS NF  (Methylcobalamin, Alpha Lipoic Acid, Folic Acid & Pyridoxine Hydrochloride capsules) |
|  |  | **B.NO:** CC 7038, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. COSMAS PHARMACLS LTD,  Buranwala Road, Village: Kotla,  P.O.: Barotiwala, Solan (H.P) – 174 103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x6x10 Capsules | -- | -- | -- |
| **Description** | Red unicoloured capsule with pale red coloured powder in it. | | | Complies |
| **Identification** | Positive for  Methylcobalamin & Alpha Lipoic Acid as per S.T.P. | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY TESTED.**

Complies for the tests conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 2141 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 37/NOV/SAMPLE/PKR/DI/KDR/2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1379/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Voveran Emulgel  (Diclofenac Gell BP) |
|  |  | **B.NO:** 173017EE, **M.D:** 03/2017, **E.D**: 02/2020 |
|  |  | **Mfd by:** M/s. Encube Ethicals Pvt. Ltd.,  Plot no.: C1, Madkaim Ind. Estate, Madkaim,  Post Mardol, Ponda, Goa – 403404. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 02x21gm | -- | -- | -- |
| **Description** | White coloured, uniform gel. | | | Complies |
| **Identification** | Positive for  Diclofenac Diehtylamine  as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Diclofenac Diehtylamine** | 1.005% w/w | 1% w/w | 0.95 – 1.05% w/w | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 2142 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/TVK/DI/PDTR/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1357/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALBIZET  (Albendazole Tablets) |
|  |  | **B.NO:** L50658, **M.D:** 11/2015, **E.D**: 10/2018 |
|  |  | **Mfd by:** M/s. ARION HEALTHCARE  Vill.Kishanpura, Baddi,  Distt.Solan – 174101, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50 Tablets | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with a break line on one side. | | | Complies |
| **Identification** | Positive for  Albendazole as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0426gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Albendazole** | 397.3mg | 400mg | 370 – 430mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-520 008

**REPORT NO: 2143 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/33/NYR/DI/VZM/2017, Dated: 16/11/2017 |
| 3. | **Number of sample** | 498/H/2017 |
| 4. | **Date of Receipt** | 20/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Enteroclean Plus  (Furazolidone, Metronidazole and Loperamide Bolus) |
|  |  | **B.NO:** DEP1705, **M.D:** 09/2017, **E.D**: 08/2020 |
|  |  | **Mfd by:** M/s. Doctor’s Vet-Pharma Pvt. Ltd.,  Survey No.263/1,264/1, P.R. Palem (V), Kovur(M),  SPSR Nellore Dist - 524137. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x04 Tablets | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex bolus with a monogram “DOCTORS” on one side. | | | Complies |
| **Identification** | Positive for  Loperamide, Metronidazole and Furazolidone as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 2.9967gm | -- | -- | Complies |
| **Assay for**  **Metronidazole**  **Furazolidone** | 1033.55mg  501.22mg | 1000mg  500mg | 900 – 1100mg  450 – 550mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 2144 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalitha, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/SA/G/DI/DCA/NRPM/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 514/H/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLOXACIN Tablets IP 100 mg |
|  |  | **B.NO:** OF 1605, **M.D:** 11/2016, **E.D**: 10/2018 |
|  |  | **Mfd by:** M/s. La – Chemico Pvt. Ltd., Taki Road,  Kadambogachi, Barasat, 24 – Parganas (North),  Pin – 743221, W.B. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x6x10 Tablets | -- | -- | -- |
| **Description** | White colour, circular, tablets with break line on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2416gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 75% | Complies |
| **Assay for**  **Ofloxacin** | 92.7mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

**REPORT NO: 2145 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Mallikarjuna Rao, Amalapuram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/DI/AMP/PMKR/EG/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 1319/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Sumox 250 DT  (Amoxycillin Dispersible Tablets I.P.) |
|  |  | **B.NO:** SGG0817, **M.D:** 08/2017, **E.D**: 07/2019 |
|  |  | **Mfd by:** M/s. Suraksha Pharma Pvt. Ltd.,  410, Karondi, Roorkee – 247667,  Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x5x10 Tablets | -- | -- | -- |
| **Description** | Pink coloured, circular and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6142gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Amoxycillin** | 251.90mg | 250mg | 225 – 275mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 2146 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Jayalakshmi, Jangareddygudem. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 38/17/MJL/DI/JRG/WG/AP-2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1135/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Fergen  (Elemental Iron, Elemental Zin & Folic Acid Capsules) |
|  |  | **B.NO:** ZLP161211, **M.D:** 12/2016, **E.D**: 11/2018 |
|  |  | **Mfd by:** M/s. Preet Remedies India Pvt. Ltd.,  At. Vill. Nandpur, Lodhimajra Road, Nalagarh,  Dist. Solan, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x15 Capsules | -- | -- | -- |
| **Description** | White & red bicoloured, transparent capsule consists of white, yellow and grey coloured pellets. | | | Complies |
| **Identification** | Positive for  Iron as per S.T.P and  Zinc Sulphate as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.5662gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Iron**  **Zinc Sulphate** | 48.4mg  21.2mg | 50mg  22.5mg | 45 – 55mg  20.25 – 24.75mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2147 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A.Krishna, Srikakulam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/11/AK/DI/SKL/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1374/T/2017 |
| 4. | **Date of Receipt** | 25/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Tramko  (Tramadol Hydrochloride and Paracetamol Tablets) |
|  |  | **B.NO:** SNTMK-1701, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Konis Pharmaceuticals Pvt. Ltd.,  Jagriti Sadan, Subathu Road, Solan (H.P) – 173211. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex, coated and uniform tablets with one side score. | | | Complies |
| **Identification** | Positive for  Paracetamol and Tramadol Hydrochloride as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7893gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Tramadol Hydrochloride** | 323.45mg  39.62mg | 325mg  37.5mg | 292.5 - 357.5mg  33.75 – 41.25mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 2148 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/TVK/DI/PDTR/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1355/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GPAN-DSR  (Pantoprazole Sodium and Domperidone Tablets) |
|  |  | **B.NO:** GPSR-1701, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. KONIS PHARMACEUTICALS PVT. LTD.,  Jagriti Sadan, Subathu Road, Solan (H.P) – 173212. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Capsules | -- | -- | -- |
| **Description** | Red colour capsule consist of multi colour granules present in it. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2981gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 42.48mg  31.89mg | 40mg  30mg | 36 - 44mg  27 - 33mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 2149 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch.Lakshmi Prasanna, Vijayawada (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/CLP/DI/VIJ-MFG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1211/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Orzon-O  (Cefpodoxime Proxetil with Ofloxacin Tablets IP) |
|  |  | **B.NO:** 160801, **M.D:** 12/2016, **E.D**: 11/2018 |
|  |  | **Mfd by:** M/s. Darwin Research & Ayur Pharma,  96 & 97, ALEAP Industrial Area, Surampalli-521212. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Red coloured, elongated and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime and Ofloxacin  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7225gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Cefpodoxime** | 207.9mg  208.6mg | 200mg  200mg | 180 - 220mg  180 - 220mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2150 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch.Lakshmi Prasanna, Vijayawada (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/CLP/DI/VIJ-MFG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1212/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FLOPA-O  (Ornidazole and Ofloxacin Tablets) |
|  |  | **B.NO:** 161503, **M.D:** 07/2016, **E.D**: 06/2019 |
|  |  | **Mfd by:** M/s. Darwin Formulations Pvt. Ltd.,  Situated at: 96&97, ALEAP Industrial Area,  Surampalli – 521212, A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Off-white coloured, elongated and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ornidazole and Ofloxacin  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.9493gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Ornidazole** | 206.8mg  495.8mg | 200mg  500mg | 180 - 220mg  450 - 550mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2151 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | G.Vijaya Bhaskara Rao, Chirala. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/36/DI-CRL/2017-Test, Dated: 18/11/2017 |
| 3. | **Number of sample** | 502/H/2017 |
| 4. | **Date of Receipt** | 20/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PIPERAZINE HYDRATE 61% w/v (Veterinary) |
|  |  | **B.NO:** VFD-4917, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. Padmaja laboratories Pvt. Ltd.,  Industrial Area, Chinnoutapalli – 521286, A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x500ml | -- | -- | -- |
| **Description** | Colourless clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Piperazine Hydrate as per I.P. | -- | -- | Complies |
| **Assay for**  **Piperazine Hydrate** | 16.95mg | 18.3mg | 16.47 – 20.13mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-08

**REPORT NO: 2152 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 29/TVK/DI/PDTR/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1359/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANTOPRAZ-DSR  (Pantoprazole Sodium and Domperidone Capsules) |
|  |  | **B.NO:** MC-854, **M.D:** 12/2016, **E.D**: 11/2018 |
|  |  | **Mfd by:** M/s. MANCARE LABORATORIES PVT. LTD.,  Plot No – 11, Pharmacity, Selaqui,  Dehradun – 248197, (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x03x15 Capsules | -- | -- | -- |
| **Description** | Capsule consists of brown colour cap and off white colour body with multi colour granules present in it. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2780gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 43.83mg  27.71mg | 40mg  30mg | 36 – 44mg  27 – 33mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 2153 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/11/2017 |
| 3. | **Number of sample** | 1361/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ECOF – LS  (Levosalbutamol, Ambroxol Hydrochloride & Guaiphenesin Syrup) |
|  |  | **B.NO:** 17297, **M.D:** 06/2017, **E.D**: 05/2019 |
|  |  | **Mfd by:** M/s. Schon Pharmaceuticals Limited,  145/2 A-B, Jambudi Hapsi, Hatod Road,  Indore – 453112. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pink colour solution. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride and Guaiphenesin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Guaiphenesin** | 32.56mg  50.20mg | 30mg  50mg | 27 – 33mg  45 – 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-08

**REPORT NO: 2154 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B.Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/DI/EG/RJY/U/2017, Dated: 23/11/2017 |
| 3. | **Number of sample** | 1375/T/2017 |
| 4. | **Date of Receipt** | 25/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMRIZ-20 Rx  (Omeprazole Capsules I.P.) |
|  |  | **B.NO:** MC-70130, **M.D:** 08/2017, **E.D**: 07/2019 |
|  |  | **Mfd by:** M/s. OXFORD PHARMA, Puhana chowk,  Roorkee, Dist. Haridwar – 247 667 (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Capsule | -- | -- | -- |
| **Description** | Capsule consists of Red colour cap and transparent body with white colour granules. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.3060gm | -- | -- | complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 70% | Complies |
| **Assay for**  **Omeprazole** | 21.83mg | 20mg | 18 – 22mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08

**REPORT NO: 2155 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/S/VAP/DI/RJY(Rural)/2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1386/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ascotrix AM  (Terbutaline Sulphate, Ambroxol Hydrochloride, Guaiphenesin & Menthol Syrup) |
|  |  | **B.NO:** SLP16009, **M.D:** 09/2016, **E.D**: 08/2018 |
|  |  | **Mfd by:** M/s. Res Sancta, Village Beli Deor,  P.O. Khera, Tehsil – Nalagarh,  Dist Solan – 174101 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Orange coloured solution. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride and Guaiphenesin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol Hcl**  **Guaiphenesin** | 15.06mg  51.14mg | 15mg  50mg | 13.5 – 16.5mg  45 – 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-08

**REPORT NO: 2156 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/SA/G/DI/DCA/NRPM/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 513/H/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Aciclovir Tablets I.P |
|  |  | **B.NO:** T-4998, **M.D:** 08/2016, **E.D**: 07/2018 |
|  |  | **Mfd by:** M/s. Kwality Pharmaceuticals Ltd.,  Nag Kalan, Majitha Road, Amritsar,  India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tablets | -- | -- | -- |
| **Description** | White colour, circular tablets with break line on one side. | | | Complies |
| **Identification** | Positive for  Aciclovir as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.6079gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aciclovir** | 408.6mg | 400mg | 380 – 420mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

**REPORT NO: 2157 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 28/11/2017 |
| 3. | **Number of sample** | 518/H/2017 |
| 4. | **Date of Receipt** | 30/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FURAZOLIDONE TABLETS I.P |
|  |  | **B.NO:** 1703112, **M.D:** 03/2017, **E.D**: 02/2019 |
|  |  | **Mfd by:** M/s. ADROIT PHARMACEUTICALS PVT. LTD.,  At: 46, Garoba Maidan, Nagpur – 8 (MS). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x03x20 Tablets | -- | -- | -- |
| **Description** | Yellow colour, circular and biconvex tablets with a break line & monogram “TS” on one side. | | | Complies |
| **Identification** | Positive for  Furazolidone as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.1211gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Furazolidone** | 100.04mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 2158 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.N.V.V.S.Kalyani, Anakapalli. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/S/PK/DI/AKP/2017, Dated: 10/11/2017 |
| 3. | **Number of sample** | 1303/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Provo-OZ  (Ofloxacin and Ornidazole Tablets) |
|  |  | **B.NO:** NT17070610, **M.D:** 07/2017, **E.D**: 06/2019 |
|  |  | **Mfd by:** M/s. V Kare Biotech,  Village Jagat Khana, Teh. Nalagarh,  Distt. Solan (H.P.) – 174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pale pink colour, elongated and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Ornidazole  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.8393gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Ornidazole** | 193.18mg  497.85mg | 200mg  500mg | 180 – 220mg  450 – 550mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 2159 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B.Srinivasa Rao, Machilipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 38/BSR/DI/MTM/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1328/T/2017 |
| 4. | **Date of Receipt** | 18/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Intraflox-OZ  (Ofloxacin and Ornidazole Tablets) |
|  |  | **B.NO:** 387702T, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. Lifecare Formulations Pvt. Ltd.,  Plot No: 2&3, 91/5, Link Road,  Soniagandhi Nagar Extn,  Near Mettupalayam Industrial Estate,  Puducherry – 605 009. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Orange colour, elongated and biconvex tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Ornidazole  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.8818gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Ornidazole** | 209.9mg  504.9mg | 200mg  500mg | 180 – 220mg  450 – 550mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2160 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S.V.N.Padma, Tenali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/17/DI/TNL/Sample, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1332/T/2017 |
| 4. | **Date of Receipt** | 20/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OLFIT  (Zinc acetate oral solution USP) |
|  |  | **B.NO:** OLF16006, **M.D:** 07/2016, **E.D**: 06/2018 |
|  |  | **Mfd by:** M/s. Windlas Biotech Limited.,  Plant-2, Khasra No.141-143&145,  Mohabewala Industrial Area,  Dehradun – 248 110 (U.K.). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 02x60ml | -- | -- | -- |
| **Description** | Brown coloured liquid. | | | Complies |
| **Identification** | Positive for  Elemental Zinc as per I.P. | -- | -- | Complies |
| **Assay for**  **Elemental Zinc** | 20.47mg | 20mg | 18 – 22mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-520 008

**REPORT NO: 2161 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2211-03/DI/NRT/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1369/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALCIFLOX 500  (Ciprofloxacin Tablets IP 500 mg) |
|  |  | **B.NO:** AT-056317, **M.D:** 04/2017, **E.D**: 03/2020 |
|  |  | **Mfd by:** M/s. Pinnacle Life Sciences Pvt. Ltd.,  Khasra No. 1328-1330, Village – Manpura,  Tehsil-Baddi, Distt. Solan,  Himachal Pradesh – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tablets | -- | -- | -- |
| **Description** | Off-white coloured, elongated, biconvex and coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7254gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 503.18mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 2162 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K.S, Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 046/DI/ADN/NOV/2017, Dated: 28/11/2017 |
| 3. | **Number of sample** | 1396/T/2017 |
| 4. | **Date of Receipt** | 30/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OXYTETRACYCLINE HYDROCHLORIDE LIQUID |
|  |  | **B.NO:** OL1704, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. VETINDIA PHARMACEUTICALS LTD.,  A-6/1, Electronic Complex, Kushaiguda,  Hyderabad – 500062. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Yellow colour liquid. | | | Complies |
| **Identification** | Positive for  Oxytetracycline Hydrochloride  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Oxytetracycline Hydrochloride** | 51.57mg | 50mg | 45 – 55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 2163 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Hanumanna, Madanapalle. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/DI/MPL/T/2017, Dated: 27/11/2017 |
| 3. | **Number of sample** | 1400/T/2017 |
| 4. | **Date of Receipt** | 30/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MAHACEF-OZ  (Cefixime & Ornidazole Tablets) |
|  |  | **B.NO:** A6AKQ018, **M.D:** 08/2017, **E.D**: 07/2019 |
|  |  | **Mfd by:** M/s. Relax Pharmaceuticals Pvt. Ltd.,  (Unit-II) 49-A-B, Gondpur Industrial Area,  Paonta Sahib, Dist. Sirmour (H.P) – 173025. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x10 Tablets | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime and Ornidazole  as per I.P. | -- | -- | Complies |
| **Average Weight** | 1.0048gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ornidazole** | 210.45mg  522.07mg | 200mg  500mg | 180 – 220mg  450 – 550mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-520 008

**REPORT NO: 2164 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/31/DI/TANUKU/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1321/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASPIRIN IP |
|  |  | **B.NO:** ASI1711033, **M.D:** 10/2017, **E.D**: 09/2020 |
|  |  | **Mfd by:** M/s. The Andhra Sugar Limited,  Door No: 10-228, PB.No.102, Venkatarayapuram,  Tanuku, West Godavari, Andhra Pradesh – 534215. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White coloured crystalline powder. | | | Complies |
| **Identification** | Positive for  Aspirin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Aspirin** | 100.05mg | 100mg | 99.5 – 100.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-08

**REPORT NO: 2165 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 03-11/TVK/DI/PVL/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1388/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CONTUS COUGH Tablets |
|  |  | **B.NO:** 17-CCT-078, **M.D:** 09/2017, **E.D**: 08/2020 |
|  |  | **Mfd by:** M/s. STEDMAN PHARMACEUTICALS PVT. LTD.,  C-4, SIDCO Pharmaceutical Complex,  Alathur, Thiruporur – 603 110, Tamilnadu. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pale orange colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate, Phenylephrine Hydrochloride and Dextromethorphan Hydrobromide as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1818gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate**  **Phenylephrine Hcl**  **Dextromethorphan Hydrobromide** | 2.12mg  5.35mg  9.45mg | 2mg  5mg  10mg | 1.8 -2.2mg  4.5 – 5.5mg  9 – 11mg | Complies  Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 2166 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/33/H/Eluru/DI/ELR/WG/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 451/H/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TRIMIX  (Sulphachlorpyridazine and Trimethoprim oral powder) |
|  |  | **B.NO:** 7200217, **M.D:** 10/2017, **E.D**: 09/2019 |
|  |  | **Mfd by:** M/s. Hindustan Therapeutics (P) Ltd.,  5-5-35/33/2, NCS Complex Prasanthi Nagar,  I.E. Kukatpally, Hyderabad – 500072. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100gms | -- | -- | -- |
| **Description** | Pale yellow coloured, uniform powder. | | | Complies |
| **Identification** | Positive for  Sulphachlorpyridazine and  Trimethoprim as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Sulphachlorpyridazine**  **Trimethoprim** | 97.4mg  19.4mg | 100mg  20mg | 90 – 110mg  18 – 22mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-520 008

**REPORT NO: 2168 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Krishna, Srikakulam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/11/AK/DI/SKL/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 496/H/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MOXIFLOXACIN HYDROCHLORIDE Tablets 400 mg |
|  |  | **B.NO:** 7123, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Max Chem Pharmaceuticals Pvt. Ltd.,  Plot No.22, Sector-3, Sidcul-IIE, Rudrapur,  Distt. US Nagar (Uttarakhand) - 263153. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | White circular, biconvex and coated tablets | | | Complies |
| **Identification** | Positive for  Moxifloxacin Hydrochloride  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.5641gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Moxifloxacin** | 383.3mg | 400mg | 360 – 440mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-520 008

**REPORT NO: 2169 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/SA/G/DI/DCA/NRPM/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 468/H/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Norfloxacin Tablets IP 400 mg |
|  |  | **B.NO:** SNFT 0916038, **M.D:** 09/2016, **E.D**: 08/2018 |
|  |  | **Mfd by:** M/s. Stride Organics Pvt. Ltd.,  Sy. No. 265/P, Kondapur (Vill), Ghatkesar,  R.R. District, Telangana – 501301. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tablets | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Norfloxacin as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.6194gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT**  70% | Complies |
| **Assay for**  **Norfloxacin** | 386.4mg | 400mg | 360 – 440mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-08

**REPORT NO: 2170 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Krishna, Srikakulam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 32/11/AK/DI/SKL/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 497/H/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALPRAZOLAM Tablets IP |
|  |  | **B.NO:** ALZ-003, **M.D:** 09/2016, **E.D**: 08/2018 |
|  |  | **Mfd by:** M/s. Radico Remedies, 123, Mandhala,  Barotiwala, Distt. Solan, 174100 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Alprazolam as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1529gm | -- | -- | Complies |
| **Assay for**  **Alprazolam** | 0.473gm | 0.5mg | 0.45 – 0.55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 2171 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Jayalakshmi, Jangareddygudem. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 40/17/MJL/DI/JRG/WG/AP-2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 475/H/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Tablets IP 500 mg |
|  |  | **B.NO:** PMTG-16307, **M.D:** 11/2016, **E.D**: 10/2018 |
|  |  | **Mfd by:** M/s. Seeko Biotics,  Krishna Nagar, 522502. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tablets | -- | -- | -- |
| **Description** | White, circular, uniform tablets with “b/c” on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.5829gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 85% | Complies |
| **Assay for**  **Paracetamol** | 485.6mg | 500mg | 475 – 525mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 2172 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Hanumanna, Madanapalle. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/DI/MPL/T/2017, Dated: 23/11/2017 |
| 3. | **Number of sample** | 510/H/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AMBROXOL Syrup |
|  |  | **B.NO:** AMX-068, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Radico Remedies, 123,  Mandhala, Barotiwala, Dist Solan – 174103 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pale pink coloured, uniform liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hcl as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol hydrochloride** | 32.01mg | 30mg | 27 – 33mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-08

**REPORT NO: 2173 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | G. Vijaya Bhaskara Rao, Chirala. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/35/DI-CRL/2017-Test, Dated: 18/11/2017 |
| 3. | **Number of sample** | 501/H/2017 |
| 4. | **Date of Receipt** | 20/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | IVETRIX  (Ivermectin Injection IP 1% w/v) |
|  |  | **B.NO:** 030517, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. ABHINANDANA AGROVET INDIA PVT. LTD.,  Flat no.201, Aruna Nilayam, Sri Nagar Colony,  Hyderabad-73.  At: Gollapadu – 522408, Guntur Dist. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 100x10ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Ivermectin as per S.T.P. | -- | -- | Complies |
| **Appearance of Solution** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ivermectin** | 10.46mg | 10mg | 9 - 11mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-08

**REPORT NO: 2174 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/30/DI/TANUKU/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1320/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASPIRIN USP |
|  |  | **B.NO:** ASU1711127, **M.D:** 11/2017, **E.D**: 10/2020 |
|  |  | **Mfd by:** M/s. The Andhra Sugar Limited,  Door No: 10-228, PB.No.102, Venkatarayapuram,  Tanuku, West Godavari, Andhra Pradesh – 534215. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White crystalline powder. | | | Complies |
| **Identification** | Positive for  Aspirin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Aspirin** | 100.47% | 100% | 99.5 – 100.5% | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-08

**REPORT NO: 2175 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/32/DI/TANUKU/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1322/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASPIRIN BP |
|  |  | **B.NO:** ASE1710047, **M.D:** 10/2017, **E.D**: 09/2020 |
|  |  | **Mfd by:** M/s. The Andhra Sugar Limited,  Door No: 10-228, PB.No.102, Venkatarayapuram,  Tanuku, West Godavari, Andhra Pradesh – 534215. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White crystalline powder. | | | Complies |
| **Identification** | Positive for  Aspirin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Aspirin** | 100.03% | 100% | 99.5 – 101% | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-08

**REPORT NO: 2176 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Anvesh Reddy, Gudivada. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 01/11/DI/GDV/AR/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1345/T/2017 |
| 4. | **Date of Receipt** | 22/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Xtra-M&G  (Purported to contain Enrofloxacin, Chloramphenicol, Furazolidone and Sulfamethoxazole) |
|  |  | **B.NO:** 1780566, **M.D:** 10/2017, **E.D**: 09/2019 |
|  |  | **Mfd by:** M/s. Neospark Drugs and Chemicals Private Limited, Unit-II, Plot no. 64/B, Phase-I, Industrial Development Area, Jeedimetla, Hyderabad – 500055,  Telangana, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x400gm | -- | -- | -- |
| **Description** | Pale yellow powder. | | | Complies |
| **Identification** | **Negative** for  Enrofloxacin, Chloramphenicol, Furazolidone & Sulfamethoxazole as per S.T.P. | -- | -- | -- |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY TESTED.**

Complies for the tests conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudivada. VIJAYAWADA-08

**REPORT NO: 2177 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Anvesh Reddy, Gudivada. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 04/11/DI/GDV/AR/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1348/T/2017 |
| 4. | **Date of Receipt** | 22/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ECO-PRO  (Purported to contain Enrofloxacin, Chloramphenicol, Furazolidone and Sulfamethoxazole) |
|  |  | **B.NO:** PEP188, **M.D:** 01/2017, **E.D**: 12/2019 |
|  |  | **Mfd by:** M/s. PVS Laboratories Limited,  54-3-14/A, Phase-III, Opp. Telephone Exchange,  Jawahar Autonagar, Vijayawada – 07. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x400gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | **Negative** for  Enrofloxacin, Chloramphenicol, Furazolidone & Sulfamethoxazole as per S.T.P. | -- | -- | -- |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY TESTED.**

Complies for the tests conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudivada. VIJAYAWADA-08

**REPORT NO: 2178 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/37/NYR/DI/VZM/2017, Dated: 29/11/2017 |
| 3. | **Number of sample** | 1401/T/2017 |
| 4. | **Date of Receipt** | 01/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ANALGON 3000  (Albendaozle Bolus (Vet)) |
|  |  | **B.NO:** RAG 17030, **M.D:** 08/2017, **E.D**: 07/2020 |
|  |  | **Mfd by:** M/s. Ruby Biopharma Pvt. Ltd.,  Plot No. 2, 323-1, New Camp Road,  Selaqui Industrial Area,  Dehradun – 248 197, (Uttarakhand). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x01 Bolus | -- | -- | -- |
| **Description** | White coloured, elongated and biconvex bolus. | | | Complies |
| **Identification** | Positive for  Albendaozle as per I.P. | -- | -- | Complies |
| **Average Weight** | 16.0947gm | -- | -- | Complies |
| **Assay for**  **Albendazole** | 3208.45mg | 3000mg | 2700 – 3300mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 2179 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Keerthi Pavithra, Tadipatri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 46/KP/DI/TDP/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1423/T/2017 |
| 4. | **Date of Receipt** | 04/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TACKO-M  (Omeprazole Magnesium Tablets) |
|  |  | **B.NO:** STM701, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Windlas Biotech Private Limited,  Khasra No.141-143&145, Mohabewala Indl. Area,  Dehradun – 248110 (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Brown colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.0996gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Omeprazole** | 20.42mg | 20mg | 18 – 22mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-08

**REPORT NO: 2180 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Prasanthi, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/NPS/DI/GDR/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1457/T/2017 |
| 4. | **Date of Receipt** | 07/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LECET-AM Syrup  (Levocetirizine Dihydrochloride and Ambroxol Hydrochloride Syrup) |
|  |  | **B.NO:** BA 17591, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. Skymap Pharmaceuticals Pvt. Ltd.,  (A WHO GMP Certified Company)  B-3, Dev Bhoomi Industrial Estate,  Puhana Iqbalpur Road, Roorkee – 247 667. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Yellow colour, clear uniform solution. | | | Complies |
| **Identification** | Positive for  Ambroxol as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol** | 30.62mg | 30mg | 27 – 30mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 2181 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 35/NOV/SAMPLE/PKR/DI/KDR/2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1377/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEFTAL-P  (Mefenamic Acid Dispersible Tablets) |
|  |  | **B.NO:** HMP1728, **M.D:** 09/2017, **E.D**: 08/2020 |
|  |  | **Mfd by:** M/s. Blue Cross Laboratories Pvt. Ltd.,  L-17, Verna Industrial Estate, Verna, Goa – 403722.  Regd. Off.: Peninsula Chambers, G.K. Marg,  Mumbai – 400013. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pale yellow coloured, circular tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Mefenamic Acid as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2849gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid** | 101.4mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 2182 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Keerthi Pavithra, Tadipatri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 48/KP/DI/TDP/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1425/T/2017 |
| 4. | **Date of Receipt** | 04/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | IBUCLIN-P |
|  |  | **B.NO:** PPQAJ06, **M.D:** 06/2017, **E.D**: 05/2019 |
|  |  | **Mfd by:** M/s. Pure and Cure Healthcare Pvt. Ltd.,  Plot no.26-A-30, Sector-8A, I.I.E, Sidcul,  Ranipur, Haridwar – 249403. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pink coloured, circular tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Mefenamic Acid as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2667gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid** | 102.4mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-520 008

**REPORT NO: 2183 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 28/11/2017 |
| 3. | **Number of sample** | 520/H/2017 |
| 4. | **Date of Receipt** | 30/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chloroquine Phosphate Tablets I.P |
|  |  | **B.NO:** CLP16-004, **M.D:** 10/2016, **E.D**: 09/2018 |
|  |  | **Mfd by:** M/s. GREENLAND ORGANICS, 6-174-1,  Industrial Area, Surampalli – 521212. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | White colour, circular, bivonvex tablet. | | | Complies |
| **Identification** | Positive for  Chloroquine Phosphate  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.3125gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 70% | Complies |
| **Assay for**  **Chloroquine Phosphate** | 233.6mg | 250mg | 231.25 – 268.75mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 2184 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/NYR/DI/VZM/2017, Dated: 16/11/2017 |
| 3. | **Number of sample** | 499/H/2017 |
| 4. | **Date of Receipt** | 20/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | IVETRIX  (Ivermectin Injection) |
|  |  | **B.NO:** 030517, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. Abhinandana Agrovet India Pvt. Ltd.,  Flot No.201, Aruna Nilayam, Sri Nagar Colony,  Hyderabad - 73.  At: Gollapadu – 522408. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 04x10ml | -- | -- | -- |
| **Description** | Pale yellow coloured,clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Ivermectin as per S.T.P. | -- | -- | Complies |
| **Appearance of Solution** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ivermectin** | 1.46mg | 10mg | 9 – 11mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 2185 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/DS/DI/SAM/VSPM/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1350/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LAMIVUDINE USP  (Non-Sterile Bulk) |
|  |  | **B.NO:** LU17110408, **M.D:** 11/2017, **E.D**: 10/2022 |
|  |  | **Mfd by:** M/s. HETRO LABS LIMITED,  (UNIT-IX), Plot No:2, Hetero Infrastructure SEZ Ltd,  N.Narsapuram (Village), Nakkapalli (Mandal),  Visakhapatnam, Dist. - 531081, Andhra Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Lamivudine as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Lamivudine** | 99.90% | 100% | 98 – 102% | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 2186 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/DS/DI/SAM/VSPM/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1352/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NEVIRAPINE ANHYDROUS USP  (Non-Sterile Bulk) |
|  |  | **B.NO:** NS17100130, **M.D:** 10/2017, **E.D**: 09/2022 |
|  |  | **Mfd by:** M/s. HETRO LABS LIMITED,  (UNIT-IX), Plot No:2, Hetero Infrastructure SEZ Ltd,  N.Narsapuram (Village), Nakkapalli (Mandal),  Visakhapatnam, Dist. - 531081, Andhra Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Nevirapine as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Nevirapine** | 100.04% | 100% | 98 – 102% | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 2187 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Chandra Rao, Kakinada (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/33/DI/EG/KKD/U/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1365/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NOVOLEV  (Levocetirizine Hydrochloride Tablets 5mg) |
|  |  | **B.NO:** LVT 20211, **M.D:** 12/2016, **E.D**: 11/2019 |
|  |  | **Mfd by:** M/s. Lifevision Healthcare Plot No; 140,  EPIP, Phase - 1, Jharmajri, Baddi, Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | White colour, circular, biconvex and uniform tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for  Levocetirizine as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.0802gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 75% | Complies |
| **Assay for**  **Levocetirizine** | 4.84mg | 5mg | 4.5 – 5.5 | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-08

**REPORT NO: 2188 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani, Vijayawada (Zone-III). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 45/SA/NK/DI/Z-III/VJA/17, Dated: 06/12/2017 |
| 3. | **Number of sample** | 1451/T/2017 |
| 4. | **Date of Receipt** | 06/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LEVERA-500  (Levetiracetam Tablets USP 500 mg) |
|  |  | **B.NO:** KW1774, **M.D:** 06/2017, **E.D**: 05/2019 |
|  |  | **Mfd by:** M/s. INTAS PHARMACEUTICALS LTD.,  Bhagey Khola, Rangpo, East Sikkim – 737 132, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x15 Tablets | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex, coated and uniform tablets with one side score. | | | Complies |
| **Identification** | Positive for  Levetiracetam as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.5608gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Levetiracetam** | 501.76mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 2189 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.B. Sandhya, Anantapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 5/PBS/DI/ATP/Veternary/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1422/T/2017 |
| 4. | **Date of Receipt** | 04/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | QUINROX |
|  |  | **B.NO:** 7201317, **M.D:** 11/2017, **E.D**: 10/2019 |
|  |  | **Mfd by:** M/s. Hindustan Therapeutics (P) Ltd.,  5-5-35/33/2, NCS Complex, Prasanthi Nagar, I.E,  Kukatpally, Medchal Dist., 500072, Telangana, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Enrofloxacin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 100.3mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anantapuramu. VIJAYAWADA-520 008

**REPORT NO: 2190 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Ruthu, Chittoor. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/DI/CTR/T(Vet)/2017, Dated: 29/11/2017 |
| 3. | **Number of sample** | 1412/T/2017 |
| 4. | **Date of Receipt** | 01/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Conflox (Vet) 100 ml |
|  |  | **B.NO:** C7004, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Concept Pharmaceuticals Ltd,  A-28/3, MIDC, Chikalthana, Aurangabad – 431006. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Enrofloxacin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 98.6mg | 100mg | 90 – 110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-520 008

**REPORT NO: 2191 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.Kalyani, Palakonda. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/11/KK/DI/PLK/2017, Dated: 09/11/2017 |
| 3. | **Number of sample** | 494/H/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CLOPIDOGREL Tablets I.P. 75 mg |
|  |  | **B.NO:** CPGT421, **M.D:** 08/2016, **E.D**: 07/2018 |
|  |  | **Mfd by:** M/s. Unicure India Ltd., C-22 & 23,  Sector – 3, Noida – 201301. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pale red colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Clopidrogel Bisulphate  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.1408gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 80% | Complies |
| **Assay for**  **Clopidrogel** | 74.5mg | 75mg | 69.3 – 80.6mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 2192 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 23/TVK/DI/PDTR/2017, Dated: 18/11/2017 |
| 3. | **Number of sample** | 1353/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANTOKOP-D |
|  |  | **B.NO:** FT-170804, **M.D:** 08/2017, **E.D**: 07/2019 |
|  |  | **Mfd by:** M/s. FIZARK HEALTHCARE,  Khasra No.192, 193, 194 & 214,  Salempur, Roorkee, (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Dark brown colour, circular, biconvex tablets with break line on one side. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domeridone  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.2621gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 36.9mg  10.3mg | 40mg  10mg | 36 – 44mg  9 -11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-520 008

**REPORT NO: 2193 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/52/TVK/DI/KDP/2017, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1336/T/2017 |
| 4. | **Date of Receipt** | 21/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACIRID-DSR  (Rabeprazole Sodium and Domperidone) |
|  |  | **B.NO:** E702, **M.D:** 05/2017, **E.D**: 10/2018 |
|  |  | **Mfd by:** M/s. INDU DRUGS PRIVATE LIMITED,  D.no: 5-5-35/278,279,281/1(part), Prasanthi Nagar IDA,  Kukatpally, Hyderabad – 500072. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Capsules | -- | -- | -- |
| **Description** | Bicoloured, Blue colour cap and white colour body with white and brown coloured pellets inside. | | | Complies |
| **Identification** | Positive for  Rabeprazole and Domperidone  as per I.P. | -- | -- | Complies |
| **Average net Content** | 0.2789gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole**  **Domperidone** | 20.6mg  30.3mg | 20mg  30mg | 18 - 22mg  27 - 33mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 2194 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2211-01/DI/NRT/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1367/T/2017 |
| 4. | **Date of Receipt** | 24/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PENTOWOK DSR |
|  |  | **B.NO:** WRPW 7048, **M.D:** 08/2017, **E.D**: 07/2019 |
|  |  | **Mfd by:** M/s. Raddison Pharmaceuticals,  Plot No. 53, EPIP, Phase-1, Jharmajri,  Teh. Baddi, Distt. Solan – 174103 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Capsules. | -- | -- | -- |
| **Description** | Bicoloured, Pale blue colour capsule with multi colour granules in it. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2921gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 37.7mg  30.9mg | 40mg  30mg | 36 – 44mg  27 - 33mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 2195 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/DS/SI/SAM/VSPM/2017, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1290/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Kofout LS Syrup  (Ambroxol HCL, Guaiphenesin and Levosalbutamol) |
|  |  | **B.NO:** SPL17017, **M.D:** 01/2017, **E.D**: 12/2018 |
|  |  | **Mfd by:** M/s. Shree Pramukh Labs Pvt. Ltd.,  Plot No. 2514, Phase-IV, G.I.D.C, Wadhwan City,  Gujarat – 363035. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Green colour, viscous liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol and Guaiphenesin  as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol**  **Guaiphenesin** | 29.72mg  51.87mg | 30mg  50mg | 27 - 33mg  45 - 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2196 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Srinivasa Rao, Machilipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 40/BSR/DI/MTM/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1330/T/2017 |
| 4. | **Date of Receipt** | 18/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Reximol 650  (Paracetamol Tablets I.P 650mg) |
|  |  | **B.NO:** 1706, **M.D:** 06/2017, **E.D**: 11/2019 |
|  |  | **Mfd by:** M/s. REXER PHARMA PRIVATE LIMITED,  Plot No. 114/2/B, Phase II, Cherlapally,  Hyderabad – 5000151. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | White colour, elongated and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.6939gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 80% | Complies |
| **Assay for**  **Paracetamol** | 654.29mg | 650mg | 617.5 – 682.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2197 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Ruthu, Chittoor. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 29/DI/CTR/T(Vet)/2017, Dated: 29/11/2017 |
| 3. | **Number of sample** | 1411/T/2017 |
| 4. | **Date of Receipt** | 01/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NILZAN 100 ml Vet  (Levamisole Hydrochloride, Oxyxlozanide, Anhydrous Copper Sulpahte, Zinc Sulphate and Cobalt Sulphate Suspension) |
|  |  | **B.NO:** GP-475, **M.D:** 03/2017, **E.D**: 02/2019 |
|  |  | **Mfd by:** M/s. Gopaldas Visram & Co. Ltd,  Plot.No.A/590-591, TTC, Industrial Area, M.I.D.C,  Mahape, Navi Mumbai – 400701. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Levamisole and Oxyclozanide  as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Levamisole**  **Oxyclozanide** | 98.34mg  152.51mg | 95.45mg  150mg | 88.50 – 108.17mg  135 – 165mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 2197 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Ruthu, Chittoor. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 29/DI/CTR/T(Vet)/2017, Dated: 29/11/2017 |
| 3. | **Number of sample** | 1411/T/2017 |
| 4. | **Date of Receipt** | 01/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Nilzan 100 ml Vet  (Levamisole Hydrochloride, Oxyxlozanide, Anhydrous Copper Sulpahte, Zinc Sulphate and Cobalt Sulphate Suspension) |
|  |  | **B.NO:** GP-475, **M.D:** 03/2017, **E.D**: 02/2019 |
|  |  | **Mfd by:** M/s. Gopaldas Visram & Co. Ltd,  Plot.No.A/590-591, TTC, Industrial Area, M.I.D.C,  Mahape, Navi Mumbai – 400701. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Levamisole and Oxyclozanide  as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Levamisole**  **Oxyclozanide** | 98.34mg  152.51mg | 95.45mg  150mg | 88.50 – 108.17mg  135 – 165mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 2198 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.B. Sandhya, Anantapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2/11/PBS/DI/ATP/Sample/Trade/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1419/T/2017 |
| 4. | **Date of Receipt** | 04/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cedon – 50 DT  (Cefpodoxime Dispersible Tablets) |
|  |  | **B.NO:** CN1702, **M.D:** 08/2017, **E.D**: 01/2019 |
|  |  | **Mfd by:** M/s. Blue Cross laboratories Pvt. Ltd.,  A-12, M.I.D.C, Nasik – 422 010. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Off-white, circular, flat surface with one side score and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.2514gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime** | 51.29mg | 50mg | 45 – 55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anantapuramu. VIJAYAWADA-08

**REPORT NO: 2199 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.B. Sandhya, Anantapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 4/PBS/DI/ATP/Sample/Veternary/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1421/T/2017 |
| 4. | **Date of Receipt** | 04/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Olgard (Veterinary)  (Triclabendazole 5% & Ivermectin 0.1% Suspension) |
|  |  | **B.NO:** FI1720, **M.D:** 05/2017, **E.D**: 04/2020 |
|  |  | **Mfd by:** M/s. Access Pharmaceuticals Pvt. Ltd.,  13-14, Sun Spot Raw House, S G Highway, Near Gurudwara, Thaltej, Ahemadabad – 380 059. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x250ml | -- | -- | -- |
| **Description** | White coloured suspension. | | | Complies |
| **Identification** | Positive for  Triclabendazole and Ivermectin as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ivermectin**  **Triclabendazole** | 1.07mg  48.94mg | 1mg  50mg | 0.9 – 1.1mg  45 – 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anantapuramu. VIJAYAWADA-08

**REPORT NO: 2200 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Prasanthi, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/NPS/DI/GDR/2017, Dated: 30/11/2017 |
| 3. | **Number of sample** | 1456/T/2017 |
| 4. | **Date of Receipt** | 07/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACPAR  (Aceclofenac and Paracetamol Tablets) |
|  |  | **B.NO:** 709155, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. Vaibhav Drugs Pvt. Ltd,  6-121/1, Pedda Amber Pet,  Hyderabad – 501 505. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex and uniform tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.7283gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 356.08mg  103.54mg | 325mg  100mg | 292.5 – 357.5mg  90 – 110mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 2201 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/36/NYR/DI/VZM/2017, Dated: 20/11/2017 |
| 3. | **Number of sample** | 1342/T/2017 |
| 4. | **Date of Receipt** | 22/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | WALPHAGE G – 2 Tablets |
|  |  | **B.NO:** GGR7013, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. Wallace Pharmaceuticals Pvt. Ltd.,  Bhatian, Nalagarh, Distt. Solan, H.P – 174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x15 Tablets | -- | -- | -- |
| **Description** | Bicoloured (Blue and White), bilayered, elongated, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Metformin as per I.P. | -- | -- | Complies |
| **Average Weight** | 1.0562gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metformin Hcl** | 488.54mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 2202 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Vinodh Jaganti, Jaggaiahpet Zone. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/Sample/JV/DI/JPT/KR/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1313/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CLOPINORM  (Clopidogrel Tablets I.P. 75 mg) |
|  |  | **B.NO:** CPN-1701, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Concord Drugs Ltd.,  Nalhera Anantapur, Roorkee – 247668 (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x10 Tablets | -- | -- | -- |
| **Description** | Dark orange colour, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.3372gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 80% | Complies |
| **Assay for**  **Clopidogrel** | 78.3mg | 75mg | 69.3 – 80.6mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone. VIJAYAWADA-520 008

**REPORT NO: 2203 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/H/Eluru/DI/ELR/WG/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 452/H/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amprovit-K  (Amprolium Hydrochloride with Vitamin K3 Powder) |
|  |  | **B.NO:** AMK-0917, **M.D:** 09/2017, **E.D**: 08/2019 |
|  |  | **Mfd by:** M/s. Padmaja Laboratories Pvt. Ltd.,  Industrial Area, Chinnoutapalli – 521286, A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | White coloured, uniform powder. | | | Complies |
| **Identification** | Positive for  Amprolium Hydrochloride  as per I.P. | -- | -- | Complies |
| **Assay for**  **Amprolium Hcl** | 18.2% w/w | 20% w/w | 18 – 22% w/w | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-520 008

**REPORT NO: 2204 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D.Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 39/SA/DI-DL/KVR/W.G./2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 517/H/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CIPROFLOXACIN TABLETS I.P. 500mg |
|  |  | **B.NO:** 5CP-9816, **M.D:** 09/2016, **E.D**: 08/2018 |
|  |  | **Mfd by:** M/s. INDIAN DRUGS & PHARMACEUTICALS LTD.  (A GOVT. OF INDIA UNDERTAKING),  Dundahera, Gurgaon – 122 016 (HR). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pink colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.7255gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 494.96mg | 500mg | 450 – 550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 2205 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dr.D.Hari Hara Theja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 02/11/DHHT/DI/SAMPLE/TRADE, Dated: 03/11/2017 |
| 3. | **Number of sample** | 1267/T/2017 |
| 4. | **Date of Receipt** | 08/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ranidom  (Magaldrate, Simethicone & Domperidone Suspension) |
|  |  | **B.NO:** B5AIQ002, **M.D:** 01/2017, **E.D**: 06/2018 |
|  |  | **Mfd by:** M/s. Pharmaforce lab (Unit-II),  Plot No: 85 & 86, Industrial Area, Gondpur,  Tehsil, Paonta, Sahib, District Sirmour – 173025 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Green coloured suspension. | | | Complies |
| **Identification** | Positive for  Magaldrate and Domperidone  as per I.P. | -- | -- | Complies |
| **Assay for**  **Magaldrate**  **Domperidone** | 572.73mg  10.97mg | 540mg  10mg | 486 – 594mg  9 – 11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 2206 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani, Vijayawada (Zone-III). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 36/SA/NK/DI/Z-III/VJA/17, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1276/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ozorab-DSR  (Rabeprazole (EC) & Domperidone (SR) Capsules) |
|  |  | **B.NO:** C-1113D, **M.D:** 12/2016, **E.D**: 11/2018 |
|  |  | **Mfd by:** M/s. Orison Pharma International Khari,  Mauza – Ogli, Kala Amb – 173 030 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Capsule with Red colour cap and transparent body, consist of multi colour granules. | | | Complies |
| **Identification** | Positive for  Rabeprazole and Domperidone  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2774gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole**  **Domperidone** | 19.90mg  28.97mg | 20mg  30mg | 18 – 22mg  17 – 33mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 2207 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dr.D.Hari Hara Theja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 02/11/SEZ/DHHT/DI/NDL/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1297/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AERODIL – LS  (Ambroxol Hydrochloride & Guaiphenesin) |
|  |  | **B.NO:** 2AL7010, **M.D:** 04/2017, **E.D**: 03/2019 |
|  |  | **Mfd by:** M/s. Creative Health Care Pvt. Ltd.,  Plot No. 25, Kundeshwari Village, Kashipur – 244713,  Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink colour, uniform suspension. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride & Guaiphenesin as per I.P. | -- | -- | Complies |
| **Assay for**  **Ambroxol Hcl**  **Guaiphenesin** | 14.8mg  53.3mg | 15mg  50mg | 13.5 – 16.5mg  45 - 55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 2208 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani, Vijayawada (Zone-III). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 44/SA/NK/DI/Z-III/VJA/17, Dated: 06/12/2017 |
| 3. | **Number of sample** | 1450/T/2017 |
| 4. | **Date of Receipt** | 06/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OLEPTAL OD 300  (Oxcarbazepine Sustained Release Tablets) |
|  |  | **B.NO:** 2715D002, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. Torrent Pharmaceuticals Ltd.,  32 No. Middle Camp, NH-10, East District, Gangtok,  Sikkim – 737 135. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Bicoloured (Pale pink and off-white), bilayered, circular and uniform tablets. | | | Complies |
| **Identification** | Positive for  Oxcarbazepine as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.4152gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Oxcarbazepine** | 307.27mg | 300mg | 270 – 330mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 2209 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.N.V.V.S.Kalyani, Anakapalli. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/S/PK/DI/AKP/2017, Dated: 23/11/2017 |
| 3. | **Number of sample** | 509/H/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Folic Acid Tablets I.P 5 mg |
|  |  | **B.NO:** 251701, **M.D:** 02/2017, **E.D**: 01/2019 |
|  |  | **Mfd by:** M/s. Safe Formulations Ltd,  Gollapadu – 522408, Guntur Dist, A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Yellow colour, circular tablets. | | | Complies |
| **Identification** | Positive for  Folic Acid as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.06271gm | -- | -- | Complies |
| **Average net Content** | 5.2mg | 5mg | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Folic Acid** | 5.1mg | 5mg | **NLT** 4.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 2210 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/36/T/Eluru/DI/ELR/WG/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1362/T/2017 |
| 4. | **Date of Receipt** | 23/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Fixim-200  (Cefixime Trihydrate Tablets I.P) |
|  |  | **B.NO:** BBT-1705002, **M.D:** 05/2017, **E.D**: 04/2019 |
|  |  | **Mfd by:** M/s. Bajaj Pharmaceuticals , 256, Sisona,  Bhagwanpur, Roorkee, Distt. Haridwar – 247661 (U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pale yellow coloured, circular, biconvex tablets with a break line one side. | | | Complies |
| **Identification** | Positive for  Cefixime Trihydrate  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.3492gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | **NLT** 75% | Complies |
| **Assay for**  **Cefixime Trihydrate** | 186.8mg | 200mg | 180 – 220mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**P. VENKATESWARLU**, M.Sc.,

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-520 008

**REPORT NO: 2211 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B.Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/37/DI/EG/RJY/U/2017, Dated: 06/12/2017 |
| 3. | **Number of sample** | 1462/T/2017 |
| 4. | **Date of Receipt** | 08/12/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RESQUE-4 Rx  (Risperidone Tablets) |
|  |  | **B.NO:** T-4235, **M.D:** 07/2015, **E.D:** 06/2018 |
|  |  | **Mfd by:** M/s. Talent Gujarat, 45/1602, Karnavati Estate,  GIDC, Phase-III, Vatva, Ahmedabad – 382 445.  At: 38/2, Main Road, GIDC, Naroda,  Ahmedabad – 382 330. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 Tablets | -- | -- | -- |
| **Description** | Pink coloured, elongated, biconvex, coated and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Risperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1550gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Risperidone** | 3.97mg | 4mg | 3.6 – 4.4mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /12/2017

**K. GOVINDA KRISHNA,** M.Sc,

Senior Scientific Officer &

To: **Government** **Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08