**REPORT NO: 1914 /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** | 01/10/TRADE/DHHT/DI/NDYL/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1159/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Theoxime - CLV  (Cefixime and Potassium Clavunate.) |
|  |  | B.NO: TGH160099, M.D:12/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s. Theon Pharamaceuticals Ltd.,  Vill. Saini Majra, Tehsil Nalagarh,  Distt. Solan (H.P.) 174 101.  **Mktd by:** Theogen Pvt. Ltd.,  (A division of Theon Pharmaceuticlas Ltd.)  Plot No: 400, Industrial Area, Phase-1,  Panchkula – 134113, Haryana. |
| 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** | 01x08x06 | -- | -- | -- |
| **Description** | White, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P and Clavulanic Acid as per I.P | -- | -- | Complies |
| **Average Weight** | 0.9479gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Clavulanic Acid** | 197.15mg  115.41mg | 200mg  125mg | 180 – 220mg  112.5 – 137.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 1917 /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** | 20/CLP/DI/VIJ-MFG/2017, Dated: 27/09/2017 |
| 3. | **Number of sample** | 1072/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Iodine Tincture IP |
|  |  | B.NO: 3936, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** M/s. The Swasthik Pharmaceuticals,  44-1-18/2, Gunadala, Vijayawada,  Krishna District. |
| 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 Bottle | -- | -- | -- |
| **Description** | Dark brown coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Iodine and Potassium Iodine as per I.P | -- | -- | Complies |
| **Assay for**  **Iodine**  **KI** | 2.2% w/v  2.44% w/v | 2.0% w/v  2.5% w/v | 1.8% - 2.2% w/v  2.25% - 2.75% w/v | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada. VIJAYAWADA-520 008

**REPORT NO: 1918 /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** | 28/17/DI/TNL/Sample, Dated: 16/10/2017 |
| 3. | **Number of sample** | 448/H/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chlorpheniramine Maleate Tablets IP |
|  |  | B.NO: 1608015, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s. Adroit Pharmaceuticals Pvt. Ltd.,  46, Garoba Maidan Nagpur – 440008. |
| 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 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablet with a monogram as “G” on one side with break line. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate as per I.P | -- | -- | Complies |
| **Average Weight** | 0.0613gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate** | 4.16mg | 4mg | 3.8 – 4.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-520 008

**REPORT NO: 1919 /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** | 24/S/VAP/DI/RJY(Rural)/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1142/T/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PHEMOL 500  (Paracetamol Tablets IP 500mg) |
|  |  | B.NO: GPPH021, M.D:11/2016, E.D: 10/2019 |
|  |  | **Mfd by:** M/s. Greenpark Biosciences,  Ward-F, Block-3, T.S No & R.S No 76/3PT,  C.S No 118PT, Adavipolam, Hamlet of Yanam,  U.T of Puducherry – 533464. |
| 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 | -- | -- | -- |
| **Description** | White coloured, circular, flat tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5798gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 482.57mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-520 008

**REPORT NO: 1920 /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** | 1710-02/DI/NRT/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1151/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-CILLIN-500  (Ampicillin Capsules IP 500mg) |
|  |  | B.NO: TCQ0324, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Pro-pharma Care Pvt. Ltd.,  Khasara No.: 68, 69, 71, Village: Sikandarpur,  Bhaiswal, Near Bhagwanpur, Roorkee,  Distt. Haridwar, Uttarakhand – 247 661. |
| 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 | -- | -- | -- |
| **Description** | Red coloured capsule with a white coloured powder. | | | Complies |
| **Identification** | Positive for  Ampicillin as per I.P | -- | -- | Complies |
| **Average net Content** | 0.5744gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ampicillin** | 486.42mg | 500mg | 462.5 – 537.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1921 /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. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171002/DI/GNT(U), Dated: 21/10/2017 |
| 3. | **Number of sample** | 1169/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Telekast-L Kid Tablets  (Montelukast Sodium & Levocetrizine Dihydrochloride Tablets) |
|  |  | B.NO: 14TTK003, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Swiss Garnier Biotech 21,  Indl. Area, Mehatpur, Dist. UNA,  Himachal Pradesh – 174 315, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Montelukast and Levocetirizine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1722gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Montelukast**  **Levocetirizine** | 3.93mg  2.54mg | 4mg  2.5mg | 3.6 – 4.4mg  2.25 – 2.75mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (urban). VIJAYAWADA-520 008

**REPORT NO: 1922 /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. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171004/DI/GNT(U), Dated: 21/10/2017 |
| 3. | **Number of sample** | 1171/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | L-Cin 750 Tablets  (Levofloxacin tablet I.P) |
|  |  | B.NO: LD61219, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** M/s Hetero Labs Ltd (UNIT-II),  Kalyanpur (Village), Chakkan road, Baddi(Tehsil),  Solan (Dist), HP-173205, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Levofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0958gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Levofloxacin** | 732.6mg | 750mg | 675 – 825mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (urban). VIJAYAWADA-520 008

**REPORT NO: 1923 /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** | 01/10/DI/GDV/AR/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1129/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RESISTIN  (Bio Processed Antibiotic Feed Supplement) |
|  |  | B.NO: RTN 3, M.D:01/2014, E.D: Non Expiry |
|  |  | **Mfd by:** M/sGavage Organics, Regd. Off. 10-20/1,  Goutham Nagar, Dilsukhnagar, Hyderabad. |
| 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** | 01x01 kg | -- | -- | -- |
| **Description** | Pale brown colour powder. | | | Complies |
| **Identification** | **Negative** for  Enrofloxacin, Chloramphenicol, Furazolidone and Sulfamethoxazole as per I.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudivada. VIJAYAWADA-520 008

**REPORT NO: 1924 /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** | 25/S/VAP/DI/RJY(Rural)/2017 Dated: 13/10/2017 |
| 3. | **Number of sample** | 1143/T/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | STANDIL Tablets  (Loperamide Hydrochloride Tablets) |
|  |  | B.NO: GPPH026, M.D:11/2016, E.D: 10/2019 |
|  |  | **Mfd by:** M/s Greenpark Biosciences,  Ward – F, Block-3, T.S No & R.S No 76/3PT,  C.S No 118PT, Adavipolam, Hamlet of Yanam,  U.T of Puducherry- 533464. |
| 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 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Loperamide Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1385gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Loperamide Hcl** | 1.89mg | 2mg | 1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-520 008

**REPORT NO: 1925 /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** | 30/Sample/JV/DI/JPT/KR/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1206/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Extr. Cepae, Heparin Sodium & Allantoin Gel Contractubex |
|  |  | B.NO: 691175, M.D:07/2016, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Merz Pharma GmbH & Co. KGaA,  Ludwigstrasse 22, 64354 Reinheim, Germany.  **Imported & Marketed by:** M/s Win-Medicare Pvt Ltd,  A-81, Okhla Indl. Area, Ph-II, New Delhi – 110020, 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** | 01x02x20gm | -- | -- | -- |
| **Description** | White colour gel. | | | Complies |
| **Identification** | Positive for  Heparin Sodium and Allantoin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Allantoin** | 0.0108gm | 0.01gm | 0.09 – 0.011gm | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone VIJAYAWADA-08

**REPORT NO: 1926 /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** | 30/DI/AMP/PMKR/EG/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1203/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Delcar Forte  (Diethyl Carbamazine Citrate & Chloramphenicol Maleate Tablets) |
|  |  | B.NO: AST662, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s AASSK Pharmaceuticals Pvt. Ltd,  Plot No.9, Dr. Ambedkar Street,  Kozhumanivakkam, Mangadu, Chennai-602101. |
| 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 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets with break line at one side. | | | Complies |
| **Identification** | Positive for  Diethyl Carbamazine Citrate and Chloramphenicol Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5568gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diethyl Carbamazine Citrate**  **Chloramphenicol Maleate** | 249.76mg  4.24mg | 250mg  4mg | 225 – 275mg  3.6 – 4.4mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 1927 /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. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/24/DI/BBL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 1193/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Malidens DS  (Acetaminophen Pediatric Oral Suspension) |
|  |  | B.NO: MPC0036, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s The Madras Pharmaceuticals 137-B,  Old Mahabalipuram Road, Karappakam,  Chennai – 600096. |
| 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 yellow colour suspension. | | | Complies |
| **Identification** | Positive for  Acetaminophen as per S.T.P | -- | -- | Complies |
| **Assay for**  **Acetaminophen** | 249.22mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-08

**REPORT NO: 1928 /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/32/H/Eluru/DI/ELR/WG/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 450/H/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Piperazine Hydrate 61% w/v  (VETERINARY) |
|  |  | B.NO:VFD-1917, 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 solution. | | | Complies |
| **Identification** | Positive for  Piperazine Hydrate as per I.P | -- | -- | Complies |
| **Assay for**  **Piperazine Hydrate** | 16.99mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-08

**REPORT NO: 1929 /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** | 22/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1161/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ENTERO QUINOL  (QUINIODOCHLOR TABLETS IP) |
|  |  | B.NO: 6276, M.D:07/2016, E.D: 06/2020 |
|  |  | **Mfd by:** M/s EAST INDIA PHARMACEUTICAL WORKS LIMITED, 119, Biren Roy Road West, Kolkata 700061. |
| 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** | 01x03x20 | -- | -- | -- |
| **Description** | Pale grey colour, circular, flat surface with one side engraved on ‘ENTERO-QUINOL’ and uniform tablets. | | | Complies |
| **Identification** | Positive for  Quiniodochlor as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3206gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Quiniodochlor** | 261.59mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-08

**REPORT NO: 1930 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/SA/T/DI/VSP(Sales)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1195/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ROSCRON-F10  (Rosuvastatin with Fenofibrate Tablets) |
|  |  | B.NO: 161072T, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Sri Sarvaa Biotech Pvt Ltd,  Plot No:8 & 9, Balaji Nagar, Pattanur, Auroville(Po),  Vanur(Tk), Villupuram(Dt), Tamilnadu-605101.  **Marketed by:** Welcron Biotech Private Limited,  Plot No:21, Part:22, K.K.Nagar 1,  Rajendra Nagar Mandal, Hyderabad-500091. |
| 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 | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Rosuvastatin and Fenofibrate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2708gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rosuvastatin**  **Fenofibrate** | 10.10mg  163.78mg | 10mg  160mg | 9 – 11mg  144 – 176mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1931 /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** | 045/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1139/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALEPOD-200  (Cefpodoxime Proxetil Dispersible Tablets) |
|  |  | B.NO: TX-10234, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s LEGEN HEALTH CARE.  Plot No 20, Sector-5,  Parwanoo – 173220,  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** | 01x05x10 | -- | -- | -- |
| **Description** | Off-white, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3049gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime** | 188.28mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-08

**REPORT NO: 1932 /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** | 20/DS/DI/SAM/VSPM/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1153/T/2017 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ITRACONAZOLE PELLETS 22.0% w/w |
|  |  | B.NO: IT0117C044, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s Lee Private limited,  Plot No. V, Phase-II, VSEZ,  Duvvada, Sabbavaram (Mandal),  Visakhapatnam District,  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** | 01x0.05 kg | -- | -- | -- |
| **Description** | Off-white pellets. | | | Complies |
| **Identification** | Positive for  Itraconazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Itraconazole** | 21.84% w/w | 22.0% w/w | 21.56 – 22.44% 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 1934 /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** | 33/SA/DI-DL/KVR/W.G./2017 Dated: 25/09/2017 |
| 3. | **Number of sample** | 1087/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Esonet-40  (Esomeprazole Tablets) |
|  |  | B.NO: LVT-18234, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s Life Vision Healthcare, Plot no. 140,  E.P.I.P., 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** | 01x05x10 | -- | -- | -- |
| **Description** | Brick red coloured, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Esomeprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0959gm | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Esomeprazole** | 40.6mg | 40mg | 46 – 54mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 1935 /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** | 37/17/MJL/DI/JRG/WG/AP-2017 Dated: 10/10/2017 |
| 3. | **Number of sample** | 1134/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Elcephase-500 SR  (Metformin Hydrochloride sustained Release Tablets  IP-500mg) |
|  |  | B.NO: INA7007, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Innova cap Tab, 81-B, EPIP,Phase-1,  Jharmajri, Baddi (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 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Metformin Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6968gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Metformin Hcl** | 477.30mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1936 /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/28/NYR/DI/VZM/2017 Dated: 16/10/2017 |
| 3. | **Number of sample** | 1147/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | New Deletus BX  (Guaiphenesin, Ambroxol Hydrochloride, Terbutaline Sulphate & Menthol Syrup) |
|  |  | B.NO: NDB7002, M.D:05/2017, E.D: 10/2018 |
|  |  | **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** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow colour liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride, Terbutaline Sulphate and Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Terbutaline Sulphate**  **Guaiphenesin** | 14.96mg  1.21mg  50.9mg | 15mg  1.25mg  60mg | 13.5 – 16.5mg  1.125 – 1.375mg  45 – 55mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 1937 /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/30/DI-CRL/2017-Test Dated: 20/10/2017 |
| 3. | **Number of sample** | 1167/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OXY MAX-G  (Oxygen granules) |
|  |  | B.NO: OXG, M.D:02/2017, E.D: 01/2020 |
|  |  | **Mfd by:** M/s C – MAX BIO Sciences, off : P.No.247a/1,  Western Hills, Hyderabad – 85. |
| 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** | 01x250g | -- | -- | -- |
| **Description** | White coloured granules. | | | Complies |
| **Identification** | **Negative for**  Chloramphenicol as per I.P  and Nitrofuran antibiotics 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1938 /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. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171001/DI/GNT(R)/2017 Dated: 27/10/2017 |
| 3. | **Number of sample** | 1207/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Hifen 100DT Tablets  (Cefixime Dispersible Tablets) |
|  |  | B.NO: 3117023, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s HETERO LABS LIMITED,  Village: Kalyanpur, Chakkan Road, Tehsil: Baddi,  Dist: Solan, Himachal Pradesh – 173 205. |
| 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 | -- | -- | -- |
| **Description** | Pale pink coloured, circular, flat tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4949gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 98.95mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 1943 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/SA/G/DI/VSP (Sales)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 429/H/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Tablets I.P. 500 mg |
|  |  | B.NO: PMTG-16295, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s SEEKO BIOTICS  Krishna Nagar – 522 502. |
| 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 | -- | -- | -- |
| **Description** | White colour, circular, uniform tablets with b/c on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5856gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Paracetamol** | 497.82mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1944 /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. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/23/DI/BBL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 1192/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALKAWOK  (Disodium Hydrogen Citrate Syrup) |
|  |  | B.NO: WPL1604, M.D:03/2016, E.D: 02/2018 |
|  |  | **Mfd by:** M/s Pro Laboratories Pvt. Ltd,  140 – 141, Makkanpur, Bhagwanpur,  Roorkee, Dist-Haridwar, Uttarakhand (U.K) -247661. |
| 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.S.R.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Yellow coloured solution. | | | Complies |
| **Identification** | Positive for  Disodium Hydrogen Citrate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Disodium Hydrogen Citrate** | 1.28gm | 1.25gm | 1.08 – 1.375gm | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-08

**REPORT NO: 1945 /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. Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/SA/T/DI/VSP(Sales)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1194/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CIFISEL-O  (Cefixime & Ofloxacin Tablets) |
|  |  | B.NO: CFTO-007, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd & Mktd by:** M/s SELDOM Pharma Pvt Ltd,  T.S.No.F/3/3/2, R.S.No.67/2, C.S.No.120/2/1/2/Pts,  U.T of PUDUCHERRY-533464. |
| 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 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex, coated and uniform tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6314gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 196.23mg  199.72mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1946 /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** | 043/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1137/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FIXZAP – 200  (Cefixime and Lactic Acid Bacillus Dispersible Tablets) |
|  |  | B.NO: UBT6308H, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s ULTRA DRUGS PVT LTD.  Manpura, Nalagarh,  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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4582gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 195.3mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 1947 /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** | 29/10/KK/DI/PLK/2017, Dated: 11/10/2017 |
| 3. | **Number of sample** | 1140/T/2017 |
| 4. | **Date of Receipt** | 17/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLOKEM NOVO– 200  (Ofloxacin Tablet I.P 200mg) |
|  |  | B.NO: AT-052917, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Pinnacle Life science Private Ltd,  Khasara No.1328 -1330, Village-Manpura,  Tehsil-Baddi, Dist.Solan, Himachal Pradesh-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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3139gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Ofloxacin** | 197.4mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 1948 /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** | 23/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1162/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DELETUS D  (Dextromethorphan Hydrobromide & Chlorpheniramine Maleate Syrup) |
|  |  | B.NO:SLB0359, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Swiss Garnier Life sciences 21-23,  Industrial Area, Mehatpur, Dist. UNA – 174 315,  Himachal Pradesh. |
| 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** | 01x100 ml | -- | -- | -- |
| **Description** | Green coloured liquid. | | | Complies |
| **Identification** | Positive for  Dextromethorphan and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan**  **Chlorpheniramine Maleate** | 9.75mg  1.96mg | 10mg  2mg | 9 - 11mg  1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 1949 /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/29/DI/EG/KKD/U/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1146/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HOCET  (LEVOCETIRIZINE DIHYDROCHLORIDE TABLETS IP) |
|  |  | B.NO: AAT-1602, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s India Pencillins Ltd., Plot no.47,  Chaitanyapuri, Hyderabad – 500060. |
| 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 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine Dihydrochloride as per I.P | -- | -- | Complies |
| **Average Content** | 4.91gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Levocetirizine Dihydrochloride** | 4.91mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1950 /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/31/DI-CRL/2017-Test, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1168/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ADDGRO  (Growth promoter) |
|  |  | B.NO: 20150505, M.D:05/2015, E.D: 04/2018 |
|  |  | **Mfd by:** M/s C – MAX BIO Sciences,  off: P.No.247A/1, Western Hills, Hyderabad – 85. |
| 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** | 01x250gm | -- | -- | -- |
| **Description** | Half white coloured powder. | | | Complies |
| **Identification** | **Negative** for Chloramphenicol as per I.P and Nitrofuran antibiotics 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1951 /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. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171002/DI/GNT(R)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1208/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Demisone  (Dexamethasone Tablets IP 0.5 mg) |
|  |  | B.NO: JK16124, M.D:09/2016, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Cadila Pharmaceuticals Ltd,  Industrial Growth Centre, SIDCO,  Samba – 184 121, State of J&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** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, elongated, flat tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Dexamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0784gm | -- | -- | Complies |
| **Assay for**  **Dexomethasone** | 0.52mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 1952 /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.Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171105/DI/GNT(U), Dated: 02/11/2017 |
| 3. | **Number of sample** | 1227/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Melacare cream 20g  (Hydroquinone, Tretinoin and Mometasone Furoate Cream) |
|  |  | B.NO: BA169, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Ajanta pharma limited, Ajanta House,  Charkop, Kandivli(W), Mumbai- 400 067.  Mfd.at: Plot no.1,1,3 & 69, SEC-4, ITE.SIDCUL,  Pantnagar, Rudrapur(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** | 01x2x20gm | -- | -- | -- |
| **Description** | Pale yellow coloured cream. | | | Complies |
| **Identification** | Positive for  Hydroquinone, Tretinoin and Mometasone Furoate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Hydroquinone**  **Tretinoin**  **Mometasone Furoate** | 2.17% w/w  0.0269% w/w  0.102% w/w | 2% w/w  0.025% w/w  0.1% w/w | 1.8%– 2.2% w/w  0.0225% - 0.0275% w/w  0.09% - 0.11% w/w | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-520 008

**REPORT NO: 1956 /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** | 2/9/TRADE/DHHT/DI/NDYL/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 1031/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Relent +  (Syrup of Cetirizine and Ambroxol HCL) |
|  |  | B.NO: AJ70041, M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Dr.Reddy’s Laboratories Ltd.  At Plot No. P9/2, IDA, Uppal,  Hyderabad – 500 039. |
| 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** | Yellow coloured, clear syrup. | | | Complies |
| **Identification** | Positive for  Cetirizine Hydrochloride & Ambroxol Hydrochloride as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hcl**  **Cetirizine Hcl** | 31.3mg  5.25mg | 30mg  5mg | 27 – 33mg  4.5 – 5.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 1957 /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** | 29/S/PK/DI/AKP/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1149/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cifran 250 Tablets |
|  |  | B.NO: 2879726, M.D:06/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Sun Pharma medisales pvt. Ltd.  Kh. No. 1335-1340, Near EPIP-I, Bhatoli Kalan,  Baddi, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular tablet with square engraved on both sides & ‘CFT’ on one side and ‘250’ on other side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3862gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 251.6mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 1958 /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** | 42/SA/DI/KDP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 445/H/2017 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CHLOROQUINE PHOSPHATE TABLETS I.P |
|  |  | B.NO: CLP16-002, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s GREEN LAND 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 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Chloroquine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3142gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Chloroquine** | 238.99gm | 250gm | 231.25 – 268.75gm | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1959 /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.Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171003/DI/GNT(U), Dated: 21/10/2017 |
| 3. | **Number of sample** | 1170/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Flugesic-P Tablets  (Flupirtine Maleate & Paracetamol Tablets) |
|  |  | B.NO: 17037002, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Archemedis Healthcare Pvt. Ltd,  Plot no.C-27, SIPCOT Indl.Park, Irungat tukottai,  Sriperumbudar Taluk, Kancheepuram Dist,  Tamilnadu- 602 105, 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** | 01x05x10 | -- | -- | -- |
| **Description** | Bicoloured (White & Red), bilayered, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Flupirtine Maleate and Paracetamol  as per S.T.P  (International Journal of Pharmatech research ISSN - 0974 - 4304) | -- | -- | Complies |
| **Average Weight** | 0.7991gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 332.21mg | 325mg | 292.50 – 357.50mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-520 008

**REPORT NO: 1960 /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/39/DI/GWK/VSP/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1172/T/2017 |
| 4. | **Date of Receipt** | 24/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SYNOSTAT  (TRANEXAMIC ACID TABLETS IP) |
|  |  | B.NO: 17SGET004, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s Synokem Pharmaceuticals Ltd.  Plot No. 35 -36, Sector 6A,  Integrated Industrial Estate(SIDCUL), Ranipur (BHEL)  Haridwar-249403 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 B.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Tranexamic Acid as per B.P | -- | -- | Complies |
| **Average Weight** | 0.6248gm | -- | -- | Complies |
| **Assay for**  **Tranexamic Acid** | 481.75mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-520 008

**REPORT NO: 1961 /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** | 24/DI/MPL/T/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1176/T/2017 |
| 4. | **Date of Receipt** | 24/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Lenovo-AP intrauterine(Veternary)  (Levofloxacin Hemihydrate, Ornidazole and Alpha Tocophreral Acetate solution) |
|  |  | B.NO: MT 685, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s Insat Pharma  Village:Lalpur, Kicha road,  Rudrapur, At:MPLL, Lalpur-263148(UK). |
| 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** | Yellow coloured liquid. | | | Complies |
| **Identification** | Positive for  Levofloxacin and Ornidazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ornidazole**  **Levofloxacin** | 40.30mg  19.37mg | 40mg  20mg | 36 - 44mg  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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-520 008

**REPORT NO: 1962 /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.Lavanya, Tekkali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/10/AL/DI/TKL/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1178/T/2017 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Febrex plus DS Suspension  (Paracetamol, Phenylephrine Hydrochloride, Chlorpheniramine Maleate suspension) |
|  |  | B.NO: FAD4C7A1, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Indoco Remedies Ltd.  At Plot No: 146, EPIP-I, Jarmajri,  Baddi 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** | 01x60ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Paracetamol, Phenylephrine HCL and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Phenylephrine**  **Chlorpheniramine Maleate**  **Paracetamol** | 5.17mg  1.97mg  254.57mg | 5mg  2mg  250mg | 4.5 – 5.5mg  1.8 – 2.2mg  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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 1963 /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 Bhasakara Rao, Chirala. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/DI-CRL/2017-Test, Dated: 23/10/2017 |
| 3. | **Number of sample** | 1188/T/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SULP-T-PRIM  (Sulphadiazine & Trimethoprim oral suspension) |
|  |  | B.NO: 020817, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s. Abhivrudhi Vet India Pvt. Ltd.,  D.No.3-15-VI-207, 1st Floor, Sahara Estate,  Mansoorabad, Hayathnagar(M) – 500 068. |
| 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 suspension. | | | Complies |
| **Identification** | Positive for  Sulphadiazine as per S.T.P and Trimethoprim as per I.P. | -- | -- | Complies |
| **Assay for**  **Sulphadiazine**  **Trimethoprim** | 193.9mg  38.8mg | 200mg  40mg | 180 – 220mg  36 – 44mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1964 /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** | 42/KP/DI/TDP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1197/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALCID-MPS  (Dried Aluminium Hydroxide, Magnesium Hydroxide and Dimethicone oral suspension) |
|  |  | B.NO: ALC17021RH, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Alkem Laboratories Ltd,  Senapti Bapat Marg, Mumbai.  Ravian Life Science Pvt Ltd., Plot No. 34,  Sector-8A, IIE, Sidcul, Haridwar-249403,  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** | 01x170ml | -- | -- | -- |
| **Description** | Pink coloured uniform suspension. | | | Complies |
| **Identification** | Positive for  Aluminium Hydroxide as per U.S.P and Magnesium Hydroxide as per I.P | -- | -- | Complies |
| **Assay for**  **Dried Aluminium Hydroxide**  **Magnesium Hydroxide** | 210.83mg  209.10mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-520 008

**REPORT NO: 1965 /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** | 49/SA/DI/KDP/2017, Dated: 04/11/2017 |
| 3. | **Number of sample** | 1268/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANE-D  (Pantoprazole and Domperidone Tablets) |
|  |  | B.NO: SDVE16001, M.D:06/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s Syskem Pharmocrats,  Shri balwant bhavan, Bhallon (V),  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 | -- | -- | -- |
| **Description** | Violet colour, circular, coated and biconvex tablets. | | | Complies |
| **Identification** | Positive for Pantoprazole Sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2080gm | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 38.72mg  10.23mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1966 /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** | 50/SA/DI/KDP/2017, Dated: 04/11/2017 |
| 3. | **Number of sample** | 1269/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANE-D  (Pantoprazole and Domperidone Tablets) |
|  |  | B.NO: SDVE16003, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Syskem Pharmocrats,  Shri balwant bhavan, Bhallon (V),  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 | -- | -- | -- |
| **Description** | Violet colour, circular, coated and biconvex tablets. | | | Complies |
| **Identification** | Positive for Pantoprazole Sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2173gm | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 41.89mg  10.56mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1967 /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** | 24/S/PK/DI/AKP/2017, Dated: 26/09/2017 |
| 3. | **Number of sample** | 441/H/2017 |
| 4. | **Date of Receipt** | 03/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Atorvastatin I.P. 10mg |
|  |  | B.NO: ATV-005, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Radico Remedies,  (A GMP Certified & AN ISO 9001:2008 company)  123, Mandhala, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Atorvastatin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1560gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Atorvastatin** | 9.71mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 1968 /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** | 31/10/KK/DI/PLK/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 466/H/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZINC ACETATE SYRUP |
|  |  | B.NO: S6J232, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Arion Healthcare  Gmp Certified Company,  Vill.Kishnapura, Baddi,  Distt. Solan-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** | 01x100ml | -- | -- | -- |
| **Description** | Pale orange colour liquid. | | | Complies |
| **Identification** | Positive for Zinc Acetate Syrup as per I.P | -- | -- | Complies |
| **Assay for**  **Zinc Acetate** | 20.7mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 1969 /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. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/30/DI/EG/RJY/U/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 471/H/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ofloxacin oral Suspension IP 50mg/5ml |
|  |  | B.NO: CS6034, M.D:06/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s OMEGA BIOTECH LTD,  7th Mile Stone, Dehradun Road,  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** | 02x30ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for Ofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin** | 49.34mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram. VIJAYAWADA-520 008

**REPORT NO: 1970 /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** | 44/KP/DI/TDP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1199/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CLEZEN-A  (Levocetrizine Hydrochloride, Ambroxyl Hydrochloride Tablets) |
|  |  | B.NO: CLE-1650, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Everest Formulations,  Saproon, Solan-173211 (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 | -- | -- | -- |
| **Description** | Blue colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Levocetirizine and Ambroxyl as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2110gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Levocetirizine**  **Ambroxyl** | 5.07mg  59.4mg | 5mg  60mg | 4.5 – 5.5mg  54 – 66mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-520 008

**REPORT NO: 1971 /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** | 38/SA/NK/DI/Z-III/VJA/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1292/T/2017 |
| 4. | **Date of Receipt** | 11/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABICIP D Capsules  (Enteric coated Rabeprazole Sodium and Domperidone Sustained release capsules) |
|  |  | B.NO: J00051707, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Inventia health care Pvt Ltd,  At: 22 milestone, Patli Morh, Tarore,  Bari Brahmana (J&K) 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** | 01x03x15 | -- | -- | -- |
| **Description** | Dark brown colored, hard gelatin capsule, contains brown coloured and pale orange coloured pellets. | | | Complies |
| **Identification** | Positive for Rabeprazole Sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.2309gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole Sodium**  **Domperidone** | 21.65mg  29.81mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 1972 /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** | 37/ESR/DI/Z-I/VJA/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1293/T/2017 |
| 4. | **Date of Receipt** | 11/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rabicip D Capsules  (Enteric coated Rabeprazole Sodium and Domperidone Sustained release capsules) |
|  |  | B.NO: J00051707, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Inventia Healthcare Pvt. Ltd,  At: 22 milestone, Patli Morh,  Tarore, Bari Brahmana (J&K) 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** | 01x03x15 | -- | -- | -- |
| **Description** | Dark brown coloured capsule, contains brown coloured and pale orange coloured pellets. | | | Complies |
| **Identification** | Positive for Rabeprazole Sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.2281gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole Sodium**  **Domperidone** | 20.17mg  30.36mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008

**REPORT NO: 1973 /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** | 28/S/PK/DI/AKP/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1148/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CIFRAN 500 Tablets |
|  |  | B.NO: 2890353, M.D:07/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s Sun Pharma medisales Pvt. Ltd.  Kh. No. 1335-1340, Near EPIP-I, Bhatoli Kalan,  Baddi, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular tablets with square engraved on both sides and ‘CFT’ on one side & ‘250’ on other side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7705gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 495.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 1974 /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** | 29/Sample/JV/DI/JPT/KR/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1205/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Leerab-D  (Enteric Coated Rabeprazole & Domperidone SR Capsules) |
|  |  | B.NO: LG07/008/01, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Logos Pharma, Maissa Tibba,  Nalagarh, Solan – 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** | 01x04x10 | -- | -- | -- |
| **Description** | Red and colourless transparent capsule shells having orange, brown and yellow coloured pellets inside. | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2729gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole Sodium**  **Domperidone** | 18.53mg  31.52mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone. VIJAYAWADA-08

**REPORT NO: 1975 /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** | 321017/DI/TPT-R/2017, Dated: 05/10/2017 |
| 3. | **Number of sample** | 1101/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rial Syrup  (Cetirizine Dihydrochloride) |
|  |  | B.NO:RLS-029, M.D:05/2016, E.D: 04/2019 |
|  |  | **Mfd by:** M/s RESTECH PHARMA  B-184/185, PIPDIC Industrial Estate,  Mettupalayam, Pondicherry-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** | 01x(1x60ml) | -- | -- | -- |
| **Description** | Pink colour solution. | | | Complies |
| **Identification** | Positive for  Cetirizine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cetirizine Dihydrochloride** | 5.19mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Rural). VIJAYAWADA-08

**REPORT NO: 1976 /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** | 24/17/DI/TNL/Sample, Dated: 21/09/2017 |
| 3. | **Number of sample** | 997/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Leviz-5 Tablets  (Levocetirizine dihydrochloride tablets IP) |
|  |  | B.NO: TB-16158, M.D:02/2016, E.D: 01/2018 |
|  |  | **Mfd by:** M/s Horizon Bioceuticals Pvt Ltd.,  Nahan Road, Kala amb,  Dist Sirmour, 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** | 01x04x15 | -- | -- | -- |
| **Description** | White colour, oval, double score on one side and uniform tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1008gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Levocetirizine Dihydrochloride** | 5.37mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-08

**REPORT NO: 1977 /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** | 26/DI/CTR/T/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1204/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Calorie-free Laxikem Laxative  (Liquid Paraffin & Milk of Magnesia 170 ml) |
|  |  | B.NO: LKS17004S, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Shiva Biogenetic Pharmaceuticals Pvt. Ltd.,  Village- Manpura, Baddi, Dist-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** | 01x170 ml | -- | -- | -- |
| **Description** | White colour suspension. | | | Complies |
| **Identification** | Positive for  Magnesium salts as per I.P | -- | -- | Complies |
| **Assay for**  **Milk of Magnesium** | 11.39ml | 11.25ml | 10.125 – 12.375ml | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 1978 /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, Anathapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1/10/Sample/DI/ATP/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1233/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glinil Tablets  (Glaibenclamide Tablets) |
|  |  | B.NO: E770238, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s Cipla Ltd.,  112, Village Matiabpur, Roorkee,  Haridwar (U.A.). |
| 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 | -- | -- | -- |
| **Description** | White colour and elongated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Glaibenclamide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1985gm | -- | -- | Complies |
| **Assay for**  **Glibenclamide** | 4.93mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anathapuramu. VIJAYAWADA-08

**REPORT NO: 1979 /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** | 31/10/AK/DI/SKL/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1237/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SERODEEP  (Fluoxetine Capsules IP) |
|  |  | B.NO: DT0623, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s ETHIX HEALTH CARE,  #82/33, Kalka-Shimla Highway, Deonghat,  Saproon, Solan, HP-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 | -- | -- | -- |
| **Description** | Blue coloured capsule shells having white powder inside. | | | Complies |
| **Identification** | Positive for  Fluoxetine HCL as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2897gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Fluoxetine** | 19.37mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 1980 /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** | Abid Ali Shaik, Kurnool (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 027/DI/KNL-U/OCT/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1244/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ceftis-200 LB Tablets  (Cefixime and Lactic Acid Bacillus tablets) |
|  |  | B.NO: 170911T, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Sai Sarva Biotech Pvt. Ltd.,  Plot No: 8&9, Balaji Nagar, Pattanur,  Aurovalle (PO), Vanur (TK),  Villupuram (Dist) – 605 101. |
| 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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex, coated and uniform tablets with one side score. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2772gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 201.78mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Urban). VIJAYAWADA-08

**REPORT NO: 1981 /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** | 34/ESR/DI/Zone-I/VJA/2017, Dated: 03/11/2017 |
| 3. | **Number of sample** | 1251/T/2017 |
| 4. | **Date of Receipt** | 04/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLER - 400  (Ofloxacin tablets IP 400 mg) |
|  |  | B.NO: B188G016, M.D:07/2016, E.D: 06/2019 |
|  |  | **Mfd by:** M/s ARISTO Pharmaceuticals Pvt. Ltd.,  # Village: Makhnumajra P.O. Bhud, Baddi,  Dist. Solan (H.P) – 173 205. |
| 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 | -- | -- | -- |
| **Description** | Yellow coloured, oval shaped, uniform, biconvex, coated tablets with one side score. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5437gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ofloxacin** | 398.89mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 1982 /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** | 47/TVK/DI/KDP/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 481/H/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TETRANEX VET  (Tetracycline Hydrochloride Water soluble powder) |
|  |  | B.NO: DR17048, M.D:09/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s Stanex drugs & Chemicals Pvt. Ltd.,  16-140-1, St no.3, Prashanti nagar, Uppal,  Hyderabad – 500 039, 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** | 01x02x100 gms | -- | -- | -- |
| **Description** | Pale yellow colour powder. | | | Complies |
| **Identification** | Positive for  Tetracycline as per S.T.P | -- | -- | Complies |
| **Assay for**  **Tetracycline HCL** | 50.15mg | 50mg | 47.5 – 50.25mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

**REPORT NO: 1983 /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** | 14/S/VAP/DI/RJY(Rural)/2017, Dated: 19/06/2017 |
| 3. | **Number of sample** | 596/T/2017 |
| 4. | **Date of Receipt** | 22/06/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RAMGEE 2.5  (Ramipril Tablets I.P) |
|  |  | B.NO: ZPR0012, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Preet Remedies (P) Ltd,  183-186, HPSIDC, Industrial Area,  Baddi-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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Pale yellow coloured, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Ramipril as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5565gm | -- | -- | Complies |
| **Assay for**  **Ramipril** | 2.27mg | 2.5mg | 2.25 – 2.75mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-520 008

**REPORT NO: 1984 /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. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/40/T/DI/TUNI/EG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1240/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASIKLOPAR [SP]  (Aceclofenac, Paracetamol and Serratiopeptidase) |
|  |  | B.NO: APLT-1030, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s. Wings Pharmaceuticals Pvt. Ltd.,  43 & 44, HPSIDC, Industrial Area,  Baddi – 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** | 01x05x10 | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablets with break line on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7468gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 332.7mg  95.3mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

**REPORT NO: 1985 /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** | Parveen Sultana Shaik, Ongole. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/39/DI/OGL/2017, Dated: 23/10/2017 |
| 3. | **Number of sample** | 460/H/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cilnician 10  (Cilnidipine tablets 10 mg) |
|  |  | B.NO: CT6393, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s CIAN Health care Pvt. Ltd.,  Kh.No.: 248, Village, Sisona, Bhagwanpur,  Roorkee, Haridwar, Uttarakhand.  A.O.: Fursungi, Pune. |
| 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 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cilnidipine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1146gm | -- | -- | Complies |
| **Assay for**  **Cilnidipine** | 9.51mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-520 008

**REPORT NO: 1986 /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** | 30/10/AK/DI/SKL/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 458/H/2017 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Vitamin-A  (Paediatric Oral Solution I.P) |
|  |  | B.NO: DVIT 1703, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Sunrise International Labs Ltd.,  Plot no. 100, Lane-5, Sector-II, Phase-II, IDA,  Cherlapally, Hyderabad 50051, 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** | 01x100ml | -- | -- | -- |
| **Description** | Yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Vitamin A palmitate as per I.P | -- | -- | Complies |
| **Assay for**  **Vitamin A**  **Concentrate oil** | 96900IU | 100000IU | 90000 – 120000IU | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 1987 /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** | 25/DI/CTR/T/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 459/H/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Vitamin-A  (Paediatric Oral Solution I.P) |
|  |  | B.NO: DVIT1704, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Sunrise International Labs Ltd.,  Plot no. 100, Lane-5, Sector-II, Phase-II, IDA,  Cherlapally, Hyderabad 50051, 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** | 01x100ml | -- | -- | -- |
| **Description** | Yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Vitamin A palmitate as per I.P | -- | -- | Complies |
| **Assay for**  **Vitamin A**  **Concentrate oil** | 105445IU | 100000IU | 90000 – 120000IU | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 1992 /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** | 45/TVK/DI/KDP/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 479/H/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LEVOQUIN (vet)  (Levofloxacin Powder) |
|  |  | B.NO: 7201017, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s HINDUSTAN THERAPEUTICS (P) LTD.  5-5-35/33/2, NCS Complex,  Prashanti Nagar, I.E., Kukatpally,  Hyderabad-500 072. |
| 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 gms | -- | -- | -- |
| **Description** | White crystalline powder. | | | Complies |
| **Identification** | Positive for  Levofloxacin as per I.P | -- | -- | Complies |
| **Assay for**  **Levofloxacin** | 92.62mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1993 /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** | 38/ESR/DI/Z-I/VJA/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1294/T/2017 |
| 4. | **Date of Receipt** | 11/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Storvas 10  (Atorvastatin Tablets IP) |
|  |  | B.NO: EMS0869, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Sun Pharma Laboratories Ltd,  Plot No.107-108, Namli Block,  P.O.Ranipool, East 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** | 01x03x15 | -- | -- | -- |
| **Description** | White colour, oval shaped biconvex tablets with a monogram as ‘ST’ on one side and another side as ‘10’. | | | Complies |
| **Identification** | Positive for  Atorvastatin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1536gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Atorvastatin** | 9.82mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008

**REPORT NO: 1994 /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** | 35/SA/DI-DL/KVR/W.G/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 470/H/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Phenytoin Sodium TabletsI.P. 100 mg |
|  |  | B.NO: PS16-008, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s GREENLAND ORGANICS, 6-174-1,  Industrial Area, Surampalli-521 212. |
| 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 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Phenytoin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1642gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Phenytoin** | 98.82mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 1995 /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** | 44/TVK/DI/KDP/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 478/H/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Furin-Vet-DS  (Furazolidone Tablets) |
|  |  | B.NO: FV-11017, M.D:10/2017, E.D: 09/2019 |
|  |  | **Mfd by:** M/s Padmaja laboratories Pvt. Ltd.,  Industrial Area, Chinnoutapalli-521286,  Andhra Pradesh. |
| 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 | -- | -- | -- |
| **Description** | Yellow colour, circular tablet with break line on one side. | | | Complies |
| **Identification** | Positive for  Furazolidone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6382gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Furazolidone** | 491mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1996 /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** | 47/OCT/JVL/DI/KNLR/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1259/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | POVIDOT-OZ  (Povidine Iodine & Ornidazole Ointment) |
|  |  | B.NO: DQZ7003, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Allkind Healthcare Unit-III,  Plot No. 79-A & 79-B, EPIP, Phase-II,  Vill-Thana, 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x15gm | -- | -- | -- |
| **Description** | Brown colour cream. | | | Complies |
| **Identification** | Positive for  Iodine as per I.P and  Ornidazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Iodine**  **Ornidazole** | 0.53%  0.99% | 0.5%  1.0% | 0.45 – 0.55%  0.90 – 1.1% | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-520 008

**REPORT NO: 1997 /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** | 31/SA/T/DI/DCA/NRPM/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1250/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Orcirab-20  (Rabeprazole Sodium Tablets I.P.) |
|  |  | B.NO: ULT-11228, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Ultratech Pharmaceuticals,  Vill-Tipra, P.O. Barotiwala 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** | 01x06x10 | -- | -- | -- |
| **Description** | Brown coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Rabeprazole as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1525gm | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Rabeprazole** | 19.02mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

**REPORT NO: 1998 /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/33/DI-CRL/2017-Test, Dated: 23/10/2017 |
| 3. | **Number of sample** | 1187/T/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LOREXANE Cream  (Gamma Benzene Hexachloride and Proflavine Hemisulphate with Cetrimide Cream) |
|  |  | B.NO: CL631, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Crescent Labs Pvt. Ltd.,  Plot No.508/2, Near Lasundra Bus Stand,  Vadodara Savli Road Tundav,  Tal. Savli, Vadodara 391775. |
| 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** | 01x02x30g | -- | -- | -- |
| **Description** | Yellow coloured cream. | | | Complies |
| **Identification** | Positive for  Proflavine Hemisulphate, Cetrimide and Gamma Benzene Hexachloride  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Proflavine Hemisulphate**  **Cetrimide** | 0.108% w/w  0.443% w/w | 0.10% w/w  0.45% w/w | 0.09 -0.11% w/w  0.405 – 0.495% w/w | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1999 /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** | 33/17/MJL/DI/JRG/WG/AP-2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1130/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amlip-5  (Amlodipine Besilate Tablets I.P 5mg) |
|  |  | B.NO: B270030, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s. Cipla Ltd, 20, Ind. Area-1,  Baddi (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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, circular tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Amlodipine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1206gm | -- | -- | Complies |
| **Average Content** | 5.01mg | 5mg | 4.34 – 5.87mg | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Amlodipine** | 5.11mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2001 /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/35/H/Eluru/DI/ELR/WG/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 465/H/2017 |
| 4. | **Date of Receipt** | 27/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Vitamin A Paediatric Oral Solution I.P. |
|  |  | B.NO: DVIT1703, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Sunrise International Labs Ltd.,  Plot No. 100, Lane-5, Sector-II, Phase-II,  IDA Cherlapally, Hyderabad-500051, 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** | 01x100ml | -- | -- | -- |
| **Description** | Yellow coloured, clear, oily solution. | | | Complies |
| **Identification** | Positive for  Vitamin A as per I.P | -- | -- | Complies |
| **Assay for**  **Vitamin A** | 103462 IU | 100000 IU | 90000 – 120000 IU | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-520 008

**REPORT NO: 2002 /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. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171005/DI/GNT(U), Dated: 25/10/2017 |
| 3. | **Number of sample** | 467/H/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Vitamin A Paediatric Oral Solution I.P. |
|  |  | B.NO: DVIT1703, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Sunrise International Labs Ltd.,  Plot No. 100, Lane-5, Sector-II, Phase-II,  IDA Cherlapally, Hyderabad-500051, 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** | 02x100ml | -- | -- | -- |
| **Description** | Yellow coloured, clear, oily solution. | | | Complies |
| **Identification** | Positive for  Vitamin A as per I.P | -- | -- | Complies |
| **Assay for**  **Vitamin A** | 99822 IU | 100000 IU | 90000 – 120000 IU | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-520 008

**REPORT NO: 2003 /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, Kakinda (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/30/DI/EG/KKD/U/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 454/H/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Vitamin A Paediatric Oral Solution I.P. |
|  |  | B.NO: DVIT1702, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Sunrise International Labs Ltd.,  Plot No. 100, Lane-5, Sector-II, Phase-II,  IDA Cherlapally, Hyderabad-500051, 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** | 01x02x100ml | -- | -- | -- |
| **Description** | Yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Vitamin A Palmitate as per I.P | -- | -- | Complies |
| **Assay for**  **Vitamin A** | 94799 IU | 100000 IU | 90000 – 120000 IU | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinda (Urban). VIJAYAWADA-08

**REPORT NO: 2004 /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/41/DI/GWK/VSP/2017, Dated: 09/11/2017 |
| 3. | **Number of sample** | 1282/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TUSCOLD  (Paracetamol Phenylephrine Hydrochloride & Chlorpheniramine Tablets) |
|  |  | B.NO: HTS102, M.D:09/2017, E.D: 08/2020 |
|  |  | **Mfd by:** M/s. Med Manor Organics Pvt. Ltd.,  Unit-II, Kh.No. 143M/7, Village-Raipur,  Paranga-Bhagwanpur, Tehsil-Roorkee,  Distt: Haridwar, Uttarakhand- 247661, 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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White coloured, circular, tablet with a characteristic monogram on one side. | | | Complies |
| **Identification** | Positive for Paracetamol as per I.P & Phenylephrine HCL, Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5951gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Phenylephrine Hydrochloride**  **Chlorpheniramine Maleate** | 494.3mg  9.76mg  1.83mg | 500mg  10mg  2mg | 450 – 550mg  9 – 11mg  1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-520 008

**REPORT NO: 2005 /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** | 34/SA/NK/DI/Z-III/VJA/17, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1217/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-250  (Dispersible Paracetamol Tablets BP) |
|  |  | B.NO: PTT7566, M.D:07/2017, E.D: 06/2020 |
|  |  | **Mfd by:** M/s Apex Laboratories Private limited,  B-23, SIDCO Pharmaceutical Complex,  Alathur – 603 110, Tamil Nadu. |
| 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 Tab | -- | -- | -- |
| **Description** | White colour, circular tablet with a break line on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4035gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 246.8mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 2006 /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** | 28/DI/AMP/PMKR/EG/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1201/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | COLDRIX  (Paracetamol with Chlorpheniramine Maleate and Phenylephrine Hydrochloride Tablets) |
|  |  | B.NO: CLX1708, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Laven Pharma Inida Pvt Ltd.,  1/270 A, Bhajan koil Street, Mangadu Road,  Mowlivakkam, Chennai-600116. |
| 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** | Pale pink colour, elongated, biconvex tablet with break line on one side. | | | Complies |
| **Identification** | Positive for Paracetamol as per I.P & Chlorpheniramine Maleate, Phenylephrine Hydrochloride  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.8452gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Chlorpheniramine Maleate**  **Phenylephrine Hydrochloride** | 641.4mg  1.98mg  9.96mg | 650mg  2mg  10mg | 585 – 715mg  1.8 – 2.2mg  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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 2007 /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** | 34/SA/DI-DL/KVR/W.G./2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 469/H/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AZITHROMYCIN TABLETS I.P.500 mg |
|  |  | B.NO: DC-7025, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Kerala State Drugs and Pharmaceuticals Ltd.,  Alappuzha-688522. |
| 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 coloured, elongated, biconvex, uniform tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Azithromycin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7665gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Azithromycin** | 505.21mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-08

**REPORT NO: 2008 /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/31/DI/EG/RJY/U/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 472/H/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | A-THROMYCIN 500 Rx  (Azithromycin Tablets I.P.500 mg) |
|  |  | B.NO: 0218, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s INDIAN DRUGS & PHARMACEUTICALS LTD.  (A Govt. of India Undertaking), Virbhadra-249 202,  Rishikesh (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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Orange coloured, elongated, biconvex and coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Azithromycin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7875gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Azithromycin** | 505.29mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08

**REPORT NO: 2009 /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. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/35/DI/MKP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1219/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABEVIZOL-DSR Capsules |
|  |  | B.NO: SSA11116, M.D:11/2016, E.D: 10/2018 |
|  |  | **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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Red colour and transparent capsule consists of brown and orange coloured pellets. | | | Complies |
| **Identification** | Positive for  Rabeprazole Sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.2717gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole Sodium**  **Domperidone** | 21.03mg  30.16mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-08

**REPORT NO: 2010 /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** | ABID ALI SHAIK, Kurnool (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 026/DI/KNL-U/OCT/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1243/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZIRICH-500 Tablets  (Azithromycin Tablets I.P) |
|  |  | B.NO: ZR-7171, M.D:07/2017, E.D: 06/2020 |
|  |  | **Mfd by:** M/s ALAPATI PHARMA, #467,  Pernamitta – 523 233, 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** | 01x06x10 Tab | -- | -- | -- |
| **Description** | Pink coloured, elongated, biconvex, coated and uniform tablet with one side score. | | | Complies |
| **Identification** | Positive for  Azithromycin as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.8614gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Azithromycin** | 507.62mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Urban). VIJAYAWADA-08

**REPORT NO: 2010 /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** | ABID ALI SHAIK, Kurnool (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 026/DI/KNL-U/OCT/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1243/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZIRICH-500 Tablets  (Azithromycin Tablets I.P) |
|  |  | B.NO: ZR-7171, M.D:07/2017, E.D: 06/2020 |
|  |  | **Mfd by:** M/s ALAPATI PHARMA, #467,  Pernamitta – 523 233. |
| 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 | -- | -- | -- |
| **Description** | Pink coloured, elongated, biconvex, coated and uniform tablet with one side score. | | | Complies |
| **Identification** | Positive for  Azithromycin as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.8614gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Azithromycin** | 507.62mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Urban). VIJAYAWADA-08

**REPORT NO: 2011 /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.Vijaya Sekhar, Bhimavaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/25/T/DI/BVRM/WG/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1248/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CREMALAX  (Sodium Picosulphate Tablets) |
|  |  | B.NO: ADB0178, M.D:07/2016, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Acme Generics LLP,  Plot No. 115, HPSIDC Industrial Area,  Davni, P.O.Gurumajra, Tehsil Nalagarh,  Distt. Solan (H.P) – 174 101.  **Marketed by:** M/s. Abott India Ltd., 3-4, Corporate Park,  Sion-Trombay Road, Mumbai – 400 071. |
| 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 B.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x08x10 Tab | -- | -- | -- |
| **Description** | White colour, circular, uniform tablet with one side score and another side engraved on company trade symbol. | | | Complies |
| **Identification** | Positive for  Sodium Picosulphate as per B.P | -- | -- | Complies |
| **Average Weight** | 0.1101gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Sodium Picosulphate** | 10.20mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-08

**REPORT NO: 2012 /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** | 48/TVK/DI/PDTR/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 482/H/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HALINOL-BOLUS  (Halquinol Bolus) |
|  |  | B.NO: HL-2917, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Padmaja laboratories Pvt. Ltd.,  Industrial Area, Chinnoutapalli-521286,  Andhra Pradesh. |
| 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** | 01x05x04 bolus | -- | -- | -- |
| **Description** | Dark green coloured, elongated and bioconvex bolus with a score on one side and monograms ‘T’ and ‘G’ on another side of score. Powder on the surface of each bolus observed. | | | Complies |
| **Identification** | Positive for  Halquinol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 2.0053gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Halquinol** | 1.43gm | 1.5gm | 1.35 – 1.65gm | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

**REPORT NO: 2013 /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** | 43/KP/DI/TDP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1198/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASTKOF-DMR  (Dextromethorphan HBr, Chlorpheniramine Maleate, Menthol Syrup) |
|  |  | B.NO: SL-17038, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s ASTRA-IDL LIMITED, Gala No.9,  Interlink Industrial Premises, Co oP Society Ltd,  Caves Road, Jogeshwari (E), Mumbai. |
| 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 syrup. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate & Dextromethorphan HBr  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan HBr**  **Chlorpheniramine Maleate** | 10.54mg  4.18mg | 10mg  4mg | 9 – 11mg  3.6 – 4.4mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-08

**REPORT NO: 2014 /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. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 02-10/TVK/DI/PVL /2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1254/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SESTIL AD  (Loperamide Hydrochloride Tablets) |
|  |  | B.NO: CST35, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s COASTAL MEDICARE PVT. LTD.,  R.S.NO, 9/2, 5. Ramachandra puram, surampalli,  Krishna (Dist) 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 Tab | -- | -- | -- |
| **Description** | Yellow coloured, circular tablet with a score on one side. | | | Complies |
| **Identification** | Positive for Loperamide Hcl  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1094gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Loperamide HCL** | 1.99mg | 2mg | 1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula. VIJAYAWADA-520 008

**REPORT NO: 2015 /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.Vijaya Sekhar, Bhimavaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/24/T/DI/BVRM/WG/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1247/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-500  (Paracetamol I.P Tablets I.P) |
|  |  | B.NO: PFT7108S, M.D:09/2017, E.D: 08/2020 |
|  |  | **Mfd by:** M/s Twenty First Century Pharmaceuticals  Pvt Ltd., 360, SIDCO Estate, Chennai – 600 098.  **Mfg for:** M/s. apex Laboratories Private Limited,  B-23, SIDCO Pharmaceutical Complex,  Alathur – 603 110, Tamil Nadu, 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** | 01x06x15 Tab | -- | -- | -- |
| **Description** | White colour, surface tablet with a monogram ‘P/500’ on one side. | | | Complies |
| **Identification** | Positive for Paracetamol  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6130gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 508.44mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-520 008

**REPORT NO: 2016 /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** | 36/ESR/DI/ZONE-1/VJA /2017, Dated: 04/11/2017 |
| 3. | **Number of sample** | 1253/T/2017 |
| 4. | **Date of Receipt** | 04/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Udiliv 300  (Ursodeoxycholic Acid Tablets IP 300mg) |
|  |  | B.NO: UDB7029, M.D:02/2017, E.D: 09/2019 |
|  |  | **Mfd by:** M/s Abott India Limited,  L-18, Verna Industrial Estate,  Phase-II, Verna, Salcette, Goa – 403 722. |
| 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** | Off-white coloured, elongated, biconvex tablet with a score on one side and engraving ‘UDL 300’ on other side. | | | Complies |
| **Identification** | Positive for Ursodeoxycholic Acid  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5259gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ursodeoxycholic Acid** | 290.5mg | 300mg | 277.5 – 322.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008

**REPORT NO: 2017 /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. Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/SA/G/DI/VSP(Sales)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 430/H/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxicillin & Potassium Clavulanate Tablets I.P. 625 mg |
|  |  | B.NO: YAP72136 M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Yeluri Formulation Pvt ltd.,  Sy. No. 296/7/6, I.D.A. Bollaram,  Medak District – 502 325,  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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tab | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex, coated, uniform tablets with a ‘b/c’ on one side. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Clavulanic Acid as per I.P | -- | -- | Complies |
| **Average Weight** | 1.02191gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 503.5mg  114.61mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2018 /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** | 1710-03/DI/NRT/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1152/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Salmentin 625  (Amoxycillin Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: CBT016, M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Ratnamani Healthcare Pvt. Ltd.,  Survey No.: 750/1, Ahmedabad-Mehsana Highway,  Vill.: Indrad, Tal.: Kadi, Dist.: Mehsana, Gujarat (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** | 01x06x10 Tab | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex, coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Amoxycillin trihydrate and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0914gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 505.63mg  120.41mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-08

**REPORT NO: 2019 /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** | 45/KP/DI/TDP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1200/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NIKE-100  (NIMESULIDE TABLETS) |
|  |  | B.NO: CLE-1708, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Everest Formulations, Saproon,  Soaln – 173211, 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** | Pale yellow coloured, oval, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Nimesulide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3322gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide** | 103.93mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tadipatri. VIJAYAWADA-08

**REPORT NO: 2020 /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/31/NYR/DI/VZM/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 476/H/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Fentas plus  (Fenbendazole and Praziquantel Tablets) |
|  |  | B.NO: NW0603, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Intas Pharmaceuticals Pvt. Ltd.,  Samardung Road, Karbey Block, Namthang,  Elaka, South Sikkim – 737132, 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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White elongated, biconvex, uniform tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Fenbendazole as per S.T.P and Praziquantel as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5245gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Fenbendazole**  **Praziquantel** | 158.95mg  49.38mg | 150mg  50mg | 135 – 165mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 2021 /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. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/41/T/DI/TUNI/EG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1241/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DP GESIC  (Diclofenac Sodium and Paracetamol Tablets) |
|  |  | B.NO: JK17018, M.D:02/2017, E.D: 01/2020 |
|  |  | **Mfd by:** M/s Cadila Pharmaceuticals Limited,  Industrial Growth Center, SIDCO, Samba – 184121,  State of J & 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 Tab | -- | -- | -- |
| **Description** | White colour, circular, uniform tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Diclofenac Sodium and Paracetamol  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4619gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Diclofenac Sodium** | 325.28mg  49.99mg | 325mg  50mg | 292.5 – 357.5mg  45 – 55 mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-08

**REPORT NO: 2022 /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-1). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 35/ESR/DI/ZONE-I/VJA/2017, Dated: 03/11/2017 |
| 3. | **Number of sample** | 1252/T/2017 |
| 4. | **Date of Receipt** | 04/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Omnicef-O 200  (Cefixime Tablets IP 200 mg) |
|  |  | B.NO: B748E027, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s ARISTO Pharmaceuticals Pvt. Ltd,  # Village: Makhnumajra P.O. Bhud, Baddi,  Dist. Solan (H.P) – 173 205. |
| 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** | Orange colour, elongated, bivonvex, coated and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4838gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cefixime** | 204.51mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 2023 /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** | 27/DI/CTR/T/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1265/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxyclav DS  (Amoxycillin & Potassium Calvulanate Oral Suspension IP) |
|  |  | B.NO: DD17D095-1, M.D:08/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Medicef Pharma, Plot No.28,  Phase-I, EPIP Jharmajri, Baddi, 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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 02x30ml | -- | -- | -- |
| **Description** | White powder, uniform suspension after reconstitution. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **PH** | 4.7 | -- | 3.8 – 6.6 | Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 208.85mg  30.89mg | 200mg  28.5mg | 180 – 220mg  25.65 – 35.6mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 2024 /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. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/DI/MKP/2017, Dated: 28/09/2017 |
| 3. | **Number of sample** | 1218/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACECLOLIV-100  (Aceclofenac Tablets I.P.) |
|  |  | B.NO: SSY21116, M.D:11/2016, E.D: 10/2019 |
|  |  | **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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Aceclofenac as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1842gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Aceclofenac** | 101.66mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-520 008

**REPORT NO: 2025 /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. Vijaya Sekhar, Bhimavaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/22/T/DI/BVRM/WG/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1245/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BLISTO-2MF  (Glimperide and Metformin Hydrochloride (SR) Tablets) |
|  |  | B.NO: BPSB17117, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Swiss Garnier Biotech, 21, Indl. Area,  Mehatpur, District-Una, Himachal Pradesh – 174315.  **Mktd by:** M/s. Biocon Limited,  20th Km, Hosur Road, Electronics City,  Bangalore – 560100. |
| 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** | Pale yellow coloured, elongated, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Metformin and Glimepiride  as per I.P | -- | -- | Complies |
| **Average Weight** | 1.3281gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metformin**  **Glimepiride** | 922.79gm  2.14gm | 1000mg  2mg | 900 – 1100mg  1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-520 008

**REPORT NO: 2026 /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. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/36/DI/MKP/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1220/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | YASCORYL cough expectorant |
|  |  | B.NO: LV17G-101, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s L.V. Life sciences VPO Gurumajra,  Baddi, (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** | 01x100ml | -- | -- | -- |
| **Description** | Pink colour liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride, Guaiphenesin and Terbutaline Sulphate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Guaiphenesin**  **Terbutaline Sulphate** | 1.49mg  49.5mg  1.244mg | 15mg  50mg  1.25mg | 13.5 – 16.5mg  45 - 55mg  1.125 – 1.375mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-520 008

**REPORT NO: 2027 /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** | 2/10/TRADE/DHHT/DI/NDYL/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1160/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Themox-CLV LB  (Amoxycillin, Potassium Clavulanate and Lactic Acid Bacillus Tablets) |
|  |  | B.NO: THG160115, M.D:12/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s Theon Pharmaceuticals Ltd,  Vill-Saini Majra, Tehsil Nalagarh,  Distt.Solan (H.P) – 174101.  **Mktd by:** M/s Theogen pvt Ltd.  (A division of Theon Pharmaceuticals Ltd)  Plot No. 400, Industrial Area, Phase-I,  Panchakula – 134113, Haryana. |
| 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** | 01x08x06 Tab | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0840gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 556.66mg  116.07mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 2028 /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** | 33/SA/NK/DI/Z-III/VJA/17, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1216/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Monocef 500mg  (Ceftriaxone Injection IP) |
|  |  | B.NO: M96H227, M.D:08/2017, E.D: 01/2020 |
|  |  | **Mfd by:** M/s. ARISTO Pharmaceuticals Pvt Ltd.,  # Plot No. 208, New Industrial Area No:2, Manideep,  Dist: Raisen (M.P) # Village: Makhumajar P.O. Bhud,  Baddi, Dist Solan (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** | 03x500 mg/5 ml Injection | -- | -- | -- |
| **Description** | White powder formed a clear pale yellow solution after reconstitution. | | | Complies |
| **Identification** | Positive for  Ceftriaxone Sodium as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5592gm | -- | -- | Complies |
| **PH** | 6.45 | -- | 6.0 – 8.0 | Complies |
| **Assay for**  **Ceftriaxone** | 485.86mg | 500mg | 450 – 575mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 2029 /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, Hindupur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1/10/Sample/Trade/PKP/DI/HDP/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1231/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BREATH-T EXPECTORANT-100 ml |
|  |  | B.NO: HBT1710, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Hippo Labs Pvt. Ltd.,  Plot No.: 17, R.G. Nagar, IDA, Prashanthi Nagar,  Kukatpally, Hyderabad-500 072. |
| 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** | 01x01x100ml | -- | -- | -- |
| **Description** | Pale orange colour solution. | | | Complies |
| **Identification** | Positive for  Ambroxol Hcl and Guaiphenesin  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hcl**  **Guaiphenesin** | 15.13mg  49.79mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Hindupur. VIJAYAWADA-08

**REPORT NO: 2030 /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** | Parveen Sultana Shaik, Ongole. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/40/DI/OGL/2017, Dated: 23/10/2017 |
| 3. | **Number of sample** | 461/H/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Losartan  (PotassiumTablets IP 50mg) |
|  |  | B.NO: SHLT-2040, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Seasons Healthcare Ltd,  Plot No.36,37,38,46 & 47, Chengicherla,  Ghatkesar (M), R.R Dist., Telangana-500092. |
| 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, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Losartan Potassium as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1087gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Losartan Potassium** | 52.19mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-08

**REPORT NO: 2031 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 32/SA/T/DI/VSP (Sales)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1196/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SUCRAL Suspension  (Sucralfate Suspension) |
|  |  | B.NO: SS 390817C, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s Strassenburg Pharmaceuticals Ltd,  P-6, C.I.T Road, Kolkata-700014,  At 247, D.H.Road, 24 Pgs(S) Pin-700104. |
| 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** | 01x01x200ml | -- | -- | -- |
| **Description** | White colour, uniform suspension. | | | Complies |
| **Identification** | Positive for  Alluminium content as per U.S.P | -- | -- | Complies |
| **Assay for**  **Alluminium** | 18.11% | -- | 15.5 – 18.5% | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2032 /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** | 27/CLP/DI/VIJ-MFG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1213/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GLUCOMET-G2  (Metformin & Glimepride Tablets IP) |
|  |  | B.NO: 1709033, M.D:06/2017, E.D: 05/2020 |
|  |  | **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 Tab | -- | -- | -- |
| **Description** | White coloured, elongated and biconvex tablet. | | | Complies |
| **Identification** | Positive for  Metformin and Glimepiride  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7021gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metformin**  **Glimepiride** | 491gm  1.81gm | 500mg  2mg | 450 – 550mg  1.8 – 2.2mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2033 /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** | 34/BSR/DI/MTM/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1261/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACRIFLAVIN  (Purported to contain Antibiotics especially Chloramphenicol, Nitrofurans) |
|  |  | B.NO: AFD 01, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** JONES AGRO & VET FORMULATIONS,  H.No. 1-2-236/14, SRL Colony, Kothapet,  Hyderabad – 500 035. |
| 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** | 01x50 gms | -- | -- | -- |
| **Description** | Brick red coloured powder. | | | Complies |
| **Identification** | **Negative** for  Chloramphenicol and Nitrofurans | -- | -- | **Not Complies** |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2034 /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** | 35/BSR/DI/MTM/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1262/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | EDTA (EDTA Complex for water treatment in Aqua Culture)  (Purported to contain Antibiotics especially Chloramphenicol, Nitrofurans) |
|  |  | B.NO: EDI01, M.D:09/2017, E.D: 08/2020 |
|  |  | **Mfd by:** JONES AGRO & VET FORMULATIONS,  H.No. 1-2-236/14, SRL Colony, Kothapet,  Hyderabad – 500 035. |
| 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** | 01x01 kg | -- | -- | -- |
| **Description** | Off white coloured powder. | | | -- |
| **Identification** | **Negative for**  Chloramphenicol and Nitrofurans | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2035 /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** | 36/BSR/DI/MTM/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1263/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PRIME-SOFT  (Purported to contain Antibiotics especially Chloramphenicol, Nitrofurans) |
|  |  | B.NO: BPLIP0501, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** BIO PRIME LIFE SCIENCES,  PLOT No. 68/23, RGK, Suraram Colony,  Quthbullapur (M), R.R.Dist., T.S. |
| 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** | 01x01 kg | -- | -- | -- |
| **Description** | Off-white coloured powder. | | | -- |
| **Identification** | **Negative for**  Chloramphenicol and Nitrofurans | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2036 /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** | 37/BSR/DI/MTM/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1264/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PRO-CURB  (Ammonia Control For Aqua Ponds) |
|  |  | B.NO: BPL170401, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** BIO PRIME LIFE SCIENCES,  PLOT No. 68/23, RGK, Suraram Colony,  Quthbullapur (M), R.R.Dist., T.S. |
| 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** | 01x01 kg | -- | -- | -- |
| **Description** | Off-white coloured powder. | | | -- |
| **Identification** | **Negative for**  Chloramphenicol and Nitrofurans | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 2037 /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/38/DI/GWK/VSP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1119/T/2017 |
| 4. | **Date of Receipt** | 11/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PROLEY - 40  (Pantoprazole Sodium Tablets I.P. 40 mg) |
|  |  | B.NO: BFT-1707202D, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s. Bajaj Formulations Khasra No.161,  Village-Lakeshwary, Bhagwanpur-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 Tab | -- | -- | -- |
| **Description** | Brown colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1681gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Pantoprazole** | 38.3mg | 40mg | 36 – 44mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-520 008

**REPORT NO: 2038 /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, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 4/10/Sample/DI/ATP/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1236/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Marktus – AM  (Ambroxol HCL, Terbutaline Sulphate, Guaiphenesin & Menthol Syrup) |
|  |  | B.NO: 1602, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s. D.M. Pharma, Vill. Bhud, NH-21A,  Baddi, Distt., Solan.(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** | 02x60ml | -- | -- | -- |
| **Description** | Pale orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol, Guaiphenesin and Terbutaline as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol**  **Guaiphenesin**  **Terbutaline** | 15.55mg  50.6mg  1.46mg | 15mg  50mg  1.5mg | 13.5 – 16.5mg  45 – 55mg  1.35 – 1.65mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ananthapuramu. VIJAYAWADA-520 008

**REPORT NO: 2039 /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** | 25/DS/DI/SAM/VSPM/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1257/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOMPERIDONE IP |
|  |  | B.NO: BDOM/1710216, 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, Parwada (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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 00.050 Kg | -- | -- | -- |
| **Description** | White colour powder. | | | Complies |
| **Identification** | Positive for  Domperidone as per I.P | -- | -- | Complies |
| **Loss on Drying** | 0.28% w/w | -- | NMT 0.5% w/w | Complies |
| **Assay for**  **Domperidone** | 100.89% w/w | 100% w/w | 99% - 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2041 /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. Murali, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171101/T/MK/DI/NLR/2017, Dated: 13/11/2017 |
| 3. | **Number of sample** | 1315/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AMLOKIND AT Tablets |
|  |  | B.NO: A2AFQ056, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s Mediforce Healthcare Pvt. Ltd,  Plot.No.8-13, Phase-III, Industrial Area,  Gondpur, Paonta Sahib,  Distt. 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White colour and uniform tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Amlodipine and Atenolol  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1502gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Amlodipine**  **Atenolol** | 5.26mg  51.57mg | 5mg  50mg | 4.5 – 5.5mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 2042 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 37/SA/G/DI/VSP(Sales)/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 486/H/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Furin-Vet-DS  (Furazolidone 500 mg. Tablets) |
|  |  | B.NO: FV-1917, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Padmaja Laboratories Pvt. Ltd.,  (AN ISO 9001 - 2008 Certified Company)  Industrial Area, Chinnnoutapalli – 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 Tab | -- | -- | -- |
| **Description** | Yellow colour, circular and uniform tablets with break line at one side. | | | Complies |
| **Identification** | Positive for  Furazolidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6282gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Furazolidone** | 526.16mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2043 /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, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3/10/Sample/DI/ATP/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1235/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ascolix LS Syrup |
|  |  | B.NO: M288, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s. D.M. Pharma, Vill. Bhud, NH-21 A,  Baddi, Distt., Solan.(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** | 02x60ml | -- | -- | -- |
| **Description** | Orange colour, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Ambroxol as per S.T.P and  Guaiphenesin as per I.P | -- | -- | Complies |
| **Assay for**  **Ambroxol**  **Guaiphenesin** | 31.52mg  48.33mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ananthapuramu. VIJAYAWADA-08

**REPORT NO: 2044 /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** | 23/DS/DI/SAM/VSPM/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1255/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CYPROHEPTADINE HYDROCHLORIDE IP |
|  |  | B.NO: BCYP/1710105, 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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 00.050 Kg | -- | -- | -- |
| **Description** | White colour powder. | | | Complies |
| **Assay for**  **Cyproheptadine Hydrochloride** | 100.82% | -- | 98.5 – 101.0% | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 2045 /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** | 41/17/MJL/DI/JRG/WG/AP-2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 1271/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CIPROMAX 100mg  (Ciprofloxacin Hcl-10%. w/w soluble powder) |
|  |  | B.NO: CIP 00616, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** M/s. STANMAX Laboratories Pvt. Ltd.,  2-24-86/3/1, Laxmi narayana colony, IDA,  uppal, Hyderabad-500039. |
| 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** | 01x01x100gm | -- | -- | -- |
| **Description** | White colour, crystalline powder. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ciprofloxacin** | 91.6mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 2046 /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. Mahesh, Tirupati (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 331017/DI/TPT-U/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1287/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Brozine X+ Excpectorant  (Px Terbutaline Sulphate, Ambroxol HCL & Guaiphenesin Syrup) |
|  |  | B.NO: BXP1702 L3, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s. PHARMTECH SOLUTIONS PVT. LTD.,  Plot.No 29B, Phase IV, IDA, Cherlapally,  Hyderabad – 5000051. |
| 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** | 01x01x100ml | -- | -- | -- |
| **Description** | Green colour, clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hcl and Guaiphenesin  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Guaiphenesin** | 15.13mg  48.64mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Urban). VIJAYAWADA-08

**REPORT NO: 2047 /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, Gudur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/NPS/DI/GDR/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1299/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALMOX-DT 250  (Dispersible Amoxycillin Tablets I.P.) |
|  |  | B.NO: 7280248, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s. Alkem Laboratories Ltd,  At: Village – Thana, Near Baddi,  Tehsil – Nalagarh, Dist – Solan,  Himachal Pradesh – 400 013. |
| 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** | Off-white, elongated, biconvex and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5575gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Amoxycillin** | 261.88mg | 250mg | 225 – 300mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudur. VIJAYAWADA-08

**REPORT NO: 2048 /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** | 26/S/VAP/DI/RJY(Rural)/2017, Dated: 15/11/2017 |
| 3. | **Number of sample** | 1314/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pa 120  (Paracetamol Oral Suspension IP) |
|  |  | B.NO: POS7007, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s. Apex Laboratories Private Limited,  510, Kunnam village & post, (Via) Thenneri, Sriperumbuddur taluk, Kancheepuram Dist-631604, 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** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured, uniform suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 122.27mg | 120mg | 114 – 126mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-08

**REPORT NO: 2049 /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** | 46/TVK/DI/PDTR/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 480/H/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TRIMIX  (Sulphachlorpyridazine Sodium and Trimethoprim Oral Powder) |
|  |  | B.NO: 7200417, 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** | 01x100gm | -- | -- | -- |
| **Description** | Dull white colour powder. | | | Complies |
| **Identification** | Positive for  Sulphachlorpyridazine Sodium and Trimethoprim as per I.P | -- | -- | Complies |
| **Assay for**  **Sulphachlorpyridazine**  **Trimethoprim** | 102.7mg  19.8mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 2050 /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. Mahesh, Tirupati (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 311017/DI/TPT-U/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1285/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dexorange  (Hematinic Syrup) |
|  |  | B.NO: K17241, M.D:08/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. STP PHARMACEUTICALS PVT. LTD.,  Sangkhola, Singtam, East Sikkim – 737 134, SIKKIM. |
| 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** | 01x01x200 ml | -- | -- | -- |
| **Description** | Dark brown coloured syrup. | | | Complies |
| **Identification** | Positive for  Elemental Iron, Cyanocobalamin and Folic Acid as per S.T.P | -- | -- | Complies |
| **Assay for**  **Elemental Iron** | 30.99mg | 32.8mg | 29.52 – 36.08mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Urban). VIJAYAWADA-520 008

**REPORT NO: 2051 /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** | 37/SA/DI-DL/KVR/W.G./2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1215/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GLIMP-MP 1  (Glimepiride, Pioglitazone Hydrochloride and Metformin Hydrcochloride (SR) Tablets) |
|  |  | B.NO: BD17119, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. Skymap Pharmaceuticals Pvt. Ltd.,  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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Glimepiride, Pioglitazone Hydrochloride and Metformin Hydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7922gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Glimepiride**  **Pioglitazone HCL**  **Metformin HCL** | 1.00mg  14.76mg  493.55mg | 1mg  15mg  500mg | 0.9 – 1.1mg  13.5 – 16.5mg  450 – 550mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 2052 /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** | 41/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1308/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FEBUVEL - 40  (Febuxostat Tablets 40 mg) |
|  |  | B.NO: AKT1144, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. ALLKIND HEALTHCARE,  Plot No : 88-B, E.P.I.P Phase-II, Vill – Thana,  Baddi, Distt. 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Brick red colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Febuxostat as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3027gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Febuxostat** | 39.14gm | 40mg | 36 – 44mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 2053 /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. Mahesh, Tirupati (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 351117/DI/TPT-U/2017, Dated: 22/11/2017 |
| 3. | **Number of sample** | 1289/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-500  (Paracetamol Tablets IP) |
|  |  | B.NO: PFT7032S, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s. Apex Laboratories Private Limited,  B-23, SIDCO Pharmaceuticals Complex,  Alathur – 603 110, Tamil Nadu, 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** | 04x01x15 Tab | -- | -- | -- |
| **Description** | White colour, circular, uniform tablets with break line at one side ‘P/500’ as a monogram. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6043gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 506.84mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Urban). VIJAYAWADA-08

**REPORT NO: 2054 /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** | 35/11/KK/DI/PLK/2017, Dated: 09/11/2017 |
| 3. | **Number of sample** | 495/H/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOXYCYCLINE CAPSULES I.P. 100 mg |
|  |  | B.NO: A6 6178, M.D:10/2016, E.D: 09/2019 |
|  |  | **Mfd by:** M/s. Kerala State Drugs and Pharmaceuticals Ltd.,  Alappuzha. |
| 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** | Green colour capsule consist of yellow colour powder. | | | Complies |
| **Identification** | Positive for  Doxycycline as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2482gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Doxycycline** | 102.17mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-08

**REPORT NO: 2055 /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** | 24/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 462/H/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | METRONIDAZOLE TABLETS IP 200mg |
|  |  | B.NO: MDT 1627, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s. LA-CHEMICO PRIVATE LIMITED,  Taki Road, kadambagachi, 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Metronidazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2523gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Metronidazole** | 197.4mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 2056 /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** | 24/CLP/DI/VIJ-MFG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1210/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Elceph-500 Caps  (Cephalexin Capsules IP 500mg) |
|  |  | B.NO: 1701803, M.D:09/2017, E.D: 08/2019 |
|  |  | **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 Caps | -- | -- | -- |
| **Description** | Yellow and blue biocolured capsule consists of off-white coloured powder. | | | Complies |
| **Identification** | Positive for  Cephalexin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5252gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cephalexin** | 493.6mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2057 /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** | 32/Sample/JV/DI/JPT/KR/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1312/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Grumet-25  (METOPROLOL SUCCINATE PROLONGED RELEASE TABLETS IP) |
|  |  | B.NO: GMT2 027D, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s. Pulse Pharmaceuticals Pvt. Ltd.,  Khasra No: 400, 407, 409, Karondi, Roorkee,  Uttarakhand – 247667. |
| 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 Tab | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Metoprolol Tartrate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1666gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metoprolol Tartrate** | 24.3mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone. VIJAYAWADA-520 008

**REPORT NO: 2058 /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** | 26/TVK/DI/PVL/2017, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1295/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Animal Formula Tablets (Vet)  (Oxytetracycline Hydrochloride) |
|  |  | B.NO: MB7050047, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Medibios Laboratories Pvt. Ltd.,  J-76, MIDC, Tarapur Taluka, Palghar Dist,  Thane – 401506. |
| 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** | 01x04x08 Tab | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex tablets with a monogram ‘ZOETIS’ on one side. | | | Complies |
| **Identification** | Positive for  Oxytetracycline as per STP | -- | -- | Complies |
| **Average Weight** | 1.9183gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Oxytetracycline** | 488.97mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-520 008

**REPORT NO: 2059 /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** | 37/SA/NK/DI/Z-III/VJA/2017, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1277/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LOFFY-200  (Ofloxacin Tablets I.P.) |
|  |  | B.NO: G/70263 B, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s. Solitaire Pharmacia Pvt. Ltd,  GMP Certified company  Plot No: 25, HPSIDC Indl. Area, Extn.-I,  Baddi – 173 205 (H.P).  SPO: Plot No: 73, First Floor,  Industrial Area Phase – 2, Chandigarh – 160 002. |
| 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 Tab | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3530gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Ofloxacin** | 196.4mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 2060 /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** | 46/OCT/JVL/DI/KNLR/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1258/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FLEXON SUSPENSION  (Ibuprofen and Paracetamol Suspension) |
|  |  | B.NO: M703H067, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s. Aristo Pharmaceuticals Pvt. Ltd.,  Survey No. 371, Kunbar Falia, Village Dabhel,  Nani daman – 396210, Daman (U.T.). |
| 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** | Orange colour uniform suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol and Ibuprofen  as per IP. | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Ibuprofen** | 154.2mg  99.3mg | 162.5mg  100mg | 146.2 – 178.7mg  90 – 10mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-520 008

**REPORT NO: 2061 /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** | 43/17/MJL/DI/JRG/WG/AP-2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 487/H/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracteamol Syrup I.P 125mg/5ml |
|  |  | B.NO: PK16111, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s. Baader Schulz Laboratories Pharma division, Plot No: J-6, OIDC, Mahatma Gandhi Udyog Nagar,  Dabhel, Daman-396210, U.T. 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** | 01x60ml | -- | -- | -- |
| **Description** | Pale yellow colour, uniform clear liquid. | | | Complies |
| **Identification** | Positive for  Paracetamol as per IP. | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 126.1mg | 125mg | 118.75 – 131.25mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2064 /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. Hari Hara Theja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1/11/SEZ/DHHT/DI/NDL/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1296/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CROCIN 120 Suspension  (Parcetamol Paediatric Oral Suspension) |
|  |  | B.NO: B7018, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Recipharm Pharmaservices Pvt. Ltd.,  34th Km, Tumkur Road T.Begur, Nelamangala Taluk,  Bengaluru Rural – 562123.  **Mktd by:** Glaxo smithkline Asia Pvt. Ltd.,  Patiala Road, Nabha – 147201, Punjab. |
| 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 colour suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 123.5mg | 120mg | 114 – 126mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 2065 /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. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/42/T/DI/TUNI/EG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1242/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracip – 650  (Paracetamol Tablet I.P 650mg) |
|  |  | B.NO: GS7K13, M.D:07/2017, E.D: 06/2020 |
|  |  | **Mfd by:** M/s. HSN International, Plot No. 54-55,  Sector-6A, SIDCUL, Haridwar (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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White coloured, oval shape with break line on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7486gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution for**  **Paracetamol** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 658.1mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

**REPORT NO: 2066 /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** | 48/OCT/JVL/DI/KNLR/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1260/T/2017 |
| 4. | **Date of Receipt** | 06/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LARIAGO  (Chloroquine Phosphate Suspension I.P) |
|  |  | B.NO: GFA027042B, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** IPCA Laboratories Ltd, At: 35-A/4,  Laxmibai Nagar, Industraial Estate, Indore,  Regd Office: 48, Kandivil Ind Estate,  Mumbai – 400067. |
| 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** | Orange colour suspension. | | | Complies |
| **Identification** | Positive for  Chloroquine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Chloroquine** | 48.63mg | 50mg | 47.5 – 52.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-520 008

**REPORT NO: 2067 /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. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/39/T/DI/TUNI/EG/2017, Dated: 01/11/2017 |
| 3. | **Number of sample** | 1239/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASIKLOPAR  (Aceclofenac and Paracetamol Tablets) |
|  |  | B.NO: AKLT-1018, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s. Wings Pharmaceuticals Pvt. Ltd.,  43 & 44, HPSIDC, Industrial Area,  Baddi – 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x15 Tab | -- | -- | -- |
| **Description** | Pale orange coloured, elongated, biconvex and uniform tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5827gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 102.53mg  327.8mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-08

**REPORT NO: 2068/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/43/DI/GWK/VSP/2017, Dated: 09/11/2017 |
| 3. | **Number of sample** | 1284/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEFTAL-SPAS  (Mefenamic Acid & Dicyclomine HCL Tablets) |
|  |  | B.NO: YMS17228, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s. Blue Cross Laboratories Pvt. Ltd.,  L-17, Verna Industrial Estate,  Verna, Goa – 403722. |
| 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** | Yellow colour, circular tablets with circular groove on both sides and monogram “MEFTAL-SPAS” on both sides. | | | Complies |
| **Identification** | Positive for  Mefenamic Acid as per S.T.P and  Dicyclomine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4494gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid**  **Dicyclomine Hcl** | 261.90mg  10.32mg | 250mg  10mg | 225 – 275mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-08

**REPORT NO: 2069/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.Hari Hara Theja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3/11/SEZ/DHHT/DI/NDL/2017, Dated: 11/11/2017 |
| 3. | **Number of sample** | 1298/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEFTAL-SPAS Drops  (Dicyclomine Hydrochloride & Simethicone Suspension) |
|  |  | B.NO: ZNM 1705, M.D:05/2017, E.D: 10/2018 |
|  |  | **Mfd by:** M/s. Hema laboratories Pvt. ltd.,  Plot No: 29, Industrial Area, Dehradun – 248 011,  Uttarakhand.  **Mktd by:** Blue Cross Laboratories Pvt. Ltd. |
| 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** | 01x10ml | -- | -- | -- |
| **Description** | Orange coloured suspension. | | | Complies |
| **Identification** | Positive for  Dicyclomine Hydrochloride  as per I.P | -- | -- | Complies |
| **Assay for**  **Dicyclomine Hcl** | 9.68mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-08

**REPORT NO: 2070/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** | 32/DI/AMP/PMKR/EG/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 1318/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SAP-MR  (Aceclofenac with Tizanidine Hydrochloride Tablets) |
|  |  | B.NO: SAM-001, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Surien Pharmaceuticals Pvt. Ltd.,  108, Chekkady Street, Kovur, Chennai – 600128. |
| 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** | Yellow colour, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Tizanidine  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1565gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Tizanidine**  **Aceclofenac** | 2.13mg  103.51mg | 2mg  100mg | 1.8 – 2.2mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 2071 /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** | 351117/DI/TPT-R/2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 489/H/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin Trihydrate Capsules I.P. 500 mg |
|  |  | B.NO: AB 6742, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s. Kerala State Drug and Pharmaceuticals Ltd.,  Alappuzha – 688522. |
| 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** | Bicoloured (Body pink cap green colour) non transparent capsules inside with off-white coloured powder. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per I.P | -- | -- | Complies |
| **Average net Content** | 0.5839gm | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Amoxycillin** | 515.15mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Rural). VIJAYAWADA-520 008

**REPORT NO: 2072 /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** | 44/17/MJL/DI/JRG/WG/AP-2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 488/H/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANTOPRAZOLE TABLETS |
|  |  | B.NO: SPZT.0417082, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s. Stride Organics Private Limited,  SyNo: 265/P, Kondapur (Vill). Ghatkesar, R.R 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** | 01x03x20 Tab | -- | -- | -- |
| **Description** | Orange colour, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Pantoprazole as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1335gm | -- | -- | Complies |
| **Assay for**  **Pantoprazole** | 39.8mg | 40mg | 36 – 44mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2073 /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** | 35/SA/NK/DI/Z-III/VJA/17, Dated: 08/11/2017 |
| 3. | **Number of sample** | 1275/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cefobust-200  (Cefpodoxime Proxetil Dispersible Tablets) |
|  |  | B.NO: SPT-20825, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s. Shervotec Pharmaceuticals,  Plot No: 82/4 & 82/5 HPSIDC Baddi Distt,  Solan H.P. 173 205. |
| 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** | Pale orange colour, circular, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefpodoxime Proxetil as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3324gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime Proxetil** | 199.28mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 2074 /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** | 42/17/MJL/DI/JRG/WG/AP-2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 1272/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Enfloxin 100ml  (Enrofloxacin 10% oral solution (vet)) |
|  |  | B.NO: EN-01, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Valfred Pharmaceuticals,  D-498, Turakapalem, Pin-522005. |
| 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 liquid. | | | Complies |
| **Identification** | Positive for  Enrofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 99.47mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2075 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 36/SA/G/DI/VSP (Sales)/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 485/H/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OXYTETRACYCLINE INJECTION 50mg/ml  (For Veterinary Use) |
|  |  | B.NO: 861715, M.D:10/2017, E.D: 09/2019 |
|  |  | **Mfd by:** M/s. SAFE PARENTERALS LTD,  (AN ISO 9001 : 2008 CERTIFIED COMPANY)  Company: Gollpadu – 522 408.  Guntur Dt., 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** | 01x01x100 ml | -- | -- | -- |
| **Description** | Yellow coloured, uniform liquid. | | | Complies |
| **Identification** | Positive for  Oxytetracycline Hcl as per S.T.P | -- | -- | Complies |
| **PH** | 8.33 | -- | 8 – 9 | Complies |
| **Assay for**  **Oxytetracycline Hcl** | 50.36mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2076 /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/42/DI/GWK/VSP/2017, Dated: 09/11/2017 |
| 3. | **Number of sample** | 1283/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PROLOMET XL25  (Metoprolol Extended Release Tablets) |
|  |  | B.NO: BSS0588, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s. SUN PHARMA LABORATORIES LIMITED,  Plot No. 754, SETIPOOL, Nandok Block,  East Sikkim – 737135. |
| 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** | Bicolour (Pale orange and Off-white), Circular, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Metoprolol Tartarate  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2274gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metoprolol Tartarate** | 25.03mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-08

**REPORT NO: 2077 /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** | 31/Sample/JV/DI/JPT/KR/2017, Dated: 17/11/2017 |
| 3. | **Number of sample** | 1311/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACPAR-CZ  (Aceclofenac, Paracetamol & Chlorzoxazone Tablets) |
|  |  | B.NO: PLS-1703, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s. Everest Formulations,  Saproon, Solan – 173211 (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** | 01x04x10 Tab | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac, Paracetamol and Chlorzoxazone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.9913gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol**  **Chlorzoxazone** | 99.11mg  324.24mg  259.40mg | 100mg  325mg  250mg | 90 – 110mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone. VIJAYAWADA-08

**REPORT NO: 2078 /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** | 40/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1307/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Exobit GV 1.2  (Glimepiride Voglibose with Metformine HCL, Prolonged Release Tablets) |
|  |  | B.NO: MBW91116, M.D:11/2016, E.D: 10/2018 |
|  |  | **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** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Pale pink and Pale orange bilayered, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Glimepiride as per I.P and  Metformin Hydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.9543gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Glimepiride**  **Metformin HCL** | 0.945mg  463.34mg | 1mg  500mg | 0.9 – 1.1mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 2079 /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** | 39/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1306/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glycigem-M  (Gliclazide and Metformin Hcl Tablets) |
|  |  | B.NO: V-37197, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s. EXON PHARMACEUTICALS,  G10, A.S.Plaza, R.M.Nagar, Main Road,  Bangalore-560 016. |
| 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, elongated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Gliclazide and Metformin Hcl  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7637 gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Gliclazide**  **Metformin Hcl** | 55.10mg  464.79mg | 60mg  500mg | 54 – 66mg  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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 2080/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** | 01/11/DHHT/DI/SAMPLE/TRADE, Dated: 03/11/2017 |
| 3. | **Number of sample** | 1266/T/2017 |
| 4. | **Date of Receipt** | 08/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mucaine ®Gel  (Anasthetic Antacid Gel) |
|  |  | B.NO: 620-20252E, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** M/s. Pfizer Limited,  At. Plot No: 9121.D.A.,  Uppal, Hyderabad – 500039. |
| 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** | 01x100ml | -- | -- | -- |
| **Description** | White colour, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Oxetacaine as per S.T.P  & Aluminium Hydroxide and Magnesium Hydroxide as per U.S.P | -- | -- | Complies |
| **Assay for**  **Aluminium Hydroxide**  **Magnesium Hydroxide** | 0.309mg  105.39mg | 0.291mg  98mg | 0.2619 – 0.3201mg  88.2 – 107.8mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-08

**REPORT NO: 2081/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/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 1274/T/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Panjee-D  (Pantoprazole Sodium & Domperidone Tablets) |
|  |  | B.NO: AST-641, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. AASSK Pharmaceuticals Pvt. Ltd.,  9, Dr.Ambedkar Street, Kozhumanivakkam,  Mangadu, Chennai-600 122. |
| 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** | Pink colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1788gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 39.22mg  9.9mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 2082/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** | 31/DI/AMP/PMKR/EG/2017, Dated: 14/11/2017 |
| 3. | **Number of sample** | 1317/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rappi D  (Rabeprazole Sodium and Domperidone  (Sustained Release Form) Capsules) |
|  |  | B.NO: 160501C, M.D:05/2016, E.D: 03/2018 |
|  |  | **Mfd by:** M/s. Sai Sarvas Biotech Pvt. Ltd.,  Plot No. 8 & 9, Balaji Nagar, Pattanur,  Auroville (Po), Vanu (Tk), Villupuram-605101. |
| 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** | Capsule with red colour cap and transparent body consist of multicolour granules. | | | Complies |
| **Identification** | Positive for  Rabeprazole and Domperidone  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2794gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole**  **Domperidone** | 21.29mg  27.45mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 2083 /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** | 36/SA/DI-DL/KVR/W.G./2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1214/T/2017 |
| 4. | **Date of Receipt** | 01/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACECLOFLAM PLUS  (Aceclofenac & Paracetamol Tablets) |
|  |  | B.NO: AT-066517, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Pinnacle Life Science Private Limited,  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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x04x15 Tab | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablet with a break line on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per I.P | -- | -- | Complies |
| **Average Weight** | 0.8573gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 324.5mg  97.1mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 2084 /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. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171003/DI/GNT(R)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1209/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mericet  (Lecocetrizine Dihydrochloride Tablets I.P.) |
|  |  | B.NO: LRLMCT6, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s. Life Line Formulations,  #44-1-18/A, Karl Marx Road,  Gunadala – 520 005. |
| 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** | Orange coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cetrizine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1542gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cetirizine** | 4.73mg | 5mg | 4.5 – 5.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 2085 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/SA/G/DI/VSP (Sales)/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 484/H/2017 |
| 4. | **Date of Receipt** | 09/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MAGDEN  (Calcium Magnesium Borogluconate Injection I.P. (Vet)) |
|  |  | B.NO: 17AP86P003, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s DENIS CHEM LAB LIMITED,  457, Chhatral ta. Kallo (N.G.),  Pin: 382 729, 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** | 01x450 ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Calcium and Magnesium Hipophosphate as per I.P | -- | -- | Complies |
| **PH** | 3.964 | -- | 3.0 – 4.0 | Complies |
| **Assay for**  **Calcium**  **Magesium Hipophosphate** | 1.91mg  4.91mg | 1.86mg  5.0mg | 1.767 – 1.955mg  4.75 – 5.25mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2086 /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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/SA/G/DI/VSP (Sales)/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 492/H/2017 |
| 4. | **Date of Receipt** | 14/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Calcium Borogluconate Injection I.P. (Vet) |
|  |  | B.NO: 17AP85P003, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s DENIS CHEM LAB LIMITED,  457, Chhatral ta. Kallo (N.G.),  Pin: 382 729, 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** | 01x450 ml | -- | -- | -- |
| **Description** | Pale yellow coloured, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Calcium as per I.P | -- | -- | Complies |
| **PH** | 3.0 | -- | 3.0 – 4.0 | Complies |
| **Assay for**  **Calcium** | 1.90mg | 1.86mg | 1.767 – 1.955 | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2087 /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** | 38/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1305/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TELMIWOCK-H  (Telmisartan & Hydrochlorothiazide Tablets) |
|  |  | B.NO: WIN1710, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s. Innova Cap Tab,  81-B, EPIP, Phase-1,  Jharmajri, Baddi (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** | Pink colour, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Telmisartan and Hydrochlorothiazid as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1805gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Telmisartan**  **Hydrochlorothiazid** | 38.22mg  12.5mg | 40mg  12.5mg | 36 - 44mg  11.25 – 13.75mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-520 008

**REPORT NO: 2088 /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, Kakinda (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/28/DI/EG/KKD/U/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1145/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Bestigo – 8  (Betahistine Hydrochloride Tablets IP 8 mg) |
|  |  | B.NO: BTG-01 , M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s. Applied Communication & Controls,  (A Division of Cu-V-Kar Genetic Medicines (P) Ltd.,),  Khasra No.122, Selaqui Industrial Area, Dehradun,  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** | 01x06x10 Tab | -- | -- | -- |
| **Description** | White colour, circular, bioconvex tablet. | | | Complies |
| **Identification** | Positive for  Betahistine Hydrochloride  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.1731gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Betahistine Hydrochloride** | 7.9 mg | 8mg | 7.6 – 8.4mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 2089 /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. Murali, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171002/T/MK/DI/NLR/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1222/T/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PODOLET – 200 Tablets  (Cefpodoxime Tablets I.P 200mg) |
|  |  | B.NO: AST-752, M.D:10/2017, E.D: 09/2019 |
|  |  | **Mfd by:** M/s. AASSK Pharmaceuticals (P) Ltd.,  Plot No.9, Dr. Ambedkar Street,  Kozhumanivakkam Village, Mangadu,  Chennai – 600 122. |
| 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** | Pale yellow colour, elongated, biconvex tablet with a break line on one side. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7154gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Cefpodoxime** | 184.3mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-520 008

**REPORT NO: 2090 /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.Mahesh, Tirupati (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 321017/DI/TPT-U/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1286/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACECLO RITE PLUS  (Aceclofenac & Paracteamol Tablets) |
|  |  | B.NO: PBWAK48, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s. Pure & Cure Health Care Pvt. Ltd.,  (A subsidiary of Akums Drugs & Pharmaceuticals Ltd.)  Plot No. 26A-30, sector – 8A, I.I.E. SIDCUL.  Haridwar – 249 403, 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** | 01x04x10 Tab | -- | -- | -- |
| **Description** | Orange coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.7409gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 95.32mg  305.79mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Urban). VIJAYAWADA-520 008

**REPORT NO: 2091/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/32/NYR/DI/VZM/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 477/H/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Clobend-L  (Triclabendazole and Levamisole Hydrochloride Tablets) |
|  |  | B.NO: TCL17002, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s. Indian Genomix Private Limited,  Plot No.135/1 & 135/2, Phase II, IDA,  Cherlapally, Hyderabad-500051, T.S. |
| 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 Tabs | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex, uniform tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for  Tricabendazole and Levamisole Hydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 3.0658gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Tricabendazole**  **Levamisole Hydrochloride** | 927.34mg  553.95mg | 900mg  562.5mg | 810 – 990mg  506.25 – 618.75mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 2092/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, Hindupur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2/10/Sample/Trade/PKP/DI/HDP/2017, Dated:30/10/2017 |
| 3. | **Number of sample** | 1232/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Clobetamil G  (Clobetasol Propionate and Gentamicin Skin Cream 25g) |
|  |  | B.NO: M2OFX17062, M.D:04/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s. MERCK LIMITED At: D-125 & 128,  Phase – III, IDA, Jeedimetla, Hyderabad – 500 055. |
| 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** | White colour cream. | | | Complies |
| **Identification** | Positive for  Clobetasol Propionate  as per S.T.P | -- | -- | Complies |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Hindupur. VIJAYAWADA-08

**REPORT NO: 2093/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** | 32/11/KK/DI/PLK/2017, Dated: 03/11/2017 |
| 3. | **Number of sample** | 1280/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMROZ  (Omeprazole Capsules I.P) |
|  |  | B.NO: NC-16009, M.D:05/2016, E.D: 04/2018 |
|  |  | **Mfd by:** M/s. Sun Life Sciences, Kurdi, Jhabrera Road,  Manglour, Roorkee, Dist, 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** | 01x04x15 Caps | -- | -- | -- |
| **Description** | Capsule with pink colour cap and transparent body consist of white colour granules. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2025gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Omeprazole** | 20.14mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-08

**REPORT NO: 2094/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** | 37/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1304/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Gabadex-NT  (Gabapentin & Nortriptyline Tablets) |
|  |  | B.NO: MBS50417, M.D:04/2017, E.D: 03/2020 |
|  |  | **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** | 01x05x10 Tabs | -- | -- | -- |
| **Description** | Pale yellow coloured, elongated, coated biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Nortriptyline Hydrochloride  as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7302gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nortriptyline** | 10.77mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 2095/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** | 42/NOV/JB/DI/Z-II/VJA/17, Dated: 16/11/2017 |
| 3. | **Number of sample** | 1309/T/2017 |
| 4. | **Date of Receipt** | 16/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pregalyv-75  (Pregabalin Capsules IP 75mg) |
|  |  | B.NO: RC0260, M.D:04/2017, E.D: 09/2018 |
|  |  | **Mfd by:** M/s. HELIOS PHARMACEUTICALS by  Rainbow Human Care Pvt. Ltd.,  Vill. Bhud, NH-21A, Baddi,  Distt. Solan (H.P.) 173 205. |
| 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 Tabs | -- | -- | -- |
| **Description** | Red coloured capsule shells having white powder inside. | | | Complies |
| **Identification** | Positive for  Pregabalin as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.2658gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Pregabalin** | 71.82mg | 75mg | 67.5 - 82.5mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 2096/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** | 29/DI/AMP/PMKR/EG/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1202/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metroquin  (Tinidazole & Diloxanide Furoate Tablets) |
|  |  | B.NO: CNM7010, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s. Creative Health Care Pvt. Ltd.,  At: Sarvarkhera, Moradabad Road,  PB No. 03, Kashipur-244713, U.S Nagar, 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** | 01x05x10 Tabs | -- | -- | -- |
| **Description** | Off-white coloured, elongated, biconvex, coated and uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Tinidazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6934gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Tinidazole** | 306.79mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 2097/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. MURALI, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171102/T/MK/DI/NLR/2017, Dated: 13/11/2017 |
| 3. | **Number of sample** | 1316/T/2017 |
| 4. | **Date of Receipt** | 17/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASCORIL D Plus Syrup |
|  |  | B.NO: 11162230, M.D:12/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s. Glenmark Pharmaceuticals Ltd.,  (Unit-II), Village Bhattanwala,  P.O. Raipur, 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** | 01x100ml | -- | -- | -- |
| **Description** | Pink coloured, uniform solution. | | | Complies |
| **Identification** | Positive for  Dextromethorphan HBr, Phenylephrine Hcl and Chlorpheniramine Maleate  as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan Hydrobromide**  **Phenylephrine Hydrochloride**  **Chlorpheniramine Maleate** | 9.06mg  5.43mg  2.09mg | 10mg  5mg  2mg | 9 – 11mg  4.5 – 5.5mg  1.8 – 2.2mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 2098 /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.Lavanya, Tekkali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 32/11/AL/DI/TKL /2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 1279/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CORIMINIC XT  (Ambroxol Hydrochloride, Terbutaline Sulphate & Guaiphenesin Syrup) |
|  |  | B.NO: RCX70504, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Ravenbhel Biotech, EPIP, SIDCO, Kartholi, Bari Brahmana, Jammu – 181 133. |
| 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 coloured liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hcl, Guaiphenesin and Terbutaline Sulphate  as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Terbutaline**  **Ambroxol Hcl**  **Guaiphenesin** | 1.32mg  20.83mg  49.83mg | 1.25mg  20mg  50mg | 1.125 – 1.375mg  18 – 22mg  45 - 55mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 2099 /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, Gudur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/NPS/DI/GDR/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1300/T/2017 |
| 4. | **Date of Receipt** | 13/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACENAC-P  (Aceclofenac & Paracteamol Tablets) |
|  |  | B.NO: PAC-17104, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s. Jupiter Formulation,  Plot No. 14/A, IDA,  Bhongir, Nalgonda (Dt),  Telangana. |
| 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 Tab | -- | -- | -- |
| **Description** | Orange coloured, elongated, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.6641gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 104.04mg  337.61mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudur. VIJAYAWADA-520 008

**REPORT NO: 2100 /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** | 22/CLP/DI/VIJ-MFG/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1189/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glucosamine Sulphate Potassium Chloride USP-39 |
|  |  | B.NO: GLK/17/119, M.D:10/2017, E.D: 09/2020 |
|  |  | **Mfd by:** M/s. Andhra Medi Pharma India Pvt Ltd,  Sy.No:263, Veeravalli (V), Bapulapadu (M),  Krishna (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 U.S.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x20gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Glucosamine Sulphate Potassium Chloride as per U.S.P. | -- | -- | Complies |
| **PH** | 4.981 | -- | 3.0 – 5.0 | Complies |
| **Loss on Drying** | 0.226% w/w | -- | NMT 1.0% w/w | Complies |
| **Assay for**  **Glucosamine Sulphate Sodium Chloride** | 98.12% w/w | 100% w/w | 98% - 102% 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2101 /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** | 23/CLP/DI/VIJ-MFG/2017, Dated: 28/10/2017 |
| 3. | **Number of sample** | 1190/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glucosamine Sulphate Potassium Chloride USP-39 |
|  |  | B.NO: GLS/17/081, M.D:10/2017, E.D: 09/2020 |
|  |  | **Mfd by:** M/s. Andhra Medi Pharma India Pvt Ltd,  Sy.No:263, Veeravalli (V), Bapulapadu (M),  Krishna (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 U.S.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x20gm | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Glucosamine Sulphate Potassium Chloride as per U.S.P. | -- | -- | Complies |
| **PH** | 4.821 | -- | 3.0 – 5.0 | Complies |
| **Loss on Drying** | 0.20% w/w | -- | NMT 1.0% w/w | Complies |
| **Assay for**  **Glucosamine Sulphate Sodium Chloride** | 98.45% w/w | 100% w/w | 98% – 102% 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 2102 /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** | 36/17/MJL/DI/JRG/WG/AP-2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1133/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BIOFLEXFORTE  (Vitamin B complex Tablets) |
|  |  | B.NO: BPF-79, M.D:05/2017, E.D: 09/2018 |
|  |  | **Mfd by:** M/s. Koch Organics 3-642/1,  CRDA Area, unit-8, undavalli-522501. |
| 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** | 01x01x15 Tab | -- | -- | -- |
| **Description** | Red coloured, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Thiamine, Vitamin B6 and Niacinamide as per S.T.P and  Vitamin B2 as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.5950gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Niacinamide** | 25.5mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 2103/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.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 35/SA/G/DI/VSP (Sales)/2017, Dated: 06/11/2017 |
| 3. | **Number of sample** | 493/H/2017 |
| 4. | **Date of Receipt** | 14/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | EFTISON Injection |
|  |  | B.NO: ET-121017, M.D:10/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s. VESPER PHARMECEUTICALS  Soldevanahalli, Sasuveghatta Village,  Hesargatta Hobbli, Bangalore - 107. |
| 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** | 01x03x100ml | -- | -- | -- |
| **Description** | Yellow colour, clear solution. | | | Complies |
| **Identification** | Positive for  Phenylbutazone as per S.T.P | -- | -- | Complies |
| **Assay for**  **Phenylbutazone** | 211.95mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 2104 /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** | 28/DI/MPL/T/2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1384/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FIXICAN-DT 100mg  (Cefixime Dispersible tablets) |
|  |  | B.NO: T170051A, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Polestar Power Industries,  Vill: Damuwala, Haripur Road,  Barotiwala, Baddi, 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** | 01x04x10 Tab | -- | -- | -- |
| **Description** | Half white colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefixime Trihydrate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3230gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime Trihydrate** | 93.20mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-08

**REPORT NO: 2105 /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** | 29/DI/MPL/T/2017, Dated: 24/11/2017 |
| 3. | **Number of sample** | 1385/T/2017 |
| 4. | **Date of Receipt** | 27/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PACINOVA DS  (Paracetamol Suspension) |
|  |  | B.NO: PNDS-024, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s. losis Remedies, Rajpura Road,  Village-Khera Nihla, Tehsil-Nalagarh,  Dist. 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Orange colour, clear, uniform solution. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 243.38mg | 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: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-08

**REPORT NO: 2106/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/29/NYR/DI/VZM/2017, Dated: 23/10/2017 |
| 3. | **Number of sample** | 1184/T/2017 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Aceall-P  (Aceclofenac and Paracetamol tablets) |
|  |  | B.NO: ULT-10268, M.D:06/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s. Ultratech Pharmaceuticals,  Vill.Tipra, P.O: Barotiwala, 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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.7656gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 99.74mg  329.42mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 2107/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.Lavanya, Tekkali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/11/AL/DI/TKL/2017, Dated: 07/11/2017 |
| 3. | **Number of sample** | 1278/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACYF-P  (Aceclofenac and Paracetamol Tablets) |
|  |  | B.NO: SCY40817, M.D:08/2017, E.D: 07/2020 |
|  |  | **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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 Tab | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol  as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.8820gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 97.56mg  338.87mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 2108/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.Mahesh, Tirupati (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 341117/DI/TPT-U/2017, Dated: 02/11/2017 |
| 3. | **Number of sample** | 1288/T/2017 |
| 4. | **Date of Receipt** | 10/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-500  (Paracetamol Tablets IP) |
|  |  | B.NO: PFT7117S, M.D:10/2017, E.D: 09/2020 |
|  |  | **Mfd by:** M/s. Apex Laboratories Private Limited,  B-23, SIDCO Pharmaceuticals Complex,  Alathur – 603 110, Tamil Nadu, 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 Tab | -- | -- | -- |
| **Description** | White colour, circular tablets with a monogram “P/500” on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P. | -- | -- | Complies |
| **Average Weight** | 0.6012gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 501.68mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Urban). VIJAYAWADA-520 008

**REPORT NO: 2110 /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, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2/10/Sample/DI/ATP/2017, Dated: 30/10/2017 |
| 3. | **Number of sample** | 1234/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Offmark -200 Tablets  (Ofloxacin Tablets IP 200 mg) |
|  |  | B.NO: AT16468, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s. Alves Healthcare Pvt Ltd, Nangal Uperia, Swarghat Road, 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 Tab | -- | -- | -- |
| **Description** | Yellow coloured, oval shaped biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2334gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Ofloxacin** | 182.48mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ananthapuramu. VIJAYAWADA-520 008

**REPORT NO: 2111 /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** | 39/17/MJL/DI/JRG/WG/AP-2017 Dated: 30/10/2017 |
| 3. | **Number of sample** | 474/H/2017 |
| 4. | **Date of Receipt** | 02/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLOXACIN Tablets IP 100mg |
|  |  | B.NO: OF-1605, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s LA – Chemico Private Limited. Taki Road,  Kadam bagachi, 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, circular and biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2410gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Ofloxacin** | 98.98mg | 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: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008