**REPORT NO: 1816 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Vikram Mallidi, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/24/DI/TANUKU/2017, Dated: 25/09/2017 |
| 3. | **Number of sample** | 1063/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rosuvastatin Tablets IP |
|  |  | B.NO: EMS1051, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Sun Pharma Laboratories Ltd,  Plot No. 107-108, Namli Block, P.O.Ranipool,  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** | 01x06x10 | -- | -- | -- |
| **Description** | Pale red coloured, circular, biconvex, coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Rosuvastatin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1044gm |  |  |  |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for Rosuvastatin** | 10.39mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-520 008

**REPORT NO: 1817 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 31/17/MJL/DI/JRG/WG/AP-2017, Dated: 26/09/2017 |
| 3. | **Number of sample** | 1089/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Agrimin forte 1kg  (feed supplement of vitamins & Minerals) |
|  |  | B.NO: SCN 1466, M.D: 01/2017, E.D: Best before 24 months from the date of Manufacture. |
|  |  | **Mfd by:** Sundar chemicals Pvt. Ltd,  466(131), Sidco Industrial Estate,  Ambattur, Chennai 600098. |
| 6. | **Conditions of seals on 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** | 01x01kg | -- | -- | -- |
| **Description** | Off-white coloured powder. | | | Complies |
| **Identification** | **Negative** for  Metronidazole, Diethylstilbestrol (DES), FluoroQuinolones Nalidixic Acid, Dapsone, Neomycin Furaltadone, Nitrofurantion, Nitrofurazone Chlorampenicol, Sulpha methoxazole as per I.P & 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 1818 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24/AUG/DI/KNL-Urban/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 1083/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pexime-0  (Cefixime & Ofloxacin Tablets) |
|  |  | B.NO: TTQ0313, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** Pro-pharma care Pvt. ltd, Khasara no: 68, 69, 71, 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 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex, uniform, coated tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7177gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 197.87mg  187.52mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Urban). VIJAYAWADA-08

**REPORT NO: 1819 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/NPS/DI/GDR/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 1012/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Diclo liv-MR  (DICLOFENAC POTASSIUM, PARACETAMOL AND CHLOZOXAZONE Tablets) |
|  |  | B.NO: IDM 1682, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s BRD Medilabs, (Unit-II)  19-20, DIC, Indl. Area,  Baddi (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** | 01x04x10 | -- | -- | -- |
| **Description** | Pale blue coloured, elongated, biconvex, uniform tablet with one side score and monogram on another side as “SWIFT”. | | | Complies |
| **Identification** | Positive for  Diclofenac potassium, Paracetamol and Chlorzoxazone as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.9009gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diclofenac Potassium**  **Paracetamol**  **Chlorzoxazone** | 51.67mg  338.45mg  266.05 | 50mg  325mg  250mg | 45 – 55mg  292.5 – 357.5mg  225 – 275mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudur. VIJAYAWADA-08

**REPORT NO: 1820 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/35/DI/OGL/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1099/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CITROMAX 300 |
|  |  | B.NO: BCX17LF009, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** Biostadt India Limited, 602-A,  Poonam Chambers, ‘A’ Wing, Dr A.B Road,  Worli, Mumbai 400018, Maharashtra, 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** | 01x100gms | -- | -- | -- |
| **Description** | Pale brown coloured powder. | | | Complies |
| **Identification** | Negative for  Chloramphenicol and Nitro furans, Tetracycline’s, Metronidazole as per I.P and FluoroQuinolones, Sulfonamides 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-520 008

**REPORT NO: 1821 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 2/09/Sample/PBS/Trade/DI/ATP/2017, Dated: 27/09/2017 |
| 3. | **Number of sample** | 1075/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RISP PLUS  (Risperidone and Trihexyphenidyl Hydrochloride Tablets) |
|  |  | B.NO: OM-5619, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** D.D.Pharmaceuticals Pvt. Ltd, G-1/583,  Sitapuram Industrial Area, Tonk road,  Jaipur – 302022 (Raj). |
| 6. | **Conditions of seals on 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 tablet. | | | Complies |
| **Identification** | Positive for  Risperidone and Trihexyphenidyl HCL as per S.T.P. | -- | -- | Complies |
| **Average Weight** | 0.0766gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Risperidone** | 3.22mg | 3mg | 2.7 -3.3mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ananthapuramu. VIJAYAWADA-520 008

**REPORT NO: 1822 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/37/DI/OGL/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1125/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Albomar  (ALBENDAZOLE POWDER 5% w/w) |
|  |  | B.NO: VB 607, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** Vibro Pharma Pvt Ltd.,  14, Lalwani Industrial Estate, G.D.  Ambedkar Road, Wadala,  Mumbai 400 031. |
| 6. | **Conditions of seals on 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** | 01x500gms | -- | -- | -- |
| **Description** | White colour powder. | | | Complies |
| **Identification** | Positive for  Albendazole as per I.P | -- | -- | Complies |
| **Assay for**  **Albendazole** | 52.9mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-520 008

**REPORT NO: 1823 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 19/DI/MPL/T/2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 405/H/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Clarithromycin Tablets I.P.500 mg |
|  |  | B.NO: CMDT401, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Unicure India Ltd.  c-21, 22 & 23, sector-3  Noida – 201 301. Distt,  Gautham Budh nagar (U.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 | -- | -- | -- |
| **Description** | Yellow colour, elongated, biconvex tablet with break line on one side. | | | Complies |
| **Identification** | Positive for  Clarithromycin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6792gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Clarithromycin** | 491.4mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-520 008

**REPORT NO: 1824 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 35/OCT/JB/DI/Z-II/VJA/17, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1115/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mefac - Spas  (Mefenamic Acid and Dicyclomine Hydrochloride Tablets) |
|  |  | B.NO: 140, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s P & B PHARMACEUTICALS LIMITED  391/B, SHAKARPUR,  KHAMBHAT-388620 (GUJARAT). |
| 6. | **Conditions of seals on 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, circular, flat surface and uniform tablet with one side score. | | | Complies |
| **Identification** | Positive for  Mefenamic acid as per S.T.P and  Dicyclomine Hydrochloride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3356gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid**  **Dicyclomine Hydrochloride** | 254.91mg  10.25mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 1825 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Sri Rama Murthy Para, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1309-02, Dated: 13/09/2017 |
| 3. | **Number of sample** | 942/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BECOSULES-Z Capsules.  (B-complex Forte with Vitamin-C and Zinc) |
|  |  | B.NO: 620 29061Z, M.D:06/2016, E.D: 11/2017 |
|  |  | **Mfd by:** Pfizer Limited, Plot No 49B,  Bommasandra Industrial Area, Anekal Taluk,  Bangalore 560099. |
| 6. | **Conditions of seals on 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** | Bi-coloured ash cap with orange coloured hard gelatin capsule with monogram “BECOSULEZ” on cap & body having yellow coloured powder. | | | Complies |
| **Identification** | Positive for Thiamine Mononitrate, Riboflavin, Folic Acid, Ascorbic Acid, Zinc Sulphate as per I.P and Pyridoxine Hcl as per USP and Niacinamide as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.4028gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  Thiamine Mononitrate  Riboflavin  Pyridoxine HCL  Niacinamide  Ascorbic Acid | 12.02mg  11.69mg  3.14mg  113.11mg  163.86mg | 10mg  10mg  3mg  100mg  150mg | NLT 9mg  NLT 9mg  NLT 2.7mg  NLT 90mg  NLT 13.5mg | Complies  Complies  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1826 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/28/DI/MKP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 413/H/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ENALAPRIL MALEATE TABLETS I.P 5 MG |
|  |  | B.NO: ENP-009, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** RADICO REMEDIES, 123,  Mandhala, Barotiwala,  Distt Solan 174103 (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Enalapril Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1385gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Enalapril Maleate** | 4.83mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-520 008

**REPORT NO: 1827 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 32/ESR/DI/Z-I/VJA/2017, Dated: 11/10/2017 |
| 3. | **Number of sample** | 1120/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | WYSOLONE 10  (PREDNISOLONE DISPERSIBLE TABLETS) |
|  |  | B.NO: 40379, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Pfizer Limited,  Plot No: L-137, Phasa III A, Verna Industrial Estate,  Verna, 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x04x15 | -- | -- | -- |
| **Description** | Off-white, circular and flat tablets with a score on one side and monogram “10” on the other side. | | | Complies |
| **Identification** | Positive for  Prednisolone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1096gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Prednisolone** | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 1828 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 36/OCT/JB/DI/Z-II/VJA/2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1116/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metherfan Forte  (Artemether and Lumefantrine tablets) |
|  |  | B.NO: 20, M.D:01/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s P & B PHARMACEUTICALS LIMITED,  391/B, SHAKARPUR,  KHAMBAT-388620 (GUJARAT). |
| 6. | **Conditions of seals on 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** | 01x10x06 | -- | -- | -- |
| **Description** | Yellow, elongated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Artemether as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6250gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Artemether** | 81.10mg | 80mg | 72 – 88mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 1829 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 40/SA/DI/KDP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 443/H/2017 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ambroxol Syrup |
|  |  | B.NO: AMX-077, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s RADICO REMEDIES, D.No:123,  Mandhala, Barotiwala,  Distt Solan, 174103 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 02x60ml | -- | -- | -- |
| **Description** | Pink coloured liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol HCL as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol HCL** | 31.45mg | 30mg | 27 – 33mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1830 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/20/VVS/DI(I/C)/BVRM/WG/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1123/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | EXPREX-650-DT  DISPERSIBLE PARACETAMOL TABLETS |
|  |  | B.NO: EXX-02, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s AGRON REMEDIES PVT. LTD.,  SARVEKHERA, MORADABAD ROAD, KASHIPUR – 244713,  (UTTARAKHAND). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.9456gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 697.32mg | 650mg | 585 – 715mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-520 008

**REPORT NO: 1831 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/S/PK/DI/AKP/2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1128/T/2017 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFTIVENT SUSPENSION  (Ofloxacin Oral Suspension I.P) |
|  |  | B.NO: UML16014, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Res Sancta,  Vill. Beli Deor, P.O. Khera,  Teh. Nalagarh, Distt. Solan (H.P.) – 174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 02x30ml | -- | -- | -- |
| **Description** | Orange coloured uniform suspension. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin** | 52.08mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 1832 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/36/T/DI/TUNI/EG/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1104/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MADOL-P  (Tramadol HCL & Paracetamol Tablets) |
|  |  | B.NO: UDT-7073, M.D:02/2017, E.D: 01/2019 |
|  |  | **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, elongated, biconvex and uniform tablets with one side score. | | | Complies |
| **Identification** | Positive for  Tramadol Hcl as per I.P and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7282gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Tramadol Hcl** | 324.50mg  39.23mg | 325mg  37.5mg | 292.5 – 357.5mg  33.75 – 41.25mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-08

**REPORT NO: 1833 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 34/17/MJL/DI/JRG/WG/AP-2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1131/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PARACAD-650  Paracetamol Tablets I.P 650mg |
|  |  | B.NO: ZCHT609, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Cotec Health care Pvt. Ltd (unit-II),  KhNo:596/1, Roorkee, Dehradun Highway,  Kishanpur, Roorkee – 247687 (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 | -- | -- | -- |
| **Description** | White, oval shaped, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7656gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 640.73mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1834 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/38/T/DI/TUNI/EG/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1106/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NIMIN Tablets  (Nimesulide Tablets) |
|  |  | B.NO: NNT33, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Life Line Formulations,  #44-1-18/1A, Eluru Road, Gunadala,  Vijayawada – 5. |
| 6. | **Conditions of seals on 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, biconvex, plain tablet. | | | Complies |
| **Identification** | Positive for  Nimesulide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3527gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide** | 97.12mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

**REPORT NO: 1835 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/DI/AMP/PMKR/EG/2017, Dated: 29/09/2017 |
| 3. | **Number of sample** | 1093/T/2017 |
| 4. | **Date of Receipt** | 03/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZINOFIL  (Diethyl Carbamazine Citrate & Chlorpheniramine Maleate Tablets) |
|  |  | B.NO: HZL102, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s Med Manor Organics Pvt. Ltd, Unit-II,  Kh no: 143M/7, Village: Raipur, Pargana-Bhagwanpur, Tehsil-Roorkee, Dist. Haridwar, Uttarakhand-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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular, flat and uniform tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Diethyl Carbamazine Citrate and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3281gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate**  **Diethyl Carbamazine Citrate** | 2.05mg  104.75mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 1836 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/38/DI/OGL/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1126/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Lixen Powder  (CEPHALEXIN VETERINARY ORAL POWDER) |
|  |  | B.NO: CT 166, M.D:05/2017, E.D: 02/2019 |
|  |  | **Mfd by:** TPD Associates, At: No.336, IV Phase,  Peenya Industrial Estate, Bangalore. |
| 6. | **Conditions of seals on 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** | 01x300gms | -- | -- | -- |
| **Description** | White coloured powder. | | | Complies |
| **Identification** | Positive for  Cephalexin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cephalexin** | 74.07mg | 75mg | 67.50 – 82.50mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-520 008

**REPORT NO: 1837 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/37/T/DI/TUNI/EG/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1105/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mora-Plus  (Aceclofenac & Paracetamol Tablets) |
|  |  | B.NO: PAC-1724, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. Jupiter Formulations, Plot No 14/A,  IDA, Bhongir, Nalgonda Dist, Telangana State. |
| 6. | **Conditions of seals on 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 colour, elongated, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6175gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 331mg  97.3mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

**REPORT NO: 1838 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/19/VVS/DI(I/C)/BVRM/WG/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1112/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | METOL-500  (METFORMIN TABLETS I.P. 500mg) |
|  |  | B.NO: 17181, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s OLCARE LABORATORIES,  504/A, G.I.D.C. ESTATE,  WADHWANCITY – 363 035.  DIST. SURENDRANAGAR (GUJ.). |
| 6. | **Conditions of seals on 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 colour, circular tablet with break line on one side. | | | Complies |
| **Identification** | Positive for  Metformine Hcl as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7167gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Metformine Hcl** | 489.9mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-520 008

**REPORT NO: 1839 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 30/10/KK/DI/PLK/2017, Dated: 11/10/2017 |
| 3. | **Number of sample** | 1141/T/2017 |
| 4. | **Date of Receipt** | 17/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASCODEX BR Syrup  (Terbutaline Sulphate, Guaiphenesin & Bromhexine Hydrochloride Syrup) |
|  |  | B.NO: LGP-17214, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Prochem Pharmaceuticals Private Ltd,  140 – 141, Makkapur, Bhagwanpur, Roorkee,  Dist. Haridwar (UK)-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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Orange coloured syrup. | | | Complies |
| **Identification** | Positive for  Bromohexine Hcl, Guaiphenesin and Terbutaline Sulphate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Bromohexine Hcl**  **Guaiphenesin** | 3.9mg  47.69mg | 4mg  50mg | 3.6 – 4.4mg  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 1840 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 35/17/MJL/DI/JRG/WG/AP-2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1132/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amlip-2.5  (Amlodipine Tablets I.P 2.5mg) |
|  |  | B.NO: B260870, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular, flat tablet with a monogram “AP” on one side of the tablet. | | | Complies |
| **Identification** | Positive for  Amlodipine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0889gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Amlodipine** | 2.38mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1841 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 43/SA/DI/KDP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 446/H/2017 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LOPERAMIDE TABLETS I.P 2mg |
|  |  | B.NO: LOT-004, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s RADICO REMEDIES,  123, MANDHALA, BAROTIWALA,  DIST SOLAN, 174103 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Loperamide hydrochloride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1502gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Loperamide Hydrochloride** | 2.15mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

**REPORT NO: 1842 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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, Piduguralla (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 0610-01/DI/PGRL/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1107/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GENAC-P  (Diclofenac Sodium & Paracetamol Tablets) |
|  |  | B.NO: AT-84116, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s Pinnacle Life Sciences Pvt. Ltd.  (Subsidiary of aarti Drugs Ltd.)  Kh No. 1328-1330, vill-Manpura,  The.-Baddi, Distt. Solan (H.P) – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White, elongated, biconvex with one side score and uniform tablets. | | | Complies |
| **Identification** | Positive for  Diclofenac Sodium and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6609gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Diclofenac Sodium** | 329.21mg  52.18mg | 325mg  50mg | 292.5 – 357.5mg  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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-08

**REPORT NO: 1843 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/ESR/DI/Z-I/VJA/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1110/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Alakast -F  (Fexofenadine HCL & Montelukast Sodium Tablets) |
|  |  | B.NO: ST-705035, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Sunniva Drugs & Formulation,  Khasra No:396, Nanhera Anantapur,  Roorkee, Uttarakhand – 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 | -- | -- | -- |
| **Description** | Orange, circular, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Fexofenadine HCL and Montelukast Sodium as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3148gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Fexofenadine HCL**  **Montelukast Sodium** | 121.78mg  10.41mg | 120mg  10mg | 108 - 132mg  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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 1844 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 21/DI/MPL/T/2017, Dated: 23/09/2017 |
| 3. | **Number of sample** | 1058/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Genzine-A Syrup  (Levocetrizine Hydrochloride, Ambroxol Hcl with Guaiphensin and Menthol Syrup) |
|  |  | B.NO:SGA- 011, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Surien Pharmaceuticals (P) 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** | 01x100ml | -- | -- | -- |
| **Description** | Orange colour liquid. | | | Complies |
| **Identification** | Positive for  Levocetrizine Hydrochloride as per I.P & Ambroxol, Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Levocetrizine**  **Ambroxol**  **Guaiphenesin** | 2.36mg  15.55mg  50.33mg | 2.5mg  15mg  50mg | 2.25 – 2.75mg  13.5 – 16.5mg  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-520 008

**REPORT NO: 1845 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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, Piduguralla (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 0610-03/DI/PGRL/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1109/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASHYCLOFLAM MR  (Aceclofenac, Paracetamol & Chlorzoxazone Tablets) |
|  |  | B.NO: CAPC704003, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Celebrity Biopharma Ltd.  (wholly owned subsidiary of Aishwarya Group)  Village – Panga, Via-Jharmajri, Hill Top Estate,  Barotiwala, Distt-Solan (H.P) 174 103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac, Paracetamol and Chlorzoxazone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.8357gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Chlorzoxazone**  **Aceclofenac** | 326.2mg  253.63mg  98.23mg | 325mg  275mg  100mg | 292.5 – 357.5mg  225 – 275mg  90 – 110mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-520 008

**REPORT NO: 1846 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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, Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 036/DI/ADN/SEPT/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 1048/T/2017 |
| 4. | **Date of Receipt** | 26/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SOLMENTIN 625mg  (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO:DT16D398, M.D:10/2016, E.D: 03/2018 |
|  |  | **Mfd by:** MEDICEF PHARMA  Plot No.28, EPIP, Phase-I, Jharmajri,  Baddi, Distt. Solan (H.P), 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** | 01x08x06 | -- | -- | -- |
| **Description** | White, elongated, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Clavulanic acid as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0370gm | -- | -- | 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** | 500.76mg  126.89mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-08

**REPORT NO: 1847 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 31/ESR/DI/Z-I/VJA/2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1113/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Lorawel -1  (Lorazepam Tablets I.P) |
|  |  | B.NO: LALR17002, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Chimak Health Care,  At Below D.F.O. Office, P.O. Galanag,  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** | Pale pink colour, circular, biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Lorazepam as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1787gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Lorazepam** | 1.04mg | 1mg | 0.9 – 1.19mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008

**REPORT NO: 1848 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 341017/DI/TPT-R/2017, Dated: 15/10/2017 |
| 3. | **Number of sample** | 1103/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CORI Syrup  (Ambroxol Hydrochloride, Levosalbutamol Sulphate, Guaiphenesin & Menthol Syrup) |
|  |  | B.NO: APL-1780, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** ADHYA PHARMACEUTICALS PVT. LTD.  (An ISO 9001:2008 Certified Company)  Khasra No: 197, Raipur,  Bhagwanpur, Roorkee-247661 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** | 01x(01X100ml) | -- | -- | -- |
| **Description** | Pink colour liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride, Levosalbutamol Sulphate, Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Guaiphenesin** | 14.02mg  51.16mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (Rural). VIJAYAWADA-520 008

**REPORT NO: 1849 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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, Piduguralla (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 0610-02/DI/PGRL/2017, Dated: 06/10/2017 |
| 3. | **Number of sample** | 1108/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MOXMENTIN-625  (Amoxycillin and Potassium Clavulanate Tablets IP) |
|  |  | B.NO: TB170111, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Cosmas Research Lab Ltd.  Village: Gaunspura, P.O.: Noorpur Bet,  Hambran, Ludhiana – 141 008. |
| 6. | **Conditions of seals on 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, elongated, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanic Acid Equivalent to Clavulanic Acid as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0868gm | -- | -- | 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** | 573.74mg  132.71mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-520 008

**REPORT NO: 1854 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 33/ESR/DI/Z-I/VJA/2017, Dated: 11/10/2017 |
| 3. | **Number of sample** | 1121/T/2017 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Above 5  (RABEPRAZOLE SODIUM TABLETS IP 20 mg) |
|  |  | B.NO: 7A-04005M, M.D:04/2017, E.D: 09/2018 |
|  |  | **Mfd by:** M/s. Mepro Pharmaceuticals Pvt. Ltd,  (Unit-II), Q Road, Phase IV, G.I.D.C.,  Wadhwan City 363 035, Dist. Surendra Nagar (Gujarat). |
| 6. | **Conditions of seals on 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** | 01x08x07 | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex, coated and uniform tablets | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1654gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for Rabeprazole Sodium** | 19.53mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-08

**REPORT NO: 1855 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 39/SA/DI/KDP/2017, Dated: 04/10/2017 |
| 3. | **Number of sample** | 1098/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEBELAC-Z Capsules |
|  |  | B.NO: CEZ-7041, M.D:04/2017, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Spinka Pharma,  6-18/4, Peddamberpet,  Hyderabad – 501 505. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Green colour cap, orange body and yellow colour powder present inside the capsule. | | | Complies |
| **Identification** | Positive for  Riboflavine, Pyridoxine Hcl and Niacinamide as per S.T.P | -- | -- | Complies |
| **Average Net Content** | 0.4013gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Niacinamide**  **Riboflavine**  **Pyridoxine Hcl** | 99.31mg  9.83mg  3.07mg | 100mg  10mg  3mg | 90 – 110mg  9 – 11mg  2.7 – 3.3mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

**REPORT NO: 1856 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 170903/DI/GNT(U)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 1027/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Moxikind – CV 625 Tablets |
|  |  | B.NO: B6AEQ136, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Copmed Pharmaceuticals Pvt. Ltd,  Unit-II, Plot. No.50, Idstl. Area, Gondpur,  Paonta Sahib, Distt. Sirmour (H.P)-173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0358gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanate** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanate** | 519.24mg  129.78mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-08

**REPORT NO: 1857 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 170901/DI/GNT(R)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 1022/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cifran® 500 Tablets  (Ciprofloxacin Hydrochloride Tablets IP) |
|  |  | B.NO: 2885295, M.D:06/2017, E.D: 04/2020 |
|  |  | **Mfd by:** Sun Pharma medisales Pvt. Ltd,  Kh.No.1335-1340, Near EPIP-1,  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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White colour, circular, flat tablet with “500” as a monogram at one side & “CFT” as a monogram on another side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7633gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 498.28mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-08

**REPORT NO: 1858 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 22/S/VAP/DI/RJY(Rural)/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 1029/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | COLD OVER Tablets  (Paracetamol, Phenylephrine Hydrochloride, Cetrizine Hydrochloride Tablets) |
|  |  | B.NO: T-1123, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s Redic Labs,  Plot No 38, Sector-6A, Sidcul,  Haridwar (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** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow colour, circular, flat tablets with break line at one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Phenylephrine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5946gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Phenylephrine** | 317.94mg  4.87mg | 325mg  5mg | 292.5 – 357.5mg  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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-08

**REPORT NO: 1859 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/SA/G/DI/VSP(Sales)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 431/H/17 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFIXIME TABLETS I.P. 200 mg |
|  |  | B.NO: YCX7220, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Yoluri 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3439gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Cefixime** | 182.78gm | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1860 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 331017/DI/TPT-R/2017, Dated: 05/10/2017 |
| 3. | **Number of sample** | 1102/T/2017 |
| 4. | **Date of Receipt** | 09/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Medler Plus Suspension  (Paracetamol, Phenylephrine Hydrochloride, Chlorpheniramine Maleate, Sodium Citrate and Menthol Suspension) |
|  |  | B.NO: BL170506, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** Comed Chemicals Limited  Unit-iii, Village: Dassomajra P.O: Bhud,  Baddi, Tehsil: Nalagarth, Dist: Solan (HP).  H.O: 2nd Floor, Sun Plaza-1.Nr. Vadsar Bridge,  Makarpura GIDC Road, Vadodara-390 010.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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Orange colour, uniform suspension | | | Complies |
| **Identification** | Positive for  Paracetamol, Phenylephrine Hydrochloride, Chlorpheniramine Maleate, Sodium Citrate as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** **Phenylephrine Hydrochloride**  **Chlorpheniramine Maleate** | 243.3mg  4.6mg  1.9mg | 250mg  5mg  2mg | 225 -275mg  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY.

Tirupati (Rural) VIJAYAWADA-520 008

**REPORT NO: 1861 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 21/CLP/DI/VIJ-MFG/2017, Dated: 27/09/2017 |
| 3. | **Number of sample** | 1073/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Surgical Spirit BP |
|  |  | B.NO: SP1481, M.D:08/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. The Swastik 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 B.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Colour less, clear solution. | | | Complies |
| **Identification** | Positive for  Methyl Salicylate and Diethylpthalate as per B.P | -- | -- | Complies |
| **Assay for**  **Methyl Salicylate**  **Diethylpthalate** | 0.475% v/v  2.17% v/v | 0.5% v/v  2% v/v | 0.45% – 0.55% v/v  1.8% – 2.2% v/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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 1862 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 20/DI/CTR/T/2017, Dated: 25/09/2017 |
| 3. | **Number of sample** | 433/H/17 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metronidazole Tablets I.P. 400 mg |
|  |  | B.NO:MTRG-16098, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** Seeko Biotic, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex, coated, uniform tablets. | | | Complies |
| **Identification** | Positive for  Metronidazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5814gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Metronidazole** | 402.42gm | 400mg | 380 - 420mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chittoor. VIJAYAWADA-08

**REPORT NO: 1863 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 34/17/MJL/DI/JRG/WG/AP-2017, Dated: 26/09/2017 |
| 3. | **Number of sample** | 1090/T/17 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | INTAVITA –NH ORAL – 100ml  (Liquid feed supplement of vitamins for cattle and poultry) |
|  |  | B.NO: IN16052, M.D:12/2016, E.D: Best before 24 months from the date of manufacture. |
|  |  | **Mfd by:** Indus Neutraceutical, 303/1,  Shobhasan charrasta, Vijapur Road,  Mehasana-384001. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Yellow colour liquid solution. | | | Complies |
| **Identification** | **Negative** for  Metronidazole, Diethylstilbestrol(DES),  FluoroQuinolones NalidixicAcid, Dapsone, Neomycin Furaltadone, Furazolidone, Nitrofurantion, Nitrofurazone Chlorampenicol and Sulpha methoxazole. | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 1864 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 34/OCT/JB/DI/Z-II/VJA/17, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1114/T/17 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CPP New Tablets |
|  |  | B.NO: 166, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s P & B PHARMACEUTICLAS LIMITED  391/B, SHAKARPUR,  KHAMBAT-388620 (GUJARAT) |
| 6. | **Conditions of seals on 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** | Pink colour, circular and flat tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Phenylephrine Hydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6126gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Phenylephrine Hydrochloride** | 517.52gm  5.20mg | 500mg  5mg | 450 - 550mg  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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-II). VIJAYAWADA-08

**REPORT NO: 1865 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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, Kavali (Fac). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 12/MK/DI/KVL/2017, Dated: 23/09/2017 |
| 3. | **Number of sample** | 1061/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOLOKIND PLUS Tablets |
|  |  | B.NO:B4ABQ019, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Mankind Pharma LTD,  Unit-II, Village Kishanpura,  Jamniwala, Paonta Sahib,  Distt. Sirmour (HP)-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 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6799gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 328.7mg  102.5mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kavali. VIJAYAWADA-520 008

**REPORT NO: 1866 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 30/SA/DI-DL/KVR/W.G./2017, Dated: 25/09/2017 |
| 3. | **Number of sample** | 439/H/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amikacin Sulphate Injection I.P. 500 mg |
|  |  | B.NO: S6H227, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** Arion Healthcare, vill. Kishanpura,  Baddi, Dist. Solan-174101 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x(2x25x2ml) | -- | -- | -- |
| **Description** | Colourless, clear solution. | | | Complies |
| **Identification** | Positive for  Amikacin as per I.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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 1867 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/ESR/DI/Z-I/VJA/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1111/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cepodac -200DT  Cefpodoxime Dispersible tablets 200 mg |
|  |  | B.NO: SCD-1602, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s. Concord Drugs Ltd,  Nalhera Anantapur, Roorkee – 247 668 (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** | 01x05x10 | -- | -- | -- |
| **Description** | Pale pink colour, elongated, biconvex tablet with a break line on one side. | | | Complies |
| **Identification** | Positive for  Cefpodoxime Proxetil as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6463gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Cefpodoxime** | 193.5mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008

**REPORT NO: 1868 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 34/OCT/SAMPLE/PKR/DI/KDR/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1166/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Megadox – N  (Doxycycline and Neomycin Soluble Powder) |
|  |  | B.NO: 7217197, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** NEOSPARK  Drugs and Chemicals Private Limited  D-50, Phase-I, Industrial Area,  Jeedimetla, Hyderabad – 500055,  Telangana, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x50gm | -- | -- | -- |
| **Description** | Pale yellow coloured powder. | | | Complies |
| **Identification** | Positive for  Doxycycline as per S.T.P  and Neomycin as per I.P | -- | -- | Complies |
| **Assay for**  **Doxycycline** | 98.88mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 1870 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 31/BSR/DI/MTM/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1156/T/17 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metagrow- SP  (Purported contains Chloramphenicol, Nitrofurans, Furazolidone, Furylfuramide, Nifuratel, Nifuroxime, Nifurprazine, Nitrofurantoin, Nitrofurazone.) |
|  |  | B.NO: 96, M.D:06/2017, E.D: 2 Years from Mfg.Dt |
|  |  | **Mfd by:** METTLE BIO SCIENCES,  Plot No.117, Block No.A08, New Auto Nagar,  Vijayawada-520007, 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** | 01x500gms | -- | -- | -- |
| **Description** | White colour powder. | | | Complies |
| **Identification** | **Negative** for Chloramphenicol, Furazolidone, Nifuratel, Nifurprazine, Nitrofurazone, Nitrofurans, Furylfuramide, Nifuroxime and Nitrofurantoin 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1871 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 32/BSR/DI/MTM/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1157/T/17 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TERMINATOR-3D  (Purported contains Chloramphenicol, Nitrofurans, Furazolidone, Furylfuramide, Nifuratel, Nifuroxime, Nifurprazine, Nitrofurantoin, Nitrofurazone.) |
|  |  | B.NO: TD0B417, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** STERLINE BIO REMEDIES Pvt. Ltd.,  R.Sy. No. 257/IC, 257/2, Pedapalaparru (Village), Mudinepalli(Mandal), Krishna District,  Andhra Pradesh, PIN: 521 323. |
| 6. | **Conditions of seals on 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 Litre | -- | -- | -- |
| **Description** | White colour, clear solution. | | | Complies |
| **Identification** | **Negative** for Chloramphenicol, Furazolidone, Nifuratel, Nifurprazine, Nitrofurazone, Nitrofurans, Furylfuramide, Nifuroxime and Nitrofurantoin 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1872 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 33/BSR/DI/MTM/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1158/T/17 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SUMO  (Purported contains Chloramphenicol, Nitrofurans, Furazolidone, Furylfuramide, Nifuratel, Nifuroxime, Nifurprazine, Nitrofurantoin, Nitrofurazone.) |
|  |  | B.NO: SU 07/B, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** INTRON Life Sciences,  At Unit 1: Plot No.368 & 375, APIIC Industrial Growth centre, Gundlapalli- 523211, 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** | 01x500gms | -- | -- | -- |
| **Description** | Pale yellow colour powder. | | | Complies |
| **Identification** | **Negative** for Chloramphenicol, Nitrofurans, Furaltadone, Furazolidone, Furylfuramide, Nifuratel, Nifuroxime, Nifurprazine, Nitrofurantoin, Nitrofurazone 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1873 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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 (R). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 44/SEP/JVL/DI/KNLR/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 1003/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Omnicef-O 200 |
|  |  | B.NO: B748E017, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** ARISTO Pharmaceuticals Pvt. Ltd.  #Survey No: 371, Kunbar Falia,  Village: Dabhel, Nani Daman – 396 210,  DAMAN (U.T.) #Village: Makhnumajra, P.O. Bhud,  Baddi, Dist. Solan (H.P)-173 205. Regd. Office: 12,  J.N. Heredia Marg, Mumbai – 400 001. |
| 6. | **Conditions of seals on 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, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4832gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cefixime** | 191.84gm | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-520 008

**REPORT NO: 1874 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 30/17/MJL/DI/JRG/WG/AP-2017, Dated: 26/09/2017 |
| 3. | **Number of sample** | 440/H/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ETOPHYLLINE AND THEOPHYLLINE Tablet |
|  |  | B.NO: EPT - 020, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Radico Remedies, 123,  Mandhala, Barotiwala, Distt.  Solan 174103 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Theophylline and Etophylline as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1275gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Theophylline**  **Etophylline** | 23.5mg  71.1mg | 23mg  77mg | 20.7 – 25.3mg  69.3 – 84.7mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1875 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/36/DI/OGL/2017, Dated: 07/10/2017 |
| 3. | **Number of sample** | 1124/T/17 |
| 4. | **Date of Receipt** | 12/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NATSOL |
|  |  | B.NO: 1515, M.D:10/01/2017, E.D: Best before 3 years from date of mfg. |
|  |  | **Mfd by:** Synergy Biotechnologies, 2-1-123, Plot No: 86 & 87, Rampally, Hyderabad-501301. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 02x50gms | -- | -- | -- |
| **Description** | Yellow coloured liquid. | | | Complies |
| **Identification** | Positive for Nitrofurans as per S.T.P and Negative for Chloramphenicol, Tetracycline, Metronidezole, Flouroquinolones and Sulfonamides. | -- | -- | Complies |

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

Complies for the tests conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-08

**REPORT NO: 1876 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 226/S/PK/DI/AKP/2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1127/T/17 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cool Plus syrup  (Paracetamol, Phenylephrine HCl, Chlorpheniramine Maleate, Sodium Citrate and Menthol Syrup) |
|  |  | B.NO: OCP-008, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Onus Lifesciences,  Survey No. 277/14, Saripally Road,  Nellimarla, 535217, Vizianagaram. |
| 6. | **Conditions of seals on 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 syrup. | | | Complies |
| **Identification** | Positive for Paracetamol and Phenylephrine Hcl as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Phenylephrine Hcl** | 126.74mg  5.09mg | 125mg  5mg | 112.5 – 137.5mg  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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-08

**REPORT NO: 1877 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/17/DI/TNL/Sample, Dated: 16/10/2017 |
| 3. | **Number of sample** | 449/H/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Atenolol tablets IP 50mg |
|  |  | B.NO: 17B12, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Relief lab Pvt. Ltd,  B/45, MIDC, Kalmeshwar-441501. |
| 6. | **Conditions of seals on 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** | 01x03x14 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for  Atenolol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1458gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Atenolol** | 47.4mg | 50mg | 46.25 – 53.75mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-520 008

**REPORT NO: 1878 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/DI/AMP/PMKR/EG/2017, Dated: 29/09/2017 |
| 3. | **Number of sample** | 1091/T/2017 |
| 4. | **Date of Receipt** | 03/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TUSNIL-CC Suspension  (Phenylephrine HCL, Chlorpheniramine Maleate and Paracetamol suspension) |
|  |  | B.NO: 20603, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Baddi PRINT Packs Pvt Ltd,  Unit-II, Village-Dharmapura, Sai Road,  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** | 01x01x60ml | -- | -- | -- |
| **Description** | Orange colour, uniform suspension. | | | Complies |
| **Identification** | Positive for  Phenylephrine Hydrochloride, Chlorpheniramine Maleate and Paracetamol as per I.P | -- | -- | Complies |
| **Assay for**  **Phenylephrine HCL**  **Chlorpheniramine Maleate**  **Paracetamol** | 4.85mg  2.1mg  246.8mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 1879 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 32/OCT/SAMPLE/PKR/DI/KDR/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1164/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Tetracycline Hydrochloride Water Soluble VET 100g |
|  |  | B.NO: TT8017039, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** Medibios Laboratories Pvt. Ltd.,  Plot no.: J-76, M.I.D.C., Tarapur, Thane – 401506.  At N-50, M.I.D.C., Tarapur, 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** | 01x01x100gm | -- | -- | -- |
| **Description** | Pale yellow colour powder | | | Complies |
| **Identification** | Positive for  Tetracycline as per S.T.P | -- | -- | Complies |
| **Assay for Tetracycline** | 52.3mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 1880 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/21/T/DI/BVRM/WG/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1174/T/17 |
| 4. | **Date of Receipt** | 24/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEGAZOLE  (Albendazole Powder 5% W/W) |
|  |  | B.NO: MZP170201, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Leo Biocare Pvt. Ltd.,  At : 8-290/1, 1st Floor, Goutham nagar,  Ferozguda, Secunderabad – 500 011.  Telangana State, 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** | 01x300grams | -- | -- | -- |
| **Description** | White, amorphous powder. | | | Complies |
| **Identification** | Positive for Albendazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Albendazole** | 50.092mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bhimavaram. VIJAYAWADA-08

**REPORT NO: 1881 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 463/H/17 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Furazolidone TABLETS I.P |
|  |  | B.NO: 1610083, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Adroit Pharmaceuticals Pvt. Ltd,  At 46, Garoba Maidan, Nagpur – 8. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03x20 | -- | -- | -- |
| **Description** | Yellow coloured, circular, biconvex, uniform tablet with monogram on one side. | | | Complies |
| **Identification** | Positive for Furazolidone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1219gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Furazolidone** | 93.92mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-08

**REPORT NO: 1882 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 33/JUN/JVL/DI/KNLR/2017, Dated: 03/07/2017 |
| 3. | **Number of sample** | 667/T/17 |
| 4. | **Date of Receipt** | 06/07/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ATHIMADURAM |
|  |  | B.NO: 002, M.D:06/2015, E.D: 3 Yrs. from date of Mfg. |
|  |  | **Mfd by:** Vydya Rushi Ayurvedic Pharma,  D.No.76-99-324-3-A, W.S Colony, Kurnool,  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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100gms | -- | -- | -- |
| **Description** | Pale yellow colour powder. | | | -- |
| **Identification** | **Negative** for  Betamethasone, Dexamethasone, Prednisolone, Diclofenac Sodium, Paracetamol, Chloramphenicol, Ranitidine, Pantoprazole, Rabeprazole and Loperamide 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

**REPORT NO: 1883 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/32/DI-CRL/2017-Test, Dated: 23/10/2017 |
| 3. | **Number of sample** | 1186/T/17 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LIXEN powder  (Cephalexin Veterinary Oral Powder) |
|  |  | B.NO: CT674, M.D:05/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s TPD Associates At: No.336,  IV Phase, Peenya Industrial Area,  Bangalore – 560 058. |
| 6. | **Conditions of seals on 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, amorphous powder. | | | Complies |
| **Identification** | Positive for Cephalexin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cephalexin** | 80.88mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-08

**REPORT NO: 1884 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 32/SA/NK/DI/Z-III/VJA/17, Dated: 25/10/2017 |
| 3. | **Number of sample** | 1183/T/17 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ketoclide Shampoo  (Ketoconazole and ZPTO) |
|  |  | B.NO: 90, M.D:05/2017, E.D: 24 months from the date of manufacture. |
|  |  | **Mfd by:** M/s. BCL Pharma,  Rampur Majri, Dholakuan,  Distt. 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 S.T.P |

|  |  |  |  |
| --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** |
| **Quantity Received** | 1x100ml | 1x100ml | -- |
| **Description** | Red coloured, thick, uniform gel.  Complies as per IS 7884: 2004 | -- | -- |
| **Identification** | Positive for  Ketoconazole as per S.T.P | -- | -- |
| **pH** | 6.95  Complies as per IS 7884: 2004 | -- | 4.0 to 9.0 |
| **Foam height for**  **2% Solution** | 165mm  Complies as per IS 7884: 2004 | -- | NLT 150mm |

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

Complies for the tests conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 1885 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/10/AL/DI/TKL/2017, Dated: 12/10/2017 |
| 3. | **Number of sample** | 464/H/17 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GLIBENCLAMIDE Tablets IP 5mg |
|  |  | B.NO: GBT427 M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Unicure India Ltd., C-22 & 23,  Sector-3, Noida-201301. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular, uniform tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Glibenclamide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1301gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Glibenclamide** | 5.00mg | 5.00mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-08

**REPORT NO: 1886 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/40/DI/GWK/VSP/2017 Dated: 20/10/2017 |
| 3. | **Number of sample** | 1173/T/17 |
| 4. | **Date of Receipt** | 24/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CYNTHOGEST SR 200  (Progesterone Sustained Release Tablets) |
|  |  | B.NO: 17LHHT017, M.D:08/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. Synokem Pharmaceuticals Ltd,  Plot No. 35 -36, Sector 6A,  Integrated Industrial Estate(SIDCUL),  Ranipur (BHEL), Haridwar-249403,  Uttarakhand (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, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Progesterone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4061gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Progesterone** | 206.29mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-08

**REPORT NO: 1887 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 31/SA/NK/DI/Z-III/VJA/17, Dated: 25/10/2017 |
| 3. | **Number of sample** | 1182/T/17 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ARPAZOLE-DSR Capsules  (Pantoprazole Domperidone (SR) Capsules) |
|  |  | B.NO: DT-0107, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. ETHIX HEALTH CARE  #82/83, Kalka Shimla Highway, Deonghat,  Saproon, Solan, HP – 173 211. |
| 6. | **Conditions of seals on 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 colour cap & transparent body with multi colour granules present inside the capsule. | | | Complies |
| **Identification** | Positive for Pantoprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2767gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 38.33mg  31.91mg | 40mg  30mg | 36 – 44mg  27 – 33mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 1888 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 22/DS/DI/SAM/VSPM/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1155/T/17 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LANSOPRAZOLE PELLETS 8.50% w/w |
|  |  | B.NO: LP0217C016, M.D:09/2017, E.D: 08/2020 |
|  |  | **Mfd by:** M/s. Lee Pharma 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** | 01x0.05kg | -- | -- | -- |
| **Description** | White colour pellets. | | | Complies |
| **Identification** | Positive for  Lansoprazole as per S.T.P | -- | -- | Complies |
| **Assay for Lansoprazole** | 8.74% w/w | 8.50% w/w | 7.65% w/w – 9.35% 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 1889 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 21/DS/DI/SAM/VSPM/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1154/T/17 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMEPRAZOLE PELLETS 8.50% w/w |
|  |  | B.NO: OP0217C059, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s. Lee Pharma 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** | 01x0.05kg | -- | -- | -- |
| **Description** | White colour pellets. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P | -- | -- | Complies |
| **Assay for Omeprazole** | 8.77% w/w | 8.50% w/w | 7.65% w/w – 9.35% 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 1890 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 30/SA/NK/DI/Z-III/VJA/17, Dated: 25/10/2017 |
| 3. | **Number of sample** | 1181/T/17 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MONTERAL-LC  (Montelukast Sodium & Levocetirizine Hydrochloride Tablets) |
|  |  | B.NO: AST 17133, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s. Suncare Formulations Pvt. Ltd,  E-20, UPSIDC, Industrial Area, Selaqui,  Dehradun – 248 011, Uttarakhand, 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** | Brown, circular, coated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Levocetirizine Hydrochloride and Montelukast Sodium as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2015gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Levocetirizine**  **Montelukast** | 5.25mg  10.66mg | 5mg  10mg | 4.5 – 5.5mg  9 – 11mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 1891 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/23/DI/EG/KKD/U/2017, Dated: 19/08/2017 |
| 3. | **Number of sample** | 377/H/17 |
| 4. | **Date of Receipt** | 21/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TRIHEXYPHENIDYL HCL Tablets IP 2mg |
|  |  | B.NO: THP-005, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s. Radico Remedies, 123, Mandhala,  Barotiwala, Distt. Solan 174103, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White, circular and biconvex tablets | | | Complies |
| **Identification** | Positive for Trihexyphenidyl Hydrochloride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1481gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Trihexyphenidyl** | 2.15mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinda (Urban). VIJAYAWADA-08

**REPORT NO: 1892 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/27/DI/EG/KKD/U/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1144/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Acelodol plus  (Aceclofenac & Paracetamol Tablets) |
|  |  | B.NO:SHLT-2162, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s Seasons HealthCare Ltd,  Plot No: 36,37,38,46 & 47, Chengicherla,  Medipally (Mandal), Medchal (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** | 01x06x10 | -- | -- | -- |
| **Description** | Orange, elongated, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6665gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 322.5mg  94.27mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1893 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/10/AL/DI/TKL/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1177/T/2017 |
| 4. | **Date of Receipt** | 25/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ATEN-50  (Atenol Tablets IP) |
|  |  | B.NO: S702853, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s. Zydus Health care Ltd.N.H No.10,  Majhitar, Rangpo, East Sikkim-737136. |
| 6. | **Conditions of seals on 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** | 01x05x14 | -- | -- | -- |
| **Description** | White, circular tablet with a pentagonal depression on both sides & monogram “ATEN” on one side and “50” on the other side of the tablet. | | | Complies |
| **Identification** | Positive for  Atenolol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1886gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Atenolol** | 47.61 | 50mg | 46.25 – 53.75mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 1894 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 31/SA/DI-DL/KVR/W.G./2017, Dated: 25/09/2017 |
| 3. | **Number of sample** | 1085/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Sanmox - 500  (Amoxycillin Trihydrate Capsules I.P. 500 mg) |
|  |  | B.NO: SASMX-1701, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s. Konis Pharmaceuticals Pvt. Ltd.,  Jagriti Sadan, Subathu Road, Solan-173212 (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White and blue bicoloured capsules with yellow coloured powder inside. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5614gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Amoxycillin** | 499.1mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 1895 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 044/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1138/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FIXZAP-O  (Cefixime Trihydrate and Ofloxacin Dispersible Tablets) |
|  |  | B.NO:TX-10504, M.D:08/2016, E.D: 07/2018 |
|  |  | **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 coloured, elongated, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6505gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 208.82mg  209.67mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 1896 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1710-01/DI/NRT/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1150/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFXI-LB  (Cefixime Trihydrate & Lactic Acid Bacillus Dispersible Tablets) |
|  |  | B.NO: BT-1705004, M.D:05/2017, E.D: 10/2018 |
|  |  | **Mfd by:** M/s. Rivpra Formulations Pvt. Ltd.,  Plot No.8, Sector-6A, I.I.E, SIDCUL,  Haridwar-249 403 (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** | 01x06x10 | -- | -- | -- |
| **Description** | Off-White coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3068gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 208.41mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1897 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/OCT/SAMPLE/PKR/DI/KDR/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1163/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MELONEX-PLUS  (Meloxicam & Paracetamol Bolus) |
|  |  | B.NO: U029, M.D:08/2017, E.D: 01/2020 |
|  |  | **Mfd by:** INSAT PHARMA, 109/1, Mamta Park,  Ashram Road, Ahmedabad – 9, Gujarat At: 70/1,  G.I.D.C. Estate, Kansari – 388630.  **Mktd by:** INTAS PHARMACEUTICALS LTD.,  Matoda 382210, Dist.: Ahmedabad, 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** | 01x05x04 | -- | -- | -- |
| **Description** | White coloured, elongated, bolus with breakline on one side. | | | Complies |
| **Identification** | Positive for  Meloxicam as per B.P and  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 5.0946gm |  |  |  |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Meloxicam**  **Paracetamol** | 99.8mg  1478mg | 100mg  1500mg | 90 – 110mg  1350 – 1650mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 1898 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/09/AK/DI/SKL/2017, Dated: 25/09/2017 |
| 3. | **Number of sample** | 1088/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BACTERICIDE Powder |
|  |  | B.NO: B136, M.D:04/2017, E.D: 24 months from the date of mfg |
|  |  | **Mfd by:** M/s. Reddy Drugs Laboratories,  1-9-3, Ethakota, Ravulapalem-533238. |
| 6. | **Conditions of seals on 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** | 01x500g | -- | -- | -- |
| **Description** | White colour powder. | | | Complies |
| **Identification** | **Negative** for chloramphenicol, Nitrofurans, Neomycin, Nalidixic acid, Sulphamethoxazole, Chloroform, Chlorpromazine, Colchicine, Dapsone, Dimetridazole, Metronidazole, Ronidazole, Ipronidazole, Clenbuterol, Sulfonamides, Flouroquinoline  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-520 008

**REPORT NO: 1901 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 32/JUN/JVL/DI/KNLR/2017, Dated: 03/07/2017 |
| 3. | **Number of sample** | 666/T/17 |
| 4. | **Date of Receipt** | 06/07/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ATHIMADURAM  (Purported to Betamethasone, Dexamethasone, Prednisolone, Diclofenac Sodium, Paracetamol, Chloramphenicol, Ranitidine, Pantoprazole, Rabeprazole Loperamide) |
|  |  | B.NO: 002, M.D:02/2015, E.D: 3 yrs. from date of Mfg. |
|  |  | **Mfd by:** M/s. Vydya Rushi Ayurvedic Pharma,  D.No.76-99-324-3-A, W.S Colony, Kurnool,  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** | 01x100gm | -- | -- | -- |
| **Description** | Pale yellow coloured powder. | | | -- |
| **Identification** | Negative for Betamethasone, Dexamethasone, Prednisolone, Diclofenac Sodium, Paracetamol, Chloramphenicol, Ranitidine, Pantoprazole, Rabeprazole Loperamide as per S.T.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

**REPORT NO: 1902 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 38/JUN/JVL/DI/KNLR/2017, Dated: 03/07/2017 |
| 3. | **Number of sample** | 672/T/17 |
| 4. | **Date of Receipt** | 06/07/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pain Releif  (Purported to Betamethasone, Dexamethasone, Prednisolone, Diclofenac Sodium, Paracetamol, Chloramphenicol) |
|  |  | B.NO: 00B, M.D:11/2016, E.D: 3 Yrs. from the Mfg. Date |
|  |  | **Mfd by:** M/s. Vydya Rushi Ayurvedic Pharma,  D.No.76-99-324-3-A, W.S Colony, Kurnool,  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** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow coloured oily liquid. | | | -- |
| **Identification** | Negative for Betamethasone, Dexamethasone, Prednisolone, Diclofenac Sodium, Paracetamol, Chloramphenicol as per S.T.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

**REPORT NO: 1903 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/DI/MPL/T/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1175/T/17 |
| 4. | **Date of Receipt** | 24/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | A-Zole Veternary  (Albendazole oral suspension USP 2.5%w/v) |
|  |  | B.NO: AZ1626, M.D:10/2016, E.D: 03/2019 |
|  |  | **Mfd by:** M/s. Vet india pharmaceuticals Limited,  A-6/1 Electronc complex, Kushaiguda,  Hyderabad-500062 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** | 01x90ml | -- | -- | -- |
| **Description** | Off-white, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Albendazole as per I.P | -- | -- | Complies |
| **Assay for**  **Albendazole** | 25.74mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Madanapalle. VIJAYAWADA-08

**REPORT NO: 1904 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/30/NYR/DI/VZM/2017, Dated: 23/10/2017 |
| 3. | **Number of sample** | 1185/T/17 |
| 4. | **Date of Receipt** | 26/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DIALEX-DX  (Dextromethorphan Hydrobromide & chlorpheniramine Maleate Cough Syrup) |
|  |  | B.NO: DLX16014, M.D:11/2016, E.D: 04/2018 |
|  |  | **Mfd by:** M/s. Tirupathi Medicare Ltd  Nahan Road, paonta sahib,  Distt: Sirmour-173025, (H.P), 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** | Orange colour, clear solution. | | | Complies |
| **Identification** | Positive for  Dextromethorphan Hydrobromide and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan**  **Chlorpheniramine Maleate** | 10.56mg  2.11mg | 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: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 1905 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 19/CLP/DI/VIJ-MFG/2017, Dated: 27/09/2017 |
| 3. | **Number of sample** | 1071/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CETRIMIDE TINCTURE  (CITRALAN TINCTURE) |
|  |  | B.NO: 3940, M.D:07/2017, E.D: 06/2019 |
|  |  | **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** | 01x200 ml Bottle | -- | -- | -- |
| **Description** | Yellow coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Cetrimide as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cetrimide** | 0.495% w/v | 0.5% w/v | 0.45% - 0.55% w/v | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Mfg). VIJAYAWADA-520 008

**REPORT NO: 1906 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 41/SA/DI/KDP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 444/H/2017 |
| 4. | **Date of Receipt** | 13/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CALCIUM CARBONATE VITAMIN D3 TABLETS |
|  |  | B.NO: SCVT.0517130, M.D:05/2017, E.D: 10/2018 |
|  |  | **Mfd by:** M/s STRIDE ORGANICS Private Limited,  Sy.No: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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Calcium carbonate as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5713gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Calcium Carbonate** | 486.57mg | 500mg | NLT 450mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1907 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 171001/DI/GNT (U), Dated: 20/10/2017 |
| 3. | **Number of sample** | 456/H/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Enteroclean plus Bolus  (Furazolidone, Metronidazole and Loperamide Bolus) |
|  |  | B.NO: DEP1703, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** M/s Doctor’s Vet-Pharma Pvt. Ltd,  CG.M.P Certified an ISO 9001:2008 Company,  Survey No.263/1, 264/1, P.R.Palem (V), kovur(M),  SPSR Nellore Dist- 524137, A.P, 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** | 01x04x12 | -- | -- | -- |
| **Description** | Yellow coloured, biconvex bolus with a monogram “DOCTOR’S” on one side. | | | Complies |
| **Identification** | Positive for  Metronidazole, Furazolidone and Loperamide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 3.0161gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Furazolidone**  **Metronidazole** | 503.68mg  1031.73mg | 500mg  1000mg | 450 – 550mg  900 – 1100mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-520 008

**REPORT NO: 1908 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/DI/AMP/PMKR/EG/2017, Dated: 29/09/2017 |
| 3. | **Number of sample** | 1092/T/2017 |
| 4. | **Date of Receipt** | 03/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GRENIL  (Paracetamol and Domperidone Tablets) |
|  |  | B.NO: 17030, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s Schon Pharmaceuticals Ltd,  145/2 A-B, Jambudi Hapsi,  Hatod road, Indore-453112. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Pale yellow coloured, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.8118gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Domperidone** | 500.93mg  19.72mg | 500mg  20mg | 450 - 550mg  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 1909 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/36/DI/GWK/VSP/2017, Dated: 09/10/2017 |
| 3. | **Number of sample** | 1117/T/2017 |
| 4. | **Date of Receipt** | 11/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | THIOFUR-A4  (Aceclofenac & Thicolchicoside Tablets) |
|  |  | B.NO: MT170972, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Mascot Health Series Pvt. Ltd  Plot No 79-80, Sec-6A, IIE, Sidcul,  Haridwar – 249403. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Thicochicoside as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1839gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Thicolchicoside** | 103.42mg  3.97mg | 100mg  4mg | 90 – 110mg  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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-520 008

**REPORT NO: 1910 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 21/17/DI/TNL/Sample, Dated: 16/10/2017 |
| 3. | **Number of sample** | 447/H/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin capsules IP 250mg |
|  |  | B.NO: C10041, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Gluconate Health Limited,  (A Govt of WB undertaking),  1, Health Institute Road, Kolkata-700065. |
| 6. | **Conditions of seals on 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** | Red colour body with black colour cap containing white colour powder inside the capsule. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3013gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Amoxycillin** | 252.5mg | 250mg | 231.25 – 268.75mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-520 008

**REPORT NO: 1911 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 042/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1136/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFBEST – OZ  (Ofloxacin and Ornidazole tablets) |
|  |  | B.NO:TX-10188, M.D:07/2018, E.D: 06/2018 |
|  |  | **Mfd by:** M/s LEGAN 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** | Orange colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Ornidazole  as per I.P | -- | -- | Complies |
| **Average Weight** | 1.1083gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Ornidazole** | 202.40mg  492.64mg | 200mg  500mg | 180 - 220mg  450 – 550mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 1912 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Kesava Reddy, Kadiri. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/OCT/SAMPLE/PKR/DI/KDR/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1165/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DISTODIN (FLUKE BOLUS (VET))  (Oxyclozanide Tablets) |
|  |  | B.NO: DFBP1701, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Pharmanza (India) Pvt. Ltd., 70/1, G.I.D.C. Estate, Kansari – 388630, Khambat (Gujarat) India.  **Mktd by:** M/s Zydus Animal Health,  A division of Cadila Helathcare Ltd.,  5th floor, Astron Tech Park, Saltelite Cross Roads,  Ahmedabad – 380015. 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** | 01x05x04 | -- | -- | -- |
| **Description** | Pink colour, elongated, biconvex bolus with a score on one side and a monogram “ZYDUS AH” on another side. | | | Complies |
| **Identification** | Positive for  Oxyclozanide as per I.P | -- | -- | Complies |
| **Average Weight** | 2.7124gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Oxyclozanide** | 1024.11mg | 1000mg | 900 – 1100mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadiri. VIJAYAWADA-520 008

**REPORT NO: 1913 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 30/ESR/DI/Z-I/VJA/2017, Dated: 10/10/2017 |
| 3. | **Number of sample** | 1112/T/2017 |
| 4. | **Date of Receipt** | 10/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pysclo 25  (Clozapine Tablets I.P.) |
|  |  | B.NO: LAPS16002, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** M/s. Chimak Helath Care,  At Below D.F.O. Office, P.O. Galanag,  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** | Pale orange coloured, circular, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Clozapine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1829gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Clozapine** | 24.44mg | 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: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-I). VIJAYAWADA-520 008