**REPORT NO: 1636 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20/TVK/DI/PDTR/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 923/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ultimox-Clav 625 (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: HKA16009, M.D:12/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s. THEON PHARMACEUTICALS LTD.  Vill.Saini Majra, Tehsil Nalagarh, Dist.Solan(H.P) – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x10x06 | -- | -- | -- |
| **Description** | White, oblong and elongated, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin Trihydrate and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average Weight** | 1.0747gm | -- | -- | 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** | 533.57mg  119.40mg | 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: /09/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 1637 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/18/DI/TANUKU/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 856/T/2017 |
| 4. | **Date of Receipt** | 31/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NOVAMENTIN – 625  (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: 1057Z003, M.D:03/2017, E.D: 08/2018 |
|  |  | **Mfd by:** Scott- Edil Advance Research Ltd,  Hill Top Ind. Area Bhatoli Kalan, Baddi-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** | 01x10x06 | -- | -- | -- |
| **Description** | White coloured oval shaped biconvex tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average Weight** | 1.1055gm | -- | -- | 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** | 533.38mg  147.13mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-520 008

**REPORT NO: 1638 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalitha, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/SA/T/DI/DCA/NRPM/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 931/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ANGLOMOX – CL 625  (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: TB170081, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Cosmas Research Lab Ltd,  Hambran, Ludhiana – 141008. |
| 6. | **Conditions of seals on 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 tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average Weight** | 1.0720gm | -- | -- | 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** | 541.68mg  116.50mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

**REPORT NO: 1639 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Mahesh Nandi, Tirupati (urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 060917/DI/TPT-U/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 933/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMZO  (Omeprazole Capsule I.P) |
|  |  | B.NO: OMG17004, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Joshika pharma. Pvt.ltd  Plot.No.208/8, IDA, Phase II,  Cherlapally, Hyderabad - 500051 |
| 6. | **Conditions of seals on 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** | Pink coloured cap and Transparent body capsules with white granules inside. | | | Complies |
| **Identification** | Positive for  Omeprazole as per I.P. | -- | -- | Complies |
| **Average net content** | 0.2082gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for Omeprazole** | 19.15mg | 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: /09/2017

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

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (urban). VIJAYAWADA-520 008

**REPORT NO: 1640 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/30/DI/GWK/VSP/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 907/T/2017 |
| 4. | **Date of Receipt** | 07/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MOXTIVE CLAV-625 Tablets I.P |
|  |  | B.NO: CP-0518A, M.D:03/2017, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Curehealth Pharmaceuticals Pvt. Ltd.,  Village Raipur, Post office Deothi, Tehsil &  Distt: Solan – 173211, Himachal Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, elongated, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0304gm | -- | -- | 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** | 485.28mg  116.79mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-08

**REPORT NO: 1641 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19/TVK/DI/PDTR/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 922/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DO CLAV Syrup |
|  |  | B.NO: HDSS-034, M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s LABORATE PHARMACEUTICALS INDIA LTD.  Unit-2,#31, Rajban Road,  Nariwala, Paonta Sahib, (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** | 01x03x30ml | -- | -- | -- |
| **Description** | White colour powder and after reconstitution pink colour was formed. | | | Complies |
| **Identification** | Positive for  Amoxycillin Trihydrate and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **PH** | 6.2 | -- | 3.8 – 6.6 | Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 184.26mg  25.82mg | 200mg  28.5mg | 180 - 240mg  25.65 – 35.67mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 1642 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/SA/NK/DI/Z-III/VJA/17, Dated: 11/09/2017 |
| 3. | **Number of sample** | 927/T/2017 |
| 4. | **Date of Receipt** | 12/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | KOPEX  (Diethyl Carbamazepine Citrate & Chlorpheniramine Maleate tablets) |
|  |  | B.NO: BDW41016, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Suraksha Pharma Pvt Ltd, 410, Karondi, Roorkee 247667, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Diethyl carbamazine Citrate and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3859gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diethyl carbamazine Citrate**  **Chlorpheniramine Maleate** | 163.71mg  1.83mg | 150mg  2mg | 135 - 165mg  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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone–III). VIJAYAWADA-08

**REPORT NO: 1643 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/26/DI/EG/RJY/U/2017, Dated: 12/09/2017 |
| 3. | **Number of sample** | 937/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RINOSEC Rx Syrup  (Phenylephrine Hydrochloride & Chlorpheniramine Maleate Syrup) |
|  |  | B.NO: HVAB15, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Akums Drugs & Pharmaceuticals Ltd, 22,  Sector-6A, I.I.E; SIDCUL, Haridwar-249 403, Uttarakhand.  **Mktd by:** VASU ORGANICS PRIVTAE LIMITED, 3-6-516/4,  Part of 5th floor, Vasu’s Pharma House, Street No.6, Himayatnagar, Hyderabad-500 029 |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pink coloured, clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Phenylephrine Hydrochloride and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Phenylephrine-Hydrochloride**  **Chlorpheniramine- Maleate** | 5.29mg  2.10mg | 5mg  2mg | 4.5 – 5.5mg  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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08

**REPORT NO: 1644 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Murali, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170901/T/MK/DI/NLR/2017, Dated: 14/09/2017 |
| 3. | **Number of sample** | 945/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PURPORTED TO BE OXYTOCIN INJECTION |
|  |  | B.NO: NIL, M.D:NIL, E.D: NIL |
|  |  | **Mfd & Mktd by:** NIL |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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** | A clear, colourless liquid. | | | Complies |
| **Identification** | Positive for  Oxytocin as per S.T.P | -- | -- | Complies |

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

Complies for the tests conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 1645 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/34/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 910/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXIN  (Dexamethasone Tablets) |
|  |  | B.NO: T-5950, M.D:03/2015, E.D: 02/2018 |
|  |  | **Mfd by:** M/s. Gopish Pharma Limited, Ropar Road,  Dherowal Barrier, Village Behrampur, Tehsil Nalagarh,  Distt. Solan (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, flat, break line at one side and uniform tablets. | | | Complies |
| **Identification** | Positive for  Dexamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0984gm | -- | -- | -- |
| **Uniformity of content** | Complies as per I.P | -- | -- | Complies |
| **Assay for Dexamethasone** | 0.50mg | 0.5mg | 0.45 – 0.55mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-08

**REPORT NO: 1646 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/SA/NK/DI/Z-III/VJA/17, Dated: 18/09/2017 |
| 3. | **Number of sample** | 947/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mysopaz  (Chlorzoxazone and Paracetamol Tablets.) |
|  |  | B.NO: 7077, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s. MODI-MUNDIPAHARMA PVT.LTD,  Modipuram -250 110, U.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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex, break line on one side and monogram “MT” on another side. | | | Complies |
| **Identification** | Positive for  Chlorozoxazone and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6991gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Chlorozoxazone**  **Paracetamol** | 244.4mg  333.5mg | 250mg  325mg | 225 - 275mg  292.5 – 357.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

**REPORT NO: 1647 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24/DI/AMP/PMKR/EG/2017, Dated: 14/09/2017 |
| 3. | **Number of sample** | 944/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CITROMAX 300 |
|  |  | B.NO: BCX17LD007, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s BIOSTADT India Ltd,  602A, 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** | 01x01x100gms | -- | -- | -- |
| **Description** | Pale brown colour powder. | | | Complies |
| **Identification** | Nil for  Nitrofurantoin, Nitrofurazone, Furazolidone and Nifuroxime 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 1648 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1309-04, Dated: 13/09/2017 |
| 3. | **Number of sample** | 941/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AKSON-SP Tab  (Aceclofenac, Paracetamol and Serratio peptidase tablets) |
|  |  | B.NO: 703GTB, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Samson Laboratories Pvt. Ltd. 455/2,  Behind Wrigley, Vill. Katha,  Baddi, Distt. Soaln, (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** | 01x06x10 | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7900gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 320.38mg  95.47mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1649 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1309-03, Dated: 13/09/2017 |
| 3. | **Number of sample** | 943/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Irose XT  (Ferrous Ascorbate and Folic Acid tablets) |
|  |  | B.NO: TFAF 004, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** J P INDUSTRIES,  1199/2, Bhud, 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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Brown coloured, elongated, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Folic acid and Ferrous Ascorbate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 1.0966gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Ferrous Ascorbate** | 106.77mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1650 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/09/KK/DI/PLK/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 410/H/2017 |
| 4. | **Date of Receipt** | 15/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | METFORMIN TABLETS IP |
|  |  | B.NO: MTNG-1657, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Seeko Biotics, 14-309/A,  Krishna Nagar -522502. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular and flat tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Metformin Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5396gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Metformin Hcl** | 488.22mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-08

**REPORT NO: 1651 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/08/AK/DI/SKL/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 896/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | POLYBION SF Syrup 100ml |
|  |  | B.NO: M15CT17076, M.D:06/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Merck Limited, At: H-39 & 40, M.I.D.C,  Walij, Aurangabad – 431 133. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Yellow coloured syrup. | | | Complies |
| **Identification** | Positive for  Nicotinamide and Riboflavine as per S.T.P | -- | -- | Complies |
| **Assay for Nicotinamide**  **Riboflavine** | 15.60mg  2.28mg | 15mg  2.5mg | 13.5 – 16.5mg  2.25 – 2.75mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

**REPORT NO: 1652 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. sri rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3108-01/DI/NRT/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 897/T/2017 |
| 4. | **Date of Receipt** | 05/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZYCHLOR-250 (Chloramphenicol Capsules I.P) |
|  |  | B.NO: HYRC-002, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s LABORATE PHARMACEUTICALS INDIA LTD,  Unit-2, 31, Rajban Road, Nariwala, Paonta Sahib (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 and grey bicoloured capsule with imprint “LABORATE” on both body and cap. The contents of capsule are white coloured crystalline powder. | | | Complies |
| **Identification** | Positive for  Chloramphenicol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.3280gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Chloramphenicol** | 251.1mg | 250mg | 225 - 325mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1653 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 22/08/AK/DI/SKL/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 895/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFIXIME TABLETS I.P |
|  |  | B.NO: NEB0072, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Nectar Lifesciences Limited, Unit-VI,  Vill.Bhatolikalan, Adjoining Jharmajri, EPIP, P.O.  Barotiwala, The. Nalagarh, Distt. Solan – 173 205, H.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Blue coloured, circular, biconvex tablet with “CEFI” engraved on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5145gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cefixime** | 183.7mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-520 008

**REPORT NO: 1656 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/32/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 908/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEFE SPAS  (Mefenamic Acid and Dicyclomine Hydrochloride) |
|  |  | B.NO: ST-17040, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s SUNLIFE SCIENCES, 130, Kurdi,  Jhabrera Road, Manglour, Roorkee, Distt. Haridwar (U.K) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow, circular, flat tablet with a circular depression in centre & monogram “FIME” on both sides of tablet. | | | Complies |
| **Identification** | Positive for  Mefenamic acid as per clarck and Dicyclomine Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4012gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid**  **Dicyclomine Hcl** | 242.82mg  10.22mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

**REPORT NO: 1657 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/32/DI/KDP/2017, Dated: 10/08/2017 |
| 3. | **Number of sample** | 371/H/2017 |
| 4. | **Date of Receipt** | 16/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Bolus of ENTEROCLEAN PLUS  (Metronidazole, Furazolidone and Loperamide HCL Bolus) |
|  |  | B.NO: DEP1702, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s Doctors Vet-Pharma Pvt Ltd,  Survey No.263/1, 264/1, PR Palem (V), Kovvur(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** | 01x06x04 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex BOLUS with a monogram ‘DOCTORS’ on one side. | | | Complies |
| **Identification** | Positive for  Metronidazole, Furazolidone and Loperamide HCL as per S.T.P | -- | -- | Complies |
| **Average Weight** | 2.9917gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metronidazole**  **Furazolidone** | 1017.77mg  516.45mg | 1000mg  500mg | 900 - 1100mg  450 – 550mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1658 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/37/DI/KDP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 950/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rabinol-20  (Rabeprazole Sodium Tablets I.P 20 mg) |
|  |  | B.NO: 71TRL17002, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Crescent Therapeutics Ltd,  Khasara No.587/588 Vill, Khunjhal, Jharmajri Baddi,  Tehsil Nalagarh, Distt.Solan, H.P-173 205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Pale yellow colour, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1097gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for Rabeprazole** | 19.3mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1659 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/31/DI/MKP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 416/H/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RANITIDINE TABLETS IP 150MG |
|  |  | B.NO: GT16518, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Visa Drugs & pharmaceuticals Pvt. Ltd, Village.  Gullerwala, Near Sai Road, Baddi,  Distt, - Solan, 173205 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Ranitidine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2955gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ranitidine** | 154.76mg | 150mg | 135 – 165mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-08

**REPORT NO: 1660 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 41/AUG/JVL/DI/KNLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 883/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RECTOSOLE-GM CREAM |
|  |  | B.NO: V-J3, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Venus Biosciences Pvt Ltd, 116,  Export promotion industrial park, phase-1,  Jharmajri, baddi, solan dist. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x20gm | -- | -- | -- |
| **Description** | White cream. | | | Complies |
| **Identification** | Positive for  Clobetasol Propionate, Miconazole Nitrate and Neomycin sulphate as per S.T.P | -- | -- | Complies |

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

Complies for the tests conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

**REPORT NO: 1661 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/21/NYR/DI/VZM/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 875/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Omee  (Omeprazole Gastro-resistant Capsules ) |
|  |  | B.NO: 7390160, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Alkem Laboratories ltd,  At village-panga, Hilltop, Via-jharmajri, barotiwala,  Baddi, Solan (H.P)-174103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x10 | -- | -- | -- |
| **Description** | White and pink bicoloured transparent capsule. Contents of capsule are white coloured pellets. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2641gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Omeprazole** | 20.5mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 1662 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 033/DI/ADN/AUGUST/2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 886/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | POLYPOD 200 |
|  |  | B.NO: LMC 607A, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** MACLEODS PHARMACEUTICALS LTD.  Khasra No. 21,22,66,67 & 68, Aho- Yangtam,  Namchepung, PO: Ranipool, Sikkim – 737135.  Off: Atlanta Arcade, Marol Church Road, Andheri (E),  Mumbai – 400059. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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 coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5285gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Cefpodoxime** | 199.4mg | 200mg | 180 - 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 1663 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 170802/DI/GNT(R)/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 868/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACEC PLUS  (Aceclofenac & Paracetamol Tablets) |
|  |  | B.NO: 703273, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** VAIBHAV DRUGS PVT LTD.  6-121/1, Peddamberpeta,  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** | 01x06x10 | -- | -- | -- |
| **Description** | Orange, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per clarck and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7312gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 328.71mg  93.63mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 1664 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/24/DI/EG/KKD/U/2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 963/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MONORIN-150  (Ranitidine Tablets) |
|  |  | B.NO: 172401007, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Alembic Pharmaceuticals Ltd, at Plot No: 225/3,  Near Morarji circle, GIDC Dist: Valsad,  at & Post: Vapi-396195 |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x01x30 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Ranitidine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2603gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ranitidine** | 145.07mg | 150mg | 135 – 165mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1665 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/19/DI/BBL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 959/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DUOFLAM DS  (Paracetamol & Mefenamic acid Suspension) |
|  |  | B.NO: DDG-1708, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Green (ENVIRO) Co, Near Jatoli Mandir,  P.O, Dach ghat, Distt. Solan- 173223 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P and Mefenamic acid as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Mefenamic Acid** | 256.33mg  102.10mg | 250mg  100mg | 225 – 275mg  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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-520 008

**REPORT NO: 1666 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1809-06/DI/PGRL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 956/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABELIFE-DSR  (Enteric coated Rabeprazole Sodium and Domperidone Sustained Release Capsules) |
|  |  | B.NO: C-1703262, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s INDKUS BIOTECH INDIA,  Vill Mauja Rampur Jattan, Moginand,  Kala Amb, Distt. Sirmour (H.P.) – 173 001 |
| 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** | 01x06x10 | -- | -- | -- |
| **Description** | Bicoloured Red cap with transparent body, capsule contains blue and white pellets. | | | Complies |
| **Identification** | Positive for  Rabeprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2814gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rabeprazole**  **Domperidone** | 19.60mg  32.42mg | 20mg  30mg | 18 – 22mg  27 – 33mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-520 008

**REPORT NO: 1667 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1809-01/DI/PGRL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 951/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PAZOM-D  (Pantoprazole & Domperidone Tablets) |
|  |  | B.NO: WB/6016, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s WINGS BIOTECH  43 & 44 HPSIDC, Industrial Area,  Baddi – 173 205, (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** | Blue coloured, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2195gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Pantoprazole**  **Domperidone** | 31.42mg  9.22mg | 30mg  10mg | 27 – 33mg  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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-520 008

**REPORT NO: 1668 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/30/DI/MKP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 415/H/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LOPERAMIDE TABLETS IP 2 MG |
|  |  | B.NO: LOT-004, M.D:04/2017, E.D: 03/2019 |
|  |  | **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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular and biconvex tablets. | | | Complies |
| **Identification** | Positive for  Loperamide Hydrochloride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1530gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for Loperamide Hydrochloride** | 2.14mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-08

**REPORT NO: 1669 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/17/MJL/DI/JRG/WG/AP-2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 968/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NEODOX-FORTE POWDER 50gm  (Neomycin and Doxycycline Soluble powder) |
|  |  | B.NO: NDS2376, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** Provimi Animal Nutrition India Pvt.Ltd, C7/22,  KSSIDC, Industrail Estate, Yelahalanka New Town, Bengaluru – 560 064. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x50gm | -- | -- | -- |
| **Description** | Pale yellow colour powder. | | | Complies |
| **Identification** | Positive for  Neomycin Sulphate and Doxycycline Hydrochloride as per I.P | -- | -- | Complies |
| **Assay for Doxycycline Hydrochloride** | 104.86mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 1670 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1809-02/DI/PGRL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 952/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | COFBIT-LS Syrup  (LEVOSALBUTAMOL SULPHATE, AMBROXOL HYDROCHLORIDE & GUAIPHENESIN SYRUP) |
|  |  | B.NO: LP17026, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s RES SANCTA  Village Beli Deor, P.O. Khera,  Tehsil-Nalagarh, Distt. Solan- 174 101 (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x100ml | -- | -- | -- |
| **Description** | Pale yellow colour, clear uniform solution. | | | Complies |
| **Identification** | Positive for  Levosalbutamol, Ambroxol Hydrochloride and Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Guaiphenesin** | 29.79mg  46.16mg | 30mg  50mg | 27 - 33mg  45 - 55mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-08

**REPORT NO: 1671 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/BSR/DI/MTM/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 962/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOLFIN  (Paracetamol and Caffeine Tablets) |
|  |  | B.NO:PDF-1701, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Concord Drugs Ltd.,  Nalhere Anantapur,  Roorkee – 247 668 (U.K.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Circular, flat, break line at one side and pale yellow colour tablets. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6280gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Caffeine** | 252.20mg  10.59mg | 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: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1674 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 20/AUG/DI/KNL-Urban/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 881/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Acezof-TM Plus Tab |
|  |  | B.NO: BT-1455, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Boffin Biotech Pvt. Ltd. Vill, Behral, Paonta Sahib,  Dist Sirmour (H.P) – 173025. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per 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** | 0.7214gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 323.4mg  103.9mg | 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: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Urban). VIJAYAWADA-520 008

**REPORT NO: 1675 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/26/DI/EG/KKD/U/2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 965/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Deflazo 6  (Deflazacort Tablets 6mg) |
|  |  | B.NO: TLT 17135, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** Tulip Laboratories 71-72, Industrial Area,  Meherpur-174315, Dist: Una(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 tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Deflazacort as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1686gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Deflazacort** | 5.72mg | 6mg | 5.4 – 6.6mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1676 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| **2.** | **Serial Number & date of Inspector’s memorandum** | SA/17/DI/BBL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 957/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Calpol 120mg Suspension |
|  |  | B.NO: KB 262, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** Glaxosmithkline Pharmaceuticals Ltd.  At 34th km, Tumkur Road, Teppada Begur,  Nelamangala, Bangalore Rural -562123. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured, uniform suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Assay for Paracetamol** | 121.10mg | 120mg | 108 – 132mg | Complies |

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

in 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

Bobbili. VIJAYAWADA-520 008

**REPORT NO: 1678 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Murali, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170903/T/MK/DI/NLR/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 987/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-250 Suspension  (Paracetamol Paediatric Oral Suspension) |
|  |  | B.NO: PTS7163, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s. Apex Laboratories Private Limited,  510, Kunnam Village & Post,  (Via) Thenneri, Sriperumbudur Taluk,  Kancheepuram Dist – 631604, Tamil Nadu. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x60ml | -- | -- | -- |
| **Description** | Pink colour suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for Paracetamol** | 258.56mg | 250mg | 225 – 275mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

**REPORT NO: 1679 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/17/MJL/DI/JRG/WG/AP-2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 969/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HYDROFLOX FORTE 100gm  (Ciprofloxacin and Tinidazole Powder) |
|  |  | B.NO: DHF-1610, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** Doctor’s vet – Pharma Pvt. Ltd, Survey No:263/1,  264/1, P.R.Gudem(V), Kovvur(M), SPSR Nellore Dist.,  AP-524137, 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** | 01x100gm | -- | -- | -- |
| **Description** | Off-white powder. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin and Tinidazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ciprofloxacin**  **Tinidazole** | 9.03%w/w  11.67%w/w | 10%w/w  12%w/w | 9 – 1.1%w/w  10.8 – 13.2%w/w | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-08

**REPORT NO: 1680 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 18/DI/CTR/T/2017, Dated: 21/08/2017 |
| 3. | **Number of sample** | 852/T/2017 |
| 4. | **Date of Receipt** | 26/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Finegard O  (Cefixime and Ofloxacin Tablets) |
|  |  | B.NO: FNVB-464, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** Bonn Schtering Bio Sciences, Plot No.64 & 65,  1st floor, Electronic Park, Thirubuvanai,  Mannadipet Commune, Puducherry-605 107. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x5x10 | -- | -- | -- |
| **Description** | Off-white, circular, biconvex, coated, uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6504gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 217.01mg  194.38mg | 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

Chittoor. VIJAYAWADA-08

**REPORT NO: 1681 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24/BSR/DI/MTM/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 961/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | COLDIMAC-DS  (Paracetamol, Phenylephrine HCL, Chlorpheniramine Maleate, Sodium Citrate, Menthol) |
|  |  | B.NO: 1601, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** DM PHARMA  Vill. Bhud, NH-21 A, Baddi,  Distt. Solan (H.P.) 173 205 |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol, Phenylephrine HCL, Chlorpheniramine Maleate and Sodium Citrate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Phenylephrine HCL**  **Chlorpheniramine Maleate** | 244.54mg  5.27mg  2.11mg | 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

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1682 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/S/PK/DI/AKP/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 975/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Parazen – DS Suspension |
|  |  | B.NO: LD6064D, M.D:04/2016, E.D: 03/2018 |
|  |  | **Mfd by:** M/s Navkar Life Sciences,  GMP Certified Company, Plot No. 76,  Lodhi Majra Industrial Area, Baddi, Distt. Solan (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured, uniform suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for Paracetamol** | 229.76mg | 250mg | 225 – 275mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Anakapalli. VIJAYAWADA-08

**REPORT NO: 1683 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/BSR/DI/MTM/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 422/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Bupivacaine Hydrochloride in Dextrose Injection USP |
|  |  | B.NO: IBPVA2609, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** SAMARTH Life sciences Pvt.Ltd., Unit – II,  Plot No.2, Industrial Area, Lodhimajra, Baddi,  Himachal Pradesh- 173205, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 10x1x4ml Ampoules | -- | -- | -- |
| **Description** | Clear, colourless, uniform liquid. | | | Complies |
| **Identification** | Positive for  Bupivacaine Hcl as per S.T.P | -- | -- | Complies |
| **Assay for Bupivacaine Hcl** | 5.22mg | 5mg | 4.65 – 5.35mg | Complies |

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

in 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

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1684 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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 MD, Vijayawada (Zone-II). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/SEPT/JB/DI/Z-II/VJA/17, Dated: 23/09/2017 |
| 3. | **Number of sample** | 421/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NANOPAN  (Px Pantoparazole Tablets I.P) |
|  |  | B.NO: 1246, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Veras Pharmaceuticals Pvt. Ltd.,  Servey No : 56/11 to 14,  Chelavuru – 535005. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Blue coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1806gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for Pantoprazole** | 39.90mg | 40mg | 36 – 44mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /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: 1685 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/BSR/DI/MTM/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 425/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CHLORPHENIRAMINE MALEATE TABLETS IP 150 mg |
|  |  | B.NO: 1608112, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** ADROIT PHARMACEUTICALS PVT. LTD.,  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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x10x10 | -- | -- | -- |
| **Description** | White, circular, biconvex with one side score and monogram on G/G and uniform tablets. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0632gm | -- | -- | Complies |
| **Uniformity of content** | Complies as per S.T.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate** | 4.11mg | 4mg | 3.8 – 4.2mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-08

**REPORT NO: 1686 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/SA/T/DI/DCA/NRPM/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 970/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | (BIODOXI-100)  Doxycycline Hydrochloride Capsules I.P |
|  |  | B.NO: NA2173508, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** Biochem Pharmaceutical Industries Ltd,  Acleruti Star, Unit No. 103, MIDC,  Andheri (E), Mumbai – 400093. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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** | Capsule consists of Pale pink colour, BIODOXI as a monogram, red colour cap & BIOCHEM as a monogram with yellow colour powder. | | | Complies |
| **Identification** | Positive for  Doxycycline as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2424gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Loss on Drying** | Complies as per I.P | -- | NMT 8.5% | Complies |
| **Assay for**  **Doxycycline** | 101.11mg | 100mg | 90 – 120mg | Complies |

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

in 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

Narsipatnam. VIJAYAWADA-08

**REPORT NO: 1687 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Proddatur (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22/TVK/DI/PDTR/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 993/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABRAX DM Tablets  (Rabeprazole and Domperidone Tablets) |
|  |  | B.NO: AT1704133, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s ACCURA CARE PHARMACEUTICALS PVT. LTD.  Vill.Moginannd, Nahan road,  Kala Amb, Sirmour (Dist),  173030, (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** | Brown circular, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2021gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Domperidone** | 9.97mg | 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

Proddatur (FAC). VIJAYAWADA-08

**REPORT NO: 1688 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. MURALI, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170902/T/MK/DI/NLR/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 986/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CLAMP Suspension  (Amoxycillin and Potassium Clavulanate oral suspension I.P) |
|  |  | B.NO: ARCLS7024, M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Ankur Drugs and Pharma Limited,  Vill. Manakpur, PO Lodhimajra,  Nalagarh, Dist. Solan (HP) – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x6.6g/30ml’s of CLAMP Suspension | -- | -- | -- |
| **Description** | Off-white suspension formed after reconstitution with given sterile water. | | | Complies |
| **Identification** | Positive for  Amoxycillin trihydrate and Potassium clavulanate as per I.P | -- | -- | Complies |
| **PH** | 5.4 | -- | 3.8 – 6.6 | Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic acid** | 225.27mg  31.88mg | 200mg  28.5mg | 180 – 240mg  25.65 – 35.625mg | 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

Nellore. VIJAYAWADA-08

**REPORT NO: 1689 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. MURALI, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170802/T/MK/DI/NLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 890/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FORMIN-ER Tablets  (Metformin Hcl Sustained Release Tablets I.P) |
|  |  | B.NO: FM-170201, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Raffles Pharmaceuticals,  Plot.No.33/A, IDA, Gajulamandyam, A.P.-517 520. |
| 6. | **Conditions of seals on 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, elongated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Metformin Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7032gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metformin Hcl** | 467.13mg | 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

Nellore. VIJAYAWADA-08

**REPORT NO: 1690 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/18/DI/BBL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 958/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | A.C. 125  (Acetaminophen Oral Suspension I.P) |
|  |  | B.NO: HC1704, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Hippo Labs Pvt. Ltd, Plot No: 17,  R.G. Nagar, I.D.A, Prashantinagar,  Kukatpally, Hyd – 72. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink colour suspension. | | | Complies |
| **Identification** | Positive for  Acetaminophen as per S.T.P | -- | -- | Complies |
| **Assay for**  **Acetaminophen** | 128.5mg | 125mg | 118.75 – 131.25mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-520 008

**REPORT NO: 1691 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/09/AL/DI/TKL/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 1039/T/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOLODART DS SUSPENSION  (Paracetamol Oral Suspension I.P) |
|  |  | B.NO: 1705002, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s Juggat Pharma  (Pharma Division of Jagdale Industries Pvt. Ltd.,), 47/1, 20th Km., Mysore Road, Bangalore – 560 074. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink colour suspension. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 244.1mg | 250mg | 237.5 – 262.5mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 1692 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/32/DI/OGL/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 428/H/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Syrup IP 125mg/ 5ml |
|  |  | B.NO:PK16072, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** Baader Schulz laboratories Pharma Division,  Plot no:J-6, OIDC, Mahatma Gandhi Udyog Nagar,  Dabhel, Daman – 396210.U.T, INDIA. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x60ml | -- | -- | -- |
| **Description** | Orange coloured solution. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 129.28mg | 125mg | 118.75 – 131.25mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Ongole. VIJAYAWADA-520 008

**REPORT NO: 1693 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/SEPT/JB/DI/Z-II/VJA/17, Dated: 23/09/2017 |
| 3. | **Number of sample** | 418/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Claw-TZ  (Ciprofloxacin Hcl and Tinidazole Tablets) |
|  |  | B.NO:TH7008A, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s Navakar Lifesciences,  Plot No. 76, Industrial Area,  Lodhi majra, Baddi dist. Solan (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow coloured, elongated and biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin and Tinidazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7147gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ciprofloxacin**  **Tinidazole** | 241.01mg  296.71mg | 250mg  300mg | 225 – 275mg  270 – 330mg | 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 (Zone-II). VIJAYAWADA-520 008

**REPORT NO: 1694 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 22/S/PK/DI/AKP/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 974/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cefaxime-O 200DT  (Cefixime Dispersible Tablets) |
|  |  | B.NO:FTB-170702, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Fizark Healthcare  (An ISO 9001:2008 & GMP Certified Co.)  Khasra No:192, 193, 194 & 214  Salempur, Roorkee-247667. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Off white coloured, oval shaped, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7408gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 182.25mg | 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

Anakapalli. VIJAYAWADA-520 008

**REPORT NO: 1695 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/SEPT/JB/DI/Z-II/VJA/17, Dated: 23/09/2017 |
| 3. | **Number of sample** | 419/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEPHALEXIN Capsules I.P 500mg |
|  |  | B.NO: 4901417, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s Karnataka Antibiotics & Pharmaceuticals Ltd.,  (Govt. of India Enterprises)  Plot No. 14, II Phase, Peenya, Bangalure- 560058. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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 colour cap and body. | | | Complies |
| **Identification** | Positive for  Cephalexin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5775gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cephalexin** | 509.01mg | 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

Vijayawada (Zone-II). VIJAYAWADA-520 008

**REPORT NO: 1696 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/BSR/DI/MTM/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 960/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DISNEE TABLETS  (Nimesulide and Caffeine Dispersible Tablets) |
|  |  | B.NO: TD-17133, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Horizon Bioceuticals Pvt. Ltd.,  (A group company of Curewell D.P.P.L)  Plot No: 3A, Ind. Area,  Kala Amb, 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** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, break line on one side flat tablet. | | | Complies |
| **Identification** | Positive for  Nimesulide as per S.T.P and Caffeine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6210gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide**  **Caffeine** | 98.1mg  27.6mg | 100mg  30mg | 90 - 110mg  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

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 1697 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/17/MJL/DI/JRG/WG/AP-2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 967/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | INSTACEF-200  (Cefpodoxime Tablets I.P) |
|  |  | B.NO:CT170520, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** Theon Pharmaceuticals Ltd. Vill. Saini Majra,  Tehsil Nalagarh, Distt. Solan (HP) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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, elongated, flat tablet. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5423gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Cefpodoxime** | 191.9mg | 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

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1698 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/09/AK/DI/SKL/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 980/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FEPANIL  (Paracetamol Tablets I.P) |
|  |  | B.NO: FTV7E014, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s Vital Therapeutics & Formulations Pvt. Ltd.,  Plot No.47B/2, Street No.4, phase-I, IDA,  Cherlapally, Hyderabad – 500 084. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x04x15 | -- | -- | -- |
| **Description** | White, circular, flat tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5777gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Paracetamol** | 517.64mg | 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

Srikakulam. VIJAYAWADA-520 008

**REPORT NO: 1699 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/BSR/DI/MTM/2017, Dated: 22/09/2017 |
| 3. | **Number of sample** | 424/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CETRIZINE TABLETS I.P 10mg |
|  |  | B.NO: APCT-103, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** Radico remedies,  123, Mandhain, 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** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cetirizine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1517gm | -- | -- | Complies |
| **Uniformity of content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Cetirizine** | 9.61mg | 10mg | 9 - 10mg | Complies |

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

in 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

Machilipatnam. VIJAYAWADA-520 008

**REPORT NO: 1700 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. MURALI, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170905/T/MK/DI/NLR/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 989/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MAXTRA SYRUP  (Phenylephrine Hydrochloride and Chlorpheniramine Maleate Syrup) |
|  |  | B.NO: ZLKAH17025, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Zuventus Healthcare Ltd.,  A Joint Venture of Emcure 5119,  Oberoi Garden Estates, D-Wing,  Chandivali, Andheri (E), Mumbai 400 072.  At: Plot No.3, MIDC, Shiroli, Kolhapur 416 122. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x60ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Phenylephrine Hydrochloride and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Phenylephrine Hydrochloride**  **Chlorpheniramine Maleate** | 5.01mg  1.98mg | 5mg  2mg | 4.5 – 5.5mg  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

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-520 008

**REPORT NO: 1701 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/SA/NK/DI/Z-III/VJA/17, Dated: 18/09/2017 |
| 3. | **Number of sample** | 946/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HEPAMERZ  (L-Ornithine-L-Aspartate Tablets.) |
|  |  | B.NO: PE0507, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. G.S. Pharmbutor Pvt Ltd,  Plot No: 58,59,66 & 67, Sector 3, I.I.E.,  Pantanagar, Rudrapur – 263 153,  Distt. Udham Singh Nagar, 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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x5x10 | -- | -- | -- |
| **Description** | Brown coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  L-Ornithine-L-Aspartate as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4061gm | -- | -- | 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

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-08

**REPORT NO: 1702 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1809-05/DI/PGRL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 955/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FLOMET  (Folic Acid Tablets I.P) |
|  |  | B.NO: NFT 1295, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s NOUVEAU MEDICAMENT (P) Ltd.  Plot No 9-13,  Golden Jubilee Bio-Tech Park,  Siruseri – 603 103. |
| 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** | Orange coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Folic acid as per S.T.P | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Folic Acid** | 531.86mcg | 500mcg | 450 – 575mcg | Complies |

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

in 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: 1703 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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 (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/34/DI/GWK/VSP/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 972/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ashycloflam Plus  (Aceclofenac and Paracetamol Tablets) |
|  |  | B.NO: CNK612003, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Celebrity Biopharma Ltd,  Village-Panga, Via-Jharmajri, Hill Top-estate,  Barotiwala, Dist. Solan (H.P) – 174103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Orange, elongated and biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7586gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Aceclofenac**  **Paracetamol** | 95.80mg  325.85mg | 100mg  325mg | 90 – 110mg  292.5 – 357.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka (Sales). VIJAYAWADA-08

**REPORT NO: 1704 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 01-09/TVK/DI/PVL/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 982/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Levcet-5 Tablets  (Levocetirizine Hcl Tablets I.P) |
|  |  | B.NO:FVCT-002, M.D:11/2015, E.D: 10/2018 |
|  |  | **Mfd by:** M/s LABORATE PHARMACEUTICALS INDIA. LTD.  #31, Rajban road,  Nariwala, Paonta Sahib, (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, oral, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine Hcl as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2372gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for levocetirizine** | 4.90mg | 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

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Pulivendula (FAC). VIJAYAWADA-08

**REPORT NO: 1705 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/09/AK/DI/SKL/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 981/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFILAB-200  (Cefixime Tablets I.P 200mg) |
|  |  | B.NO:BC31031, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Ozone Pharmaceuticals Ltd.,  Katha, Baddi – 173 205, Himachal Pradesh. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Circular, biconvex, pale yellow colour Tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3202gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Cefixime** | 187.43mg | 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

Srikakulam. VIJAYAWADA-08

**REPORT NO: 1706 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/26/NYR/DI/VZM/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 991/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Lanol 650  (Paracetamol Tablets I.P 650mg) |
|  |  | B.NO: HE7004, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s HSN Inetrnational,  Plot No.54-55, Sector-6A, Sidcul,  Haridwar, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, uniform, oval shaped, biconvex tablets with break line at one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7455gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 679.45mg | 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

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-08

**REPORT NO: 1707 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/DI/AMP/PMKR/EG/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 866/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MITMOX-CV 625  (Amoxycillin & Potassium Clavulanate with Lactic Acid Bacillus Tab) |
|  |  | B.NO:JUB-17069, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** M/s SUPERMAX LABORATORIES,  Plot No: 40, Pharma City, Salaqui Industrial Area,  Dehradun – 248 001. |
| 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** | 01x09x06 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.1037gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test for**  **Amoxycillin**  **Potassium Clavulanate** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin** | 490.3mg | 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

Amalapuram. VIJAYAWADA-520 008

**REPORT NO: 1708 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27/09/KK/DI/PLK/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 978/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | XYKAA Rapid  (Paracetamol Tablets IP 500mg) |
|  |  | B.NO: X12736, M.D:10/2016, E.D: 09/2019 |
|  |  | **Mfd by:** M/s Troikaa Pharmaceuticals Ltd,  Sara Industrial Estate, Selaqui, Dehradun-248197,  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 coloured, square shaped, flat tablet with monogram “X” on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5432gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 490.4mg | 500mg | 475 – 525gm | Complies |

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

in 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: 1709 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28/09/KK/DI/PLK/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 979/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FLOXIP-500  (Ciprofloxacin Tablets IP) |
|  |  | B.NO: S017260, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Scott-Edil Pharmacia Ltd, 56,  E.P.I.P.Phase-I, Jharmajri-173205, Baddi, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, oval shape, biconvex tablet with monogram “500mg” on one side and another side “floxip”. | | | Complies |
| **Identification** | Positive for  Ciprofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7226gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ciprofloxacin** | 496.1mg | 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

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 1710 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/09/AL/DI/TKL/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 432/H/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SYNFLOX  (Ofloxacin Oral suspension) |
|  |  | B.NO: 616205, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Syndicate Pharma, 188, Sector F,  Sanwer Road, Indore, MP-452015. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin** | 47.69mg | 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

Tekkali. VIJAYAWADA-520 008

**REPORT NO: 1711 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/29/DI/MKP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 414/H/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GLIMEPIRIDE TABLETS IP 1 MG |
|  |  | B.NO: GLM16-005, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** GREENLAND ORGANICS, 6-174-1,  Industrial Area, Surampalli-521212. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Glimepiride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.10345gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per S.T.P | -- | -- | Complies |
| **Assay for**  **Glimepiride** | 1.056mg | 1mg | 0.9 – 1.1mg | Complies |

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

in 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: 1712 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/21/DI/BBL /2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 977/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Phexin(R)  (Cephalexin Suspension 125 mg/5 ml) |
|  |  | B.NO: P182, M.D:08/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Glaxosmithkline Pharmaceuticals Ltd,  At Plot No: B-77, SIDCO Industrial Estate,  Alathur-603110. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pale yellow colour suspension. | | | Complies |
| **Identification** | Positive for  Cephalexin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cephalexin** | 126.98mg | 125mg | 118.75 – 131.25mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-520 008

**REPORT NO: 1713 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Chandra Rao, Kakinda (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/25/DI/EG/KKD/U/2017, Dated: 19/09/2017 |
| 3. | **Number of sample** | 964/T/2017 |
| 4. | **Date of Receipt** | 22/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SETRIDE Tablets  (Cetirizine Dihydrochloride Tablets I.P) |
|  |  | B.NO: WPE1723, M.D:06/2017, E.D: 05/2020 |
|  |  | **Mfd by:** Prochem Pharmaceuticals Pvt. Ltd, 140-141,  Makkanpur, Bhagwanpur, Roorkee, Distt: 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** | 01x06x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Cetirizine as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1829mg | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cetirizine** | 10.19mg | 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

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1714 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/27/NYR/DI/VZM/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 992/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GERMOX-500  (Amoxycillin Capsules I.P) |
|  |  | B.NO: ZQH0004, M.D:06/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s Preet Remedies Pvt. Ltd.,  At: Plot No.86A, EPIP, Phase-II,  Thana, Baddi, Distt. Solan (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow colour capsule with monogram “GERMOX” on cap and 500 on body with white crystalline powder inside. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5882gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Amoxycillin** | 507.28mg | 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

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 1715 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 1809-03/DI/PGRL/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 953/T/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMPREST-D  (Omeprazole & Domperidone Capsules) |
|  |  | B.NO: BPLC-620, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s BENNET PHARMACEUTICALS LTD.  Village Chanal Majra, Nr. Manpura, Baddi,  Tal. Nalagarh, Distt. Solan (H.P) - 173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Transparent red colour cap and colourless body with white colour granules inside. | | | Complies |
| **Identification** | Positive for  Omeprazole and Domperidone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2924gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Omeprazole**  **Domperidone** | 19.89mg  10.77mg | 20mg  10mg | 18 – 22mg  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

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Piduguralla (FAC). VIJAYAWADA-520 008

**REPORT NO: 1716 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/36/DI/KDP/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 918/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AUGUKA 625 |
|  |  | B.NO:DT17DO66-1, M.D:04/2017, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Medicef Pharma,  Plot No.28, Phase-I,  EPIP Jharmajri, Baddi, Distt. Solan(H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x10x06 | -- | -- | -- |
| **Description** | White, elongated, biconvex, plain tablet. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Clavulanic acid as per I.P | -- | -- | Complies |
| **Average Weight** | 1.03756gm | -- | -- | 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** | 473.82mg  120.21mg | 500mg  125mg | 450 - 550mg  112.5 – 137.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

**REPORT NO: 1717 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 29/SEPT/JB/DI/Z-II/VJA/17, Dated: 23/09/2017 |
| 3. | **Number of sample** | 420/H/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Asmol-650  (Paracetamol Tablets IP 650mg) |
|  |  | B.NO: TPT - 170314, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s Talwar Pharma,  Kurbi, Jhabrera road, Manglour,  Roorkee – 247656 (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 I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, oval, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.7348gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 638.33mg | 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

Vijayawada (Zone-II). VIJAYAWADA-520 008

**REPORT NO: 1718 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/20/DI/BBL/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 976/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CALPOL-250mg Suspension. |
|  |  | B.NO: KB218, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Glaxosmithkline Pharmaceuticals Ltd,  At 34th Km, Tumkur Road, Nelamangala,  Bangalore (Rural) – 562123. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pink coloured syrup. | | | Complies |
| **Identification** | Positive for  Paracetamol as per Clarck | -- | -- | Complies |
| **Assay for**  **Paracetamol** | 252.44mg | 250mg | 237.5 – 262.5mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-520 008

**REPORT NO: 1719 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/SA/G/DI/DCA/NRPM/2017, Dated: 13/09/2017 |
| 3. | **Number of sample** | 412/H/2017 |
| 4. | **Date of Receipt** | 19/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZINC SULPHATE DISPERSIBLE TABLETS IP 20 MG |
|  |  | B.NO:ZNT-001, M.D:06/2016, E.D: 05/2018 |
|  |  | **Mfd by:** Radico Remedies,  Barotiwala, Distt. Solan (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White, circular, biconvex, plain tablet. | | | Complies |
| **Identification** | Positive for  Elemental Zinc as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1535gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Elemental Zinc** | 20.12mg | 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

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

**REPORT NO: 1720 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/SA/T/DI/DCA/NRPM/2017, Dated: 20/09/2017 |
| 3. | **Number of sample** | 971/T/2017 |
| 4. | **Date of Receipt** | 23/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PYRIN-C  (Parcetamol, Phenylephrine Hcl & Chlorpheniramine Maleate Tablets) |
|  |  | B.NO: 63TPN011, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** Swiss Garnier Genexiaa Sciences,  Plot No. 54 & 78, Mamring Bhasti,  Rangpo Post, South Sikkim – 737 132. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Yellow colour, circular, flat tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Parcetamol, Phenylephrine Hcl & Chlorphenaramine Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7311gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Chlorphenaramine**  **Phenylephrine** | 498.02mg  4.18mg  9.86mg | 500mg  4mg  10mg | 450 – 550mg  3.6 – 4.4mg  9 – 11mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /10/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008