**REPORT NO: 1587 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21/S/VAP/DI/RJY(Rural)/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 920/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Fenak Plus (Diclofenac Sodium & Paracetamol Tablets) |
|  |  | B.NO: PPR0232, M.D:07/2016, E.D: 06/2019 |
|  |  | **Mfd by:** M/s BAL Pharma Limited,  Plot No 1,2,3 & 69, Sector-4, IIE Sidcul,  Pantnagar, Rudrapur, Dist Udham Singh Nagar,  Uttarakhand – 263153, 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** | 1x5x10 | -- | -- | -- |
| **Description** | White colour, elongated, break line on one side with a monogram F&P. | | | Complies |
| **Identification** | Positive for  Paracetamol and Diclofenac as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6525gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for Paracetamol**  **Diclofenac Sodium** | 331mg  48.6mg | 325mg  50mg | 292.5 – 357.5mg  45 – 55mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Rajahmundry (Rural).

**REPORT NO: 1588 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S.V.N.Padma, Tenali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21/17/DI/TNL/Sample, Dated: 31/08/2017 |
| 3. | **Number of sample** | 877/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALZEN-Q (Phenylephrine Hydrochloride, Caffiene, Paracetamol & Diphenhydramine Hydrochloride) |
|  |  | B.NO: BT-1369, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Boffin Biotech Pvt Ltd., Vill Behral, Paonta Sahib,  Dist Sirmour – 173205, 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** | 1x5x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for  Phenylephrine Hydrochloride, Caffiene and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7202gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for**  **Phenylephrine** **Hydrochloride**  **Paracetamol**  **Caffiene** | 5.31mg  323.68mg  29.14mg | 5mg  325mg  30mg | 4.5 – 5.5mg  292.5 – 357.5mg  27 – 33mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tenali.

**REPORT NO: 1589 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 18/AUG/DI/KNL-Urban/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 879/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cetlief Tablets. |
|  |  | B.NO: AHT-5014, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** Algen Healthcare Limited. (A.G.M.P Cetrified-Company), 134/2, Vill.Khara Khan, Sadhaura Road, Kala- Amb, Dist Sirmour (H.P) - 173030. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for Levocetirizine Dihydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1939gm | -- | -- | -- |
| **Uniformity of Content** | Complies as per I.P | -- | -- | -- |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Levocetirizine** **Dihydrochloride** | 5.39mg | 5mg | 5.25 – 5.75mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kurnool (Urban).

**REPORT NO: 1590 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 035/DI/ADN/AUGUST/2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 888/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | KUFRIL – D SYRUP. |
|  |  | B.NO: HKD 101, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** MED MANOR ORGANICS PVT.LTD., Unit.II,  K.No: 143M/7, Village Raipur, Pargana : Bhagwanpur,  Tehsil : Roorkee, Dist : Haridwar, Uttarakhand-247 661. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x2x100ml | -- | -- | -- |
| **Description** | Pink coloured, clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Dextromethorphan Hydrobromide, Phenylephrine Hydrocholoride, Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan** **Hydrobromide**  **Phenylephrine** **Hcl**  **Chlorpheniramine** **Maleate** | 15.03mg  5.21mg  2.08mg | 15mg  5mg  2mg | 13.5 – 16.5mg  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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Adoni.

**REPORT NO: 1591 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 170801/T/MK/DI/NLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 889/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABSI-DSR Capsules. |
|  |  | B.NO: EN170633C, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Enrico Pharmaceuticals,  (A WHO-GMP & ISO 9001:2008 Certified Unit),  AT: 131-132, EPIP, Phase-1, Jharmajri,  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** | 1x5x10 | -- | -- | -- |
| **Description** | Pink (Cap) and colourless (body) transparent capsule shells having orange, brown and white pellets inside. | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2789gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for**  **Rabeprazole** **sodium**  **Domperidone** | 18.35mg  29.80mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Nellore.

**REPORT NO: 1592 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Prasanthi, Gudur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26/NPS/DI/GDR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 916/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SODIUM CHLORIDE INJECTION I.P |
|  |  | B.NO: 7C90016, M.D:01/2017, E.D: 12/2019 |
|  |  | **Mfd by:** M/s Infutec Health Care Limited,  Shree Ganesh Chambers, A.B. Road,  Navalakha Crossing, Indore – 452 001  At: Village: Panwa, Tehsil: Kasrawad,  Dist: Khargone – 451 228 (M.P) India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x1x500ml | -- | -- | -- |
| **Description** | Clear, colourless, uniform liquid. | | | Complies |
| **Identification** | Positive for  Sodium Chloride as per I.P | -- | -- | Complies |
| **pH** | 5.12 | -- | 4.5 – 7.0 | Complies |
| **Assay for**  **Sodium chloride** | 0.914gm | 0.9gm | 0.85 – 0.95gm | Complies |
| **Sterility** | Test not carried out due to lack of facilities. | | | |

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

in 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gudur.

**REPORT NO: 1593 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23/08/KK/DI/PLK/2017, Dated: 22/08/2017 |
| 3. | **Number of sample** | 388/H/2017 |
| 4. | **Date of Receipt** | 24/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SALBUTAMOL SULPHATE TABLETS I.P 2mg |
|  |  | B.NO: SLT-012, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s RADICO REMEDIES PHARMACEUTICALS LTD-  (A GMP Certified, An ISO 9001-2008) COMPANY 123,  Mandhala, Barotiwala, DIST SOLAN 174103(H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Salbutamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1443gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for Salbutamol** | 1.89mg | 2mg | 1.8 – 2.2mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Palakonda.

**REPORT NO: 1594 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27/SA/DI-DL/KVR/W.G./2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 893/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LIVOCIT-MT, Montelukast Sodium & Levocetrizine Hydrochloride Tablets. |
|  |  | B.NO: LM01B, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** AIMEX PHARMA, Plot No.27, Rajiv Gandhi Nagar, IDA, Kukatpally, Hyderabad-500 072. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x(5x10’s) | -- | -- | -- |
| **Description** | Yellow colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine as per I.P and Montelukast as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2678gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for**  **Montelukast** **sodium**  **Levocetirizine HCL** | 10.26mg  5.14mg | 10mg  5mg | 9 - 11mg  4.5 – 5.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kovvur.

**REPORT NO: 1595 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24/09/AL/DI/TKL/2017, Dated: 05/09/2017 |
| 3. | **Number of sample** | 912/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AMOXIL – 500 Amoxycillin Capsules I.P |
|  |  | B.NO: ZSMAG001, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Skymap pharmaceuticals Pvt. Ltd., B-3,  Dev Bhoomi Industrial Estate, Puhana Iqbalpur Road, 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** | 1x5x10 | -- | -- | -- |
| **Description** | Bicolured (Red & Yellow) capsules with monogram AMOXIL – 500 on cap & body and white colour powder inside. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5989gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for Amoxycillin** | 504.23mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tekkali.

**REPORT NO: 1596 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/09/AL/DI/TKL/2017, Dated: 05/09/2017 |
| 3. | **Number of sample** | 913/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACEMIZ PLUS Aceclofenac & Paracetamol Tablets. |
|  |  | B.NO: LAS7027, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Aarti Drugs Limited, Khasara No.,  509/1-2&520, Village Bhagwanpur (MUS), Roorkee-Dehradun Road, Bhagwanpur-247667, Dist-Haridwar (U.K.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex break line on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per S.T.P and Aceclofenac as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6546gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | -- |
| **Assay for Paracetamol**  **Aceclofenac** | 329.6mg  93.5mg | 325mg  100mg | 292.5 – 357.5mg  90 – 110mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tekkali.

**REPORT NO: 1597 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Prasanthi, Gudur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/NPS/DI/GDR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 914/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TANCET Syrup. |
|  |  | B.NO: BA17072, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Skymap pharmaceuticals Pvt. Ltd.,  (A WHO – GMP CERTIFIED COMPANY) B-3,  Dev Bhoomi Industrial Estate, Puhana Iqbalpur Road,  Roorkee – 247 667. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x2x30ml | -- | -- | -- |
| **Description** | Colour less liquid. | | | Complies |
| **Identification** | Positive for  Cetirizine Hcl as per S.T.P | -- | -- | Complies |
| **Assay for**  **Cetirizine HCL** | 5.16mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gudur.

**REPORT NO: 1598 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Prasanthi, Gudur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/NPS/DI/GDR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 915/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TETMINOL Soap (Medicated) |
|  |  | B.NO: P-29, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s BCL Pharma, Rampur Majri, Dhola Kuan, 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** | 1x1x75gm | -- | -- | -- |
| **Description** | Yellow coloured, rectangular solid cake with monogram Tetminol on convex side. | | | Complies |
| **Identification** | Positive for  Monosulfiram as per S.T.P | -- | -- | Complies |
| **Assay for**  **Monosulfiram** | 5.10%w/w | 5%w/w | 4.5%w/w – 5.5%w/w | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gudur.

**REPORT NO: 1599 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 21/DI/AMP/PMKR/EG/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 864/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ERCOLD-PLUS (Paracetamol, Phenylephrine Hcl, Caffiene & Diphenhydramine Hcl Tablets) |
|  |  | B.NO: CBT-518/16, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s C.B Healthcare, Vill MessaTibba, Tehsil-Nalagarh, Dist Solan, (H.P) 174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex with one side score and uniform tablets. | | | Complies |
| **Identification** | Positive for  Paracetamol, Phenylephrine Hcl and Caffeine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7399gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Phenylephrine Hcl**  **Caffiene** | 517.14mg  5.24mg  31.15mg | 500mg  5mg  30mg | 450 - 550mg  4.5 – 5.5mg  27 – 33mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Amalapuram.

**REPORT NO: 1600 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/SA/DI-DL/KVR/W.G./2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 894/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Nakfen-MR (Aceclofenac, Paracetamol & Chlorozoxazone Tablets) |
|  |  | B.NO: SNMR-1702, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Konis Pharmaceuticals Pvt. Ltd., Jagriti Sadan, Subathu Road, Solan- 173212 (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x(05x10’s) | -- | -- | -- |
| **Description** | Orange, oblong and elongated, biconvex and coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Aceclofenac as per I.P and Positive for Paracetamol and Chlorzoxazone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 1.0202gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Aceclofenac**  **Paracetamol**  **Chlorzoxazone** | 106.32mg  325.26mg  249.41mg | 100mg  325mg  250mg | 90 - 110mg  292.5 – 357.5mg  225 - 275mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kovvur.

**REPORT NO: 1601 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/35/DI/KDP/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 917/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RABICID-DSR Capsule. |
|  |  | B.NO: MC-903, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Mancare Laboratories Pvt.Ltd, Plot no.11,  Pharmacity, Selaqui, Dehradun 248 197(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** | Bicoloured with black colour cap and colourless transparent body and contain white, orange, brown coloured pellets inside. | | | Complies |
| **Identification** | Positive for  Rabeprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2857gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Rabeprazole**  **Domperidone** | 19.29mg  30.3mg | 20mg  30mg | 18 – 22mg  27 – 33mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kadapa.

**REPORT NO: 1602 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/09/AK/DI/SKL/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 924/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pantogit-DSR, Enteric coated Panatoprazole and Domperidone SR Capsules. |
|  |  | B.NO: MCRC-009, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s VILIN Bio MED LTD., Khasra No.85, Madhopur, Roorkee-247667, Haridwar Dist, 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** | Bicolour, indigo colour cap with colourless transparent body with blue and orange colour granules inside. | | | Complies |
| **Identification** | Positive for  Panatoprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2822gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Panatoprazole**  **Domperidone** | 39.56mg  30.0mg | 40mg  30mg | 36 – 44mg  27 – 33mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Srikakulam.

**REPORT NO: 1603 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170802/DI/GNT(U), Dated: 30/08/2017 |
| 3. | **Number of sample** | 871/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MUDIL-LS Syrup. |
|  |  | B.NO: ONL-7018, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** Onex life Sciences Pvt Ltd, Plot no.5, ground, 1st floor, 2nd floor, ekambarar, naicker indl.estate, alapakkam, Chennai-600116. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x1x100ml | -- | -- | -- |
| **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** | 32.08mg  52.08mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Guntur (Urban).

**REPORT NO: 1604 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 42/AUG/JVL/DI/KNLR/2017 Dated: 31/08/2017 |
| 3. | **Number of sample** | 884/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Expotus-BR Syrup. |
|  |  | B.NO:A-7332, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Aspen Life Sciences, Plot no.29, Verka-valla bypass, Amritsar-143501. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1X100ml | -- | -- | -- |
| **Description** | Pale orange colour syrup. | | | Complies |
| **Identification** | Positive for  Bromohexine and Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Guaiphenesin**  **Bromohexine HCL** | 52.91mg  1.88mg | 50mg  2mg | 45 - 55mg  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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kurnool (Rural).

**REPORT NO: 1605 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 034/DI/ADN/AUGUST/2017 Dated: 30/08/2017 |
| 3. | **Number of sample** | 887/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ASTHAKIND Syrup. |
|  |  | B.NO:A2ALP470, M.D:10/2016, E.D: 03/2018 |
|  |  | **Mfd by:** SIRMOUR REMEDIES (P) LIMITED,  Village Kayarda, P.O. Missarwala, Paonta sahib,  Dist sirmour (HP) – 173025. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x2x100ml | -- | -- | -- |
| **Description** | Pale orange coloured syrup. | | | Complies |
| **Identification** | Positive for  Bromohexine Hcl and Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Guaiphenesin**  **Bromohexine HCL** | 51.87mg  1.90mg | 50mg  2mg | 45 - 55mg  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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Adoni.

**REPORT NO: 1606 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 170803/DI/GNT(R)/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 869/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | LEVOSETRIDE\*5  (Levocetirizine Dihydrochloride Tablets IP 5mg) |
|  |  | B.NO: WGS1630, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** G.S.Pharmaceuticals (P) Ltd. 1.5 Km., MANGALOUR-Salharanpur road, Mangalour – 247 656,  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** | 01x06x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine Dihydrochloride as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1515gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Levocetirizine** | 5.1mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Guntur (Rural).

**REPORT NO: 1607 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 40/AUG/JVL/DI/KNLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 882/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | SECTOCEF-LB |
|  |  | B.NO: T-0283, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** Saphnix Life Sciences  (An ISO 9001:2008 & GMP certified- company) vill.Braotiwala, Paonta Sahib-173025 (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Off white coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3180gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 183.1mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kurnool (Rural).

**FORM 34**

**(See Rules 131 and 150)**

**REPORT NO: 1608/APDCL/2017 /APDCL/2017**

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani,  Drugs Inspector, Vijayawada (Zone-III) |
| 2. | **Serial Number & Date of Inspector’s memorandum** | 23/SA/NK/DI/Z-III/VJA/17,  Dated: 31/08/2017 |
| 3. | **Number of sample** | 863/T/2017 |
| 4. | **Date of Receipt** | 31/08/2017 |
| 5. | **Name of the Cosmetic purporting to be contained in the sample** | HiORA-K |
|  |  | **B.NO:** 59601191, **M.D:** 12/2016, **E.D**: 2 Years from the date of manufacture.  Mfd by: The Himalaya Drug Company,At (59), Survey no: 546, AA1 & AA2, Nandigam village, Kothur mandal, Mahaboobnagar District, Telangana State 509223. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per IS 6356: 1993 |

|  |  |  |  |
| --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** |
| **Quantity Received** | 1x50gms | -- | -- |
| **Description** | Brown colour cream | -- | -- |
| **Homogenisity/**  **Stability/Consistensy** | Complies | -- | -- |
| **Hard and Sharp edged particles** | Absent | -- | -- |
| **Fineness** | 0.087% | -- | NMT 0.5% |
| **PH** | 7.3 | -- | 5.5 – 10.5 |
| **Foaming power** | 164ml | -- | NLT 50ml |

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

as defined in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below:

“Complies for the tests conducted above as per Indian Standards for Specifications for Skin Powder in

IS 6356: 1993”.

**Date: /09/2017**

P. VENKATESWARLU, M.sc.,

To: **Government Analyst**

The Drugs Inspector, Drugs Control Laboratory

Vijayawada (Zone-III). Vijayawada-08.

**REPORT NO: 1609 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/29/DI/GWK/VSP/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 906/T/2017 |
| 4. | **Date of Receipt** | 07/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TIVPODOX-200  (CEFPODOXIME DISPERSIBLE TABLETS I.P-200mg) |
|  |  | B.NO: OTB-16162, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s ORCHID BIOTECH LTD,  Plot No-65 Peerpura Rd, Dehli highway, Roorkee-247667,  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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4520gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime** | 198.65mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gajuwaka.

**REPORT NO: 1610 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/33/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 909/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CETIN (Cetirizine Hydrochloride Tablets I.P) |
|  |  | B.NO: SHT6007, M.D:01/2016, E.D: 12/2018 |
|  |  | **Mfd by:** M/s. Syncom Healthcare Ltd, D-24, UPSIDC Industrial Area, Selaqui, (Dehradun), 248197, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Cetirizine as per I.P | -- | -- | Complies |
| **Average weight** | 0.1377g | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Cetirizine** | 9.63mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tuni.

**REPORT NO: 1611 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/35/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 911/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Caniflam Tablets |
|  |  | B.NO: IGTB-16-3686, M.D:11/2016, E.D: 10/2019 |
|  |  | **Mfd by:** M/s. I.G. Pharma Ltd, 12.4Km, Meerut road,  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** | 01x04x15 | -- | -- | -- |
| **Description** | White, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Ibuprofen as per I.P | -- | -- | Complies |
| **Average Weight** | 0.9588mg | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Ibuprofen** | 337.83mg  195.73mg | 325mg  200mg | 292.5 – 357.5mg  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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tuni.

**REPORT NO: 1612 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/23/NYR/DI/VZM/ 2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 408/H/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metformin Tablets I.P (Metopride) |
|  |  | B.NO: MTT-004, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s Iosis Remedies, Rajpura Road, Village Khera-Nihla, Tehsil Nalagarh, District Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Metformin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6236mg | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Metformin** | 492.8mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Vizianagaram.

**REPORT NO: 1613 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S.V.N.Padma, Tenali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20/17/DI/TNL/Sample, Dated: 31/08/2017 |
| 3. | **Number of sample** | 876/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CILISTEMINE tablets (Betamethasone sodium phosphate tablets IP) |
|  |  | B.NO: T-7626, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** Gopish Pharma Ltd, Ropar Road, Near Dherowal-Barrier, Village Behrampur, Tehsil Nalagarh, Dist. 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** | 01x05x10 | -- | -- | -- |
| **Description** | Pink coloured, circular, flat, score on one side, uniform tablets. | | | Complies |
| **Identification** | Positive for  Betamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1100gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Betamethasone** | 0.523mg | 0.5mg | 0.450 – 0.550mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tenali.

**REPORT NO: 1614 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S.V.N.Padma, Tenali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22/17/DI/TNL/Sample, Dated: 31/08/2017 |
| 3. | **Number of sample** | 878/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Microcap-500 (Amoxycillin trihydrate Capsules IP) |
|  |  | B.NO: MJSAH04, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** Malik Lifesciences Pvt Ltd, Plot No-16,  Vardhaman Industrial Estate, Vill-Bahadapur Saini, NH-58,  Haridwar-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** | Red colour cap and body, ‘MICROCAP’ as monogram on cap and ‘MICRO’ as monogram on body, off-white powder inside the capsule. | | | Complies |
| **Identification** | Positive for  Amoxycillin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5907gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Amoxycillin** | 502.65mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tenali.

**REPORT NO: 1615 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 25/SA/NK/DI/Z-III/VJA/17, Dated: 11/09/2017 |
| 3. | **Number of sample** | 926/T/2017 |
| 4. | **Date of Receipt** | 12/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEDIZOX (Dicolfenac Potassium, Paracetamol and Chlorazoxazone tablets) |
|  |  | B.NO: MDZX-1702, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** Konis Pharmaceuticals Pvt Ltd, Jagriti sadan, Subathu road, Solan 173212 (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Elongated, biconvex, break line at one side, white colour uniform tablets. | | | Complies |
| **Identification** | Positive for  Diclofenac potassium, Paracetamol and Chlorazoxazone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 1.0483gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Chlorazoxazone**  **Diclofenac** **potassium** | 310.58mg  250.09mg  47.92mg | 325mg  250mg  50mg | 292.5 – 357.5mg  225 – 275mg  45 – 55mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Vijayawada (Zone-III).

**REPORT NO: 1616 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/09/AK/DI/SKL/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 925/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MIFIX-PLUS (Cefixime Trihydrate, Ofloxacin & Lactic Acid Bacillus Spores Tablets) |
|  |  | B.NO: MCRT-048, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s VILIN Bio MED LTD, Khasra No.85, Madhopur, Roorkee-247667, Haridwar Dist, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6626gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Cefixime** | 190.95mg  203.37mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Srikakulam.

**REPORT NO: 1617 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/24/NYR/DI/VZM/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 409/H/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metronidazole Tablets I.P 200mg |
|  |  | B.NO: 4600117, M.D:02/2017, E.D: 01/2020 |
|  |  | **Mfd by:** M/s Karnataka Antibiotics & Pharmaceuticals-  Limited (A Govt. Of India Enterprise), Plot No.14,  II Phase, Peenya, Bangalore-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** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Metronidazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2638gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for Metronidazole** | 203mg | 200mg | 190 – 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Vizianagaram.

**REPORT NO: 1618 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 22/DI/AMP/PMKR/EG/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 865/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FESTOSE (Cynaocobalamine, folic acid & Iron capsules) |
|  |  | B.NO: FES7031, M.D:03/2017, E.D: 08/2018 |
|  |  | **Mfd by:** M/s SPINKA PHARMA, 6-18/4, Peddamberpet,  Hyderabad – 501 505. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Colorless transparent (body) and red coloured (cap) capsule shells having white, yellow, dark green and red coloured pellets inside. | | | Complies |
| **Identification** | Positive for  Elemental Iron as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4172gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Elemental Iron** | 44.11mg | 45mg | 40.5 – 49.5mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Amalapuram.

**REPORT NO: 1619 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 3654712908, Dated: 06/09/2017 |
| 3. | **Number of sample** | 932/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANLEE – DSR (Pantoprazole (EC) and Domperidone(SR) -Capsules) |
|  |  | B.NO: RLCPDC1, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** D.NO.44-1-18/1A, Karil marx road,  Gunadala – 520 005. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x04x10 | -- | -- | -- |
| **Description** | The capsule with pink coloured cap and transparent body, The contents of capsule containing blue, orange and white coloured pellets. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3561gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Pantoprazole**  **Domperidone** | 41.05mg  29.19mg | 40mg  30mg | 36 - 44mg  27 – 33mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tirupati (Urban).

**REPORT NO: 1620 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/33/DI/GWK/VSP/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 936/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PANTOMAS-D (Pantoprazole & Domperidone Tablets). |
|  |  | B.NO: CT7465-B, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Cosmas Pharmaceuticals Ltd,  Buranwala Road, Village kotla  P.O. Barotiwala, 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 coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2328gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Pantoprazole**  **Domperidone** | 40.68mg  9.61mg | 40mg  10mg | 36 - 44mg  9 – 11mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gajuwaka.

**REPORT NO: 1621 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/30/H/DI/TUNI/EG/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 400/H/2017 |
| 4. | **Date of Receipt** | 31/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cefixime Tablets I.P 200mg |
|  |  | B.NO: YCX62063, M.D:05/2016, E.D: 04/2018 |
|  |  | **Mfd by:** M/s. Yoluri Formulations Pvt Ltd, Sy.No. 296/7/6,  I.D.A. Bollaram, Medak Dist-502325, Telangana, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Off-white, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3305gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Cefixime** | 191.64mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Tuni.

**REPORT NO: 1622 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/29/DI/KDP/2017, Dated: 26/07/2017 |
| 3. | **Number of sample** | 748/T/2017 |
| 4. | **Date of Receipt** | 29/07/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GPZ-40 Tablets. |
|  |  | B.NO: GBU50517, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s Suraksha Pharma Pvt Ltd, Khasara No.410,  Karnodi Village, Roorkee – 247 667, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Pantaprazole as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2032gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for Pantaprazole** | 38.5mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kadapa.

**REPORT NO: 1623 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Anvesh Reddy, Gudivada. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 02/07/DI/GDV/AR/2017, Dated: 02/08/2017 |
| 3. | **Number of sample** | 362/H/2017 |
| 4. | **Date of Receipt** | 02/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pantoprazole Tablets. |
|  |  | B.NO: SPZT.0317071, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Stride Organics Private Limited,  Sy. No. 265/P, Kondapur (Vill), Ghatkesar, R.R. District. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03x20 | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Pantoprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1339gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for Pantoprazole** | 37.0mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gudivada.

**REPORT NO: 1624 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Hari Hara Teja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1/9/TRADE/DHHT/DI/NDYL/2017, Dated: 08/09/2017 |
| 3. | **Number of sample** | 921/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | METAFORT-500 Tablets. |
|  |  | B.NO: GMEA16014, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** Cris Life Sciences Pvt. Ltd., Amingaon,  North Guwahati, Dist: Kamrup – 781031 (Anam). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x04x15 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for  Metformin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6758gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Metformin** | 503.7mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Nandyal.

**REPORT NO: 1625 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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. Kalayani, Palakonda. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/09/KK/DI/PLK/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 919/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NOTUS PLUS  (Terbutaline Sulphate, Ambroxol HCL and Guaiphenesin Syrup) |
|  |  | B.NO: NTP1609, M.D:10/2016, E.D: 09/2019 |
|  |  | **Mfd by:** M/s STERIN Formulations Pvt. Limited, 5-35/206, Prashanthi nagar, I.E., Kukatpally, Hyderabad-500072. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Orange coloured liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol HCL, Guaiphenesin and Terbutaline as per S.T.P | -- | -- | Complies |
| **Assay for**  **Terbutaline**  **Ambroxol** **HCL**  **Guaiphenesin** | 1.32mg  15.76mg  51.75mg | 1.25mg  15mg  50mg | 1.125 – 1.375mg  13.5 – 16.5mg  45 – 55mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Palakonda.

**REPORT NO: 1626 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/25/T/Eluru/DI/ELR/WG/2017, Dated: 26/08/2017 |
| 3. | **Number of sample** | 855/T/2017 |
| 4. | **Date of Receipt** | 29/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Rosuvastatin Tablets I.P |
|  |  | B.NO: LG02/186/01, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Logos Pharma, Village maissa Tibba, Tehsil-Nalagarh, District Solan (H.P) – 174 101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Pale red coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Rosuvastatin as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.1459g | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Rosuvastatin** | 10.68mg | 10mg | 9 – 11mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Eluru.

**REPORT NO: 1627 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Lakshmi Prasanna, Vijayawada (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 17/CLP/DI/VIJ-MFG/2017, Dated: 14/09/2017 |
| 3. | **Number of sample** | 938/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Diclofenac Sodium Tablets IP. |
|  |  | B.NO: ADFS17-069, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s. Greenland Organics -,  situated at: Door No: 6-174-1, V.N.Road, Industrial Area,  Surampally, Krishna District. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Diclofenac sodium as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.1002gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diclofenac sodium** | 46.9mg | 50mg | 45 – 55mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Vijayawada (Mfg).

**REPORT NO: 1628 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 26/09/KK/DI/PLK/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 411/H/2017 |
| 4. | **Date of Receipt** | 15/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | IRON AND FOLIC ACID TABLETS I.P. |
|  |  | B.NO: IHTU-232, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s NESTOR Pharmaceuticals Ltd,11,  Western Extension Area, Faridabad-121001, 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** | Blue, circular, coated, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ferrous salts and Sulphates as per I.P. | -- | -- | Complies |
| **Average weight** | 0.3982gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Elemental Iron** | 102.90mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Palakonda.

**REPORT NO: 1629 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 929/T/2017 |
| 4. | **Date of Receipt** | 13/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Agroflox-M Suspension (Ofloxacin & Metronidazole Benzoate Suspension) |
|  |  | B.NO: IFS-29, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** AGRON REMEDIES PVT.LTD, Sarverkhera,  Moradabad Road, Kashipur – 244713 (UTTARAKHAND) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03X30ml | -- | -- | -- |
| **Description** | Yellow coloured, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Metronidazole as per S.T.P. | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Metronidazole** | 49.01mg  95.49mg | 50mg  100mg | 45 – 55mg  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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Kakinada (Rural).

**REPORT NO: 1630 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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/31/DI/GWK/VSP/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 934/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TIGIDOX-100DT  (CEFPODOXIME DISPERSIBLE TABLETS) |
|  |  | B.NO: T160107A, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Cosmas Research lab Ltd.  Village Gaunspura, P.O. Noorpur Bet  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 S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Off-white, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.3198gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime** | 100.76mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gajuwaka.

**REPORT NO: 1631 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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. Muarli, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170803/T/MK/DI/NLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 891/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | IROSTRA – XT Syrup |
|  |  | B.NO: GP-884, M.D:09/2016, E.D: 02/2018 |
|  |  | **Mfd by:** M/s Gayatri Pharmachem,  470/3, Bhagya Laxmi Ind, Estate,  At. Rakanpur, Ta. Kalol, Dist. Gandhinagar. |
| 6. | **Conditions of seals on 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** | 01x01x150ml | -- | -- | -- |
| **Description** | Black coloured, thick syrup. | | | Complies |
| **Identification** | Positive for  Ferrous Ascorbate (Iron) as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ferrous Ascorbate (Iron**) | 29.6mg | 30mg | 27 – 33mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Nellore.

**REPORT NO: 1632 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24/SA/T/DI/DCA/NRPM/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 930/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLAC-OZ  (Ofloxacin and Ornidazole Tablets) |
|  |  | B.NO: ADL17008, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** AD Life Sciences, 5-67/1, Peda Amberpet,  R.R Dist, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Pale orange colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Ofloxacin and Ornidazole as per S.T.P | -- | -- | Complies |
| **Average weight** | 1.0250gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Ofloxacin**  **Ornidazole** | 201.76mg  488.57mg | 200mg  500mg | 180 – 220mg  450 – 550mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Narsipatnam.

**REPORT NO: 1633 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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. |
|  | **Serial Number & date of Inspector’s memorandum** | 1309-01, Dated: 13/09/2017 |
| 3. | **Number of sample** | 940/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEGA FLEXON  (Tramadol Hydrochloride and Acetaminophen Tablets) |
|  |  | B.NO: B1073E037, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** Aristo Pharmaceuticals Pvt Ltd  Village Makhnumajra, PO Bhud  Baddi Dist 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** | Pale yellow colour tablet, oval shape, biconvex, break line on one side. | | | Complies |
| **Identification** | Positive for  Tramadol Hydrochloride as per I.P and Acetaminophen as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.6129gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Acetaminophen**  **Tramadol** **Hydrochloride** | 332.9mg  36.3mg | 325mg  37.5mg | 292.5 – 357.5mg  33.75 – 41.25mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Narasaraopet.

**REPORT NO: 1634 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/32/DI/GWK/VSP/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 935/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFILEX-O  (Cefixime and Ofloxacin Tablets) |
|  |  | B.NO: T170107A, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** M/s Cosmas Pharmacls Ltd  Village Gaunspura, P.O. Noorpur Bet  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** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, oval shaped, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per I.P | -- | -- | Complies |
| **Average weight** | 0.5553gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 207.31mg  203.36mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Gajuwaka.

**REPORT NO: 1635 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Lakshmi Prasanna, Vijayawada (Mfg). |
|  | **Serial Number & date of Inspector’s memorandum** | 18/CLP/DI/VIJ-MFG/2017, Dated: 14/09/2017 |
| 3. | **Number of sample** | 939/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Phenytoin Sodium Tablets I.P |
|  |  | B.NO: APS17-008, M.D:05/2017, E.D: 04/2019 |
|  |  | **Mfd by:** M/s. Greenland Organics - ,  situated at: Door No: 6-174-1, V.N. Road, Industrial Area,  Surampally, Krishna District. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Orange colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Phenytoin Sodium as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.1604gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Phenytoin Sodium** | 101.23mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector,

Vijayawada (Mfg).

**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, Kadapa. |
|  | **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

Kadapa. 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. |
|  | **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. |
|  | **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: Govt. 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). |
|  | **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 weight** | 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: Govt. 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. |
|  | **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, Kadapa. |
|  | **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

Kadapa. 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) |
|  | **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). |
|  | **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 cloured, 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. |
|  | **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 |
| **Report** | Maximum peak observed at 273 nm on spectrophotometer, methanol as diluent. | | | |

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. |
|  | **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) |
|  |  | 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). |
|  | **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: Govt. 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. |
|  | **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, Mharashtra, 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: **Govt. 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. |
|  | **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:** 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 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. |
|  | **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:** JP 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. |
|  | **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 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. |
|  | **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. |
|  | **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. |
|  | **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 Life Sciences 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 | 250mg | 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. |
|  | **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. |
|  | **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, PR Palem (V), Kovur(M),  SPSR Nellore Dist- 524137, A.P, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 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. |
|  | **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** | 0.1083gm | -- | -- | -- |
| **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. |
|  | **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). |
|  | **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 industraial 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. |
|  | **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. |
|  | **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). |
|  | **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