**REPORT NO: 1914 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dr.D.Hari Hara Theja, Nandyal. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 01/10/TRADE/DHHT/DI/NDYL/2017, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1159/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Theoxime - CLV  (Cefixime and Potassium Clavunate.) |
|  |  | B.NO: TGH160099, M.D:12/2016, E.D: 05/2018 |
|  |  | **Mfd by:** M/s. Theon Pharamaceuticals Ltd.,  Vill. Saini Majra, Tehsil Nalagarh,  Distt. Solan (H.P.) 174 101.  **Mktd by:** Theogen Pvt. Ltd.,  (A division of Theon Pharmaceuticlas Ltd.)  Plot No: 400, Industrial Area, Phase-1,  Panchkula – 134113, Haryana. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x08x06 | -- | -- | -- |
| **Description** | White, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P and Clavulanic Acid as per I.P | -- | -- | Complies |
| **Average Weight** | 0.9479gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Clavulanic Acid** | 197.15mg  115.41mg | 200mg  125mg | 180 – 220mg  112.5 – 137.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nandyal. VIJAYAWADA-520 008

**REPORT NO: 1917 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch.Lakshmi Prasanna, Vijayawada (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20/CLP/DI/VIJ-MFG/2017, Dated: 27/09/2017 |
| 3. | **Number of sample** | 1072/T/2017 |
| 4. | **Date of Receipt** | 27/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Iodine Tincture IP |
|  |  | B.NO: 3936, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** M/s. The Swasthik Pharmaceuticals,  44-1-18/2, Gunadala, Vijayawada,  Krishna District. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml Bottle | -- | -- | -- |
| **Description** | Dark brown coloured, clear solution. | | | Complies |
| **Identification** | Positive for  Iodine and Potassium Iodine as per I.P | -- | -- | Complies |
| **Assay for**  **Iodine**  **KI** | 2.2% w/v  2.44% w/v | 2.0% w/v  2.5% w/v | 1.8% - 2.2% w/v  2.25% - 2.75% w/v | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada. VIJAYAWADA-520 008

**REPORT NO: 1918 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S.V.N.Padma, Tenali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28/17/DI/TNL/Sample, Dated: 16/10/2017 |
| 3. | **Number of sample** | 448/H/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chlorpheniramine Maleate Tablets IP |
|  |  | B.NO: 1608015, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s. Adroit Pharmaceuticals Pvt. Ltd.,  46, Garoba Maidan Nagpur – 440008. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablet with a monogram as “G” on one side with break line. | | | Complies |
| **Identification** | Positive for  Chlorpheniramine Maleate as per I.P | -- | -- | Complies |
| **Average Weight** | 0.0613gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine Maleate** | 4.16mg | 4mg | 3.8 – 4.2mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tenali. VIJAYAWADA-520 008

**REPORT NO: 1919 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/S/VAP/DI/RJY(Rural)/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1142/T/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | PHEMOL 500  (Paracetamol Tablets IP 500mg) |
|  |  | B.NO: GPPH021, M.D:11/2016, E.D: 10/2019 |
|  |  | **Mfd by:** M/s. Greenpark Biosciences,  Ward-F, Block-3, T.S No & R.S No 76/3PT,  C.S No 118PT, Adavipolam, Hamlet of Yanam,  U.T of Puducherry – 533464. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular, flat tablets with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5798gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Paracetamol** | 482.57mg | 500mg | 475 – 525mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-520 008

**REPORT NO: 1920 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1710-02/DI/NRT/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1151/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | P-CILLIN-500  (Ampicillin Capsules IP 500mg) |
|  |  | B.NO: TCQ0324, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** M/s Pro-pharma Care Pvt. Ltd.,  Khasara No.:68, 69, 71, Village: Sikandarpur,  Bhaiswal, Near Bhagwanpur, Roorkee,  Distt. Haridwar, Uttarakhand – 247 661. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Red coloured capsule with a white coloured powder. | | | Complies |
| **Identification** | Positive for  Ampicillin as per I.P | -- | -- | Complies |
| **Average net Content** | 0.5744gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Ampicillin** | 486.42mg | 500mg | 462.5 – 537.5mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

**REPORT NO: 1921 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171002/DI/GNT(U), Dated: 21/10/2017 |
| 3. | **Number of sample** | 1169/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Telekast-L Kid Tablets  (Montelukast Sodium & Levocetrizine Dihydrochloride Tablets) |
|  |  | B.NO: 14TTK003, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s Swiss Garnier Biotech 21,  Indl. Area, Mehatpur, Dist. UNA,  Himachal Pradesh – 174 315, INDIA. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Montelukast and Levocetirizine as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1722gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Montelukast**  **Levocetirizine** | 3.93mg  2.54mg | 4mg  2.5mg | 3.6 – 4.4mg  2.25 – 2.75mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (urban). VIJAYAWADA-520 008

**REPORT NO: 1922 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171004/DI/GNT(U), Dated: 21/10/2017 |
| 3. | **Number of sample** | 1171/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | L-Cin 750 Tablets  (Levofloxacin tablet I.P) |
|  |  | B.NO: LD61219, M.D:12/2016, E.D: 11/2019 |
|  |  | **Mfd by:** M/s Hetero Labs Ltd (UNIT-II),  Kalyanpur (Village), Chakkan road, Baddi(Tehsil),  Solan (Dist), HP-173205, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Levofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0958gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Levofloxacin** | 732.6mg | 750mg | 675 – 825mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (urban). VIJAYAWADA-520 008

**REPORT NO: 1923 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Anvesh Reddy, Gudivada. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 01/10/DI/GDV/AR/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1129/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RESISTIN  (Bio Processed Antibiotic Feed Supplement) |
|  |  | B.NO: RTN 3, M.D:01/2014, E.D: Non Expiry |
|  |  | **Mfd by:** M/sGavage Organics, Regd. Off. 10-20/1,  Goutham Nagar, Dilsukhnagar, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01 kg | -- | -- | -- |
| **Description** | Pale brown colour powder. | | | Complies |
| **Identification** | **Negative** for  Enrofloxacin, Chloramphenicol, Furazolidone and Sulfamethoxazole as per I.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gudivada. VIJAYAWADA-520 008

**REPORT NO: 1924 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25/S/VAP/DI/RJY(Rural)/2017 Dated: 13/10/2017 |
| 3. | **Number of sample** | 1143/T/2017 |
| 4. | **Date of Receipt** | 18/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | STANDIL Tablets  (Loperamide Hydrochloride Tablets) |
|  |  | B.NO: GPPH026, M.D:11/2016, E.D: 10/2019 |
|  |  | **Mfd by:** M/s Greenpark Biosciences,  Ward – F, Block-3, T.S No & R.S No 76/3PT,  C.S No 118PT, Adavipolam, Hamlet of Yanam,  U.T of Puducherry- 533464. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Loperamide Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1385gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Loperamide Hcl** | 1.89mg | 2mg | 1.8 – 2.2mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajahmundry (Rural). VIJAYAWADA-520 008

**REPORT NO: 1925 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Vinodh Jaganti, Jaggaiahpet Zone. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/Sample/JV/DI/JPT/KR/2017, Dated: 31/10/2017 |
| 3. | **Number of sample** | 1206/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Extr. Cepae, Heparin Sodium & Allantoin Gel Contractubex |
|  |  | B.NO: 691175, M.D:07/2016, E.D: 06/2019 |
|  |  | **Mfd by:** M/s Merz Pharma GmbH & Co. KGaA,  Ludwigstrasse 22, 64354 Reinheim, Germany.  **Imported & Marketed by:** M/s Win-Medicare Pvt Ltd,  A-81, Okhla Indl. Area, Ph-II, New Delhi – 110020, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x20gm | -- | -- | -- |
| **Description** | White colour gel. | | | Complies |
| **Identification** | Positive for  Heparin Sodium and Allantoin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Allantoin** | 0.0108gm | 0.01gm | 0.09 – 0.011gm | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jaggaiahpet Zone VIJAYAWADA-08

**REPORT NO: 1926 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Mallikarjuna Rao, Amalapuram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/DI/AMP/PMKR/EG/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1203/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Delcar Forte  (Diethyl Carbamazine Citrate & Chloramphenicol Maleate Tablets) |
|  |  | B.NO: AST662, M.D:08/2017, E.D: 07/2019 |
|  |  | **Mfd by:** M/s AASSK Pharmaceuticals Pvt. Ltd,  Plot No.9, Dr. Ambedkar Street,  Kozhumanivakkam, Mangadu, Chennai-602101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets with break line at one side. | | | Complies |
| **Identification** | Positive for  Diethyl Carbamazine Citrate and Chloramphenicol Maleate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5568gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diethyl Carbamazine Citrate**  **Chloramphenicol Maleate** | 249.76mg  4.24mg | 250mg  4mg | 225 – 275mg  3.6 – 4.4mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-08

**REPORT NO: 1927 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/24/DI/BBL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 1193/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Malidens DS  (Acetaminophen Pediatric Oral Suspension) |
|  |  | B.NO: MPC0036, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** M/s The Madras Pharmaceuticals 137-B,  Old Mahabalipuram Road, Karappakam,  Chennai – 600096. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x60ml | -- | -- | -- |
| **Description** | Pale yellow colour suspension. | | | Complies |
| **Identification** | Positive for  Acetaminophen as per S.T.P | -- | -- | Complies |
| **Assay for**  **Acetaminophen** | 249.22mg | 250mg | 237.5 – 262.5mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-08

**REPORT NO: 1928 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/32/H/Eluru/DI/ELR/WG/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 450/H/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Piperazine Hydrate 61% w/v  (VETERINARY) |
|  |  | B.NO:VFD-1917, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Padmaja Laboratories Pvt. Ltd.,  Industrial Area, Chinnoutapalli – 521286, A.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x500ml | -- | -- | -- |
| **Description** | Colourless, clear and uniform solution. | | | Complies |
| **Identification** | Positive for  Piperazine Hydrate as per I.P | -- | -- | Complies |
| **Assay for**  **Piperazine Hydrate** | 16.99mg | 18.3mg | 16.47 – 20.13mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Eluru. VIJAYAWADA-08

**REPORT NO: 1929 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1161/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ENTERO QUINOL  (QUINIODOCHLOR TABLETS IP) |
|  |  | B.NO: 6276, M.D:07/2016, E.D: 06/2020 |
|  |  | **Mfd by:** M/s EAST INDIA PHARMACEUTICAL WORKS LIMITED, 119, Biren Roy Road West, Kolkata 700061. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03x20 | -- | -- | -- |
| **Description** | Pale grey colour, circular, flat surface with one side engraved on ‘ENTERO-QUINOL’ and uniform tablets. | | | Complies |
| **Identification** | Positive for  Quiniodochlor as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3206gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Quiniodochlor** | 261.59mg | 250mg | 225 – 275mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-08

**REPORT NO: 1930 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31/SA/T/DI/VSP(Sales)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1195/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ROSCRON-F10  (Rosuvastatin with Fenofibrate Tablets) |
|  |  | B.NO: 161072T, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** M/s Sri Sarvaa Biotech Pvt Ltd,  Plot No:8 & 9, Balaji Nagar, Pattanur, Auroville(Po),  Vanur(Tk), Villupuram(Dt), Tamilnadu-605101.  **Marketed by:** Welcron Biotech Private Limited,  Plot No:21, Part:22, K.K.Nagar 1,  Rajendra Nagar Mandal, Hyderabad-500091. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Pink coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Rosuvastatin and Fenofibrate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2708gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Rosuvastatin**  **Fenofibrate** | 10.10mg  163.78mg | 10mg  160mg | 9 – 11mg  144 – 176mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1931 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K.S, Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 045/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1139/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALEPOD-200  (Cefpodoxime Proxetil Dispersible Tablets) |
|  |  | B.NO: TX-10234, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s LEGEN HEALTH CARE.  Plot No 20, Sector-5,  Parwanoo – 173220,  Distt. Solan, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Off-white, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3049gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefpodoxime** | 188.28mg | 200mg | 180 – 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-08

**REPORT NO: 1932 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Suneetha, Visakhapatnam (Mfg). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20/DS/DI/SAM/VSPM/2017, Dated: 16/10/2017 |
| 3. | **Number of sample** | 1153/T/2017 |
| 4. | **Date of Receipt** | 21/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ITRACONAZOLE PELLETS 22.0% w/w |
|  |  | B.NO: IT0117C044, M.D:08/2017, E.D: 07/2020 |
|  |  | **Mfd by:** M/s Lee Private limited,  Plot No. V, Phase-II, VSEZ,  Duvvada, Sabbavaram (Mandal),  Visakhapatnam District,  Andhra Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x0.05 kg | -- | -- | -- |
| **Description** | Off-white pellets. | | | Complies |
| **Identification** | Positive for  Itraconazole as per S.T.P | -- | -- | Complies |
| **Assay for**  **Itraconazole** | 21.84% w/w | 22.0% w/w | 21.56 – 22.44% w/w | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Mfg). VIJAYAWADA-08

**REPORT NO: 1934 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D.Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33/SA/DI-DL/KVR/W.G./2017 Dated: 25/09/2017 |
| 3. | **Number of sample** | 1087/T/2017 |
| 4. | **Date of Receipt** | 29/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Esonet-40  (Esomeprazole Tablets) |
|  |  | B.NO: LVT-18234, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** M/s Life Vision Healthcare, Plot no. 140,  E.P.I.P., Phase-1, Jharmajri, Baddi, Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Brick red coloured, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Esomeprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0959gm | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Esomeprazole** | 40.6mg | 40mg | 46 – 54mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kovvur. VIJAYAWADA-520 008

**REPORT NO: 1935 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Jayalakshmi, Jangareddygudem. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 37/17/MJL/DI/JRG/WG/AP-2017 Dated: 10/10/2017 |
| 3. | **Number of sample** | 1134/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Elcephase-500 SR  (Metformin Hydrochloride sustained Release Tablets  IP-500mg) |
|  |  | B.NO: INA7007, M.D:01/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s Innova cap Tab, 81-B, EPIP,Phase-1,  Jharmajri, Baddi (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Metformin Hcl as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6968gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 80% | Complies |
| **Assay for**  **Metformin Hcl** | 477.30mg | 500mg | 450 – 550mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Jangareddygudem. VIJAYAWADA-520 008

**REPORT NO: 1936 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/28/NYR/DI/VZM/2017 Dated: 16/10/2017 |
| 3. | **Number of sample** | 1147/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | New Deletus BX  (Guaiphenesin, Ambroxol Hydrochloride, Terbutaline Sulphate & Menthol Syrup) |
|  |  | B.NO: NDB7002, M.D:05/2017, E.D: 10/2018 |
|  |  | **Mfd by:** M/s Abbott Healthcare Pvt. Ltd.  Village Bhatauli Khurd, P.O Baddi-173205, Dist. Solan,  Himachal Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pale yellow colour liquid. | | | Complies |
| **Identification** | Positive for  Ambroxol Hydrochloride, Terbutaline Sulphate and Guaiphenesin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Ambroxol Hydrochloride**  **Terbutaline Sulphate**  **Guaiphenesin** | 14.96mg  1.21mg  50.9mg | 15mg  1.25mg  60mg | 13.5 – 16.5mg  1.125 – 1.375mg  45 – 55mg | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

**REPORT NO: 1937 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | G. Vijaya Bhaskara Rao, Chirala. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/30/DI-CRL/2017-Test Dated: 20/10/2017 |
| 3. | **Number of sample** | 1167/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OXY MAX-G  (Oxygen granules) |
|  |  | B.NO: OXG, M.D:02/2017, E.D: 01/2020 |
|  |  | **Mfd by:** M/s C – MAX BIO Sciences, off : P.No.247a/1,  Western Hills, Hyderabad – 85. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x250g | -- | -- | -- |
| **Description** | White coloured granules. | | | Complies |
| **Identification** | **Negative for**  Chloramphenicol as per I.P  and Nitrofuran antibiotics as per S.T.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1938 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171001/DI/GNT(R)/2017 Dated: 27/10/2017 |
| 3. | **Number of sample** | 1207/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Hifen 100DT Tablets  (Cefixime Dispersible Tablets) |
|  |  | B.NO: 3117023, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s HETERO LABS LIMITED,  Village: Kalyanpur, Chakkan Road, Tehsil: Baddi,  Dist: Solan, Himachal Pradesh – 173 205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Pale pink coloured, circular, flat tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4949gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 98.95mg | 100mg | 90 – 110mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 1943 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24/SA/G/DI/VSP (Sales)/2017, Dated: 21/09/2017 |
| 3. | **Number of sample** | 429/H/2017 |
| 4. | **Date of Receipt** | 25/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Tablets I.P. 500 mg |
|  |  | B.NO: PMTG-16295, M.D:11/2016, E.D: 10/2018 |
|  |  | **Mfd by:** M/s SEEKO BIOTICS  Krishna Nagar – 522 502. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White colour, circular, uniform tablets with b/c on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5856gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Paracetamol** | 497.82mg | 500mg | 475 – 525mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1944 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Srinivas Rao, Bobbili. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/23/DI/BBL/2017, Dated: 24/10/2017 |
| 3. | **Number of sample** | 1192/T/2017 |
| 4. | **Date of Receipt** | 28/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALKAWOK  (Disodium Hydrogen Citrate Syrup) |
|  |  | B.NO: WPL1604, M.D:03/2016, E.D: 02/2018 |
|  |  | **Mfd by:** M/s Pro Laboratories Pvt. Ltd,  140 – 141, Makkanpur, Bhagwanpur,  Roorkee, Dist-Haridwar, Uttarakhand-247661. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per U.S.S.R.P |

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

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Bobbili. VIJAYAWADA-08

**REPORT NO: 1945 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K. Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30/SA/T/DI/VSP(Sales)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1194/T/2017 |
| 4. | **Date of Receipt** | 30/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CIFISEL-O  (Cefixime & Ofloxacin Tablets) |
|  |  | B.NO: CFTO-007, M.D:09/2017, E.D: 08/2019 |
|  |  | **Mfd & Mktd by:** M/s SELDOM Pharma Pvt Ltd,  T.S.No.F/3/3/2, R.S.No.67/2, C.S.No.120/2/1/2/Pts,  U.T of PUDUCHERRY-533464. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex, coated and uniform tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Cefixime and Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6314gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime**  **Ofloxacin** | 196.23mg  199.72mg | 200mg  200mg | 180 - 220mg  180 - 220mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Visakhapatnam (Sales). VIJAYAWADA-08

**REPORT NO: 1946 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K S, Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 043/DI/ADN/OCT/2017, Dated: 13/10/2017 |
| 3. | **Number of sample** | 1137/T/2017 |
| 4. | **Date of Receipt** | 16/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | FIXZAP – 200  (Cefixime and Lactic Acid Bacillus Dispersible Tablets) |
|  |  | B.NO: UBT6308H, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s ULTRA DRUGS PVT LTD.  Manpura, Nalagarh,  Distt. Solan (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefixime as per I.P | -- | -- | Complies |
| **Average Weight** | 0.4582gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Cefixime** | 195.3mg | 200mg | 180 – 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

**REPORT NO: 1947 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K. Kalyani, Palakonda. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 29/10/KK/DI/PLK/2017, Dated: 11/10/2017 |
| 3. | **Number of sample** | 1140/T/2017 |
| 4. | **Date of Receipt** | 17/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OFLOKEM NOVO– 200  (Ofloxacin Tablet I.P 200mg) |
|  |  | B.NO: AT-052917, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s Pinnacle Life sciences Private Ltd,  Khasara No.1328 -1330, Village-Manpura,  Tehsil-Baddi, Dist.Solan, Himachal Pradesh-174101. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3139gm | -- | -- | Complies |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Ofloxacin** | 197.4mg | 200mg | 180 – 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-520 008

**REPORT NO: 1948 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V.S.Jyothi, Kakinada (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 23/SA/DI/VSJ/EG/KKD/RURAL/2017, Dated: 21/10/2017 |
| 3. | **Number of sample** | 1162/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DELETUS D  (Dextromethorphan Hydrobromide & Chlorpheniramine Maleate Syrup) |
|  |  | B.NO:SLB0359, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Swiss Garnier Life sciences 21-23,  Industrial Area, Mehatpur, Dist. UNA – 174 315,  Himachal Pradesh. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x100 ml | -- | -- | -- |
| **Description** | Green coloured liquid. | | | Complies |
| **Identification** | Positive for  Dextromethorphan and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Dextromethorphan**  **Chlorpheniramine Maleate** | 9.75mg  1.96mg | 10mg  2mg | 9 - 11mg  1.8 – 2.2mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Rural). VIJAYAWADA-520 008

**REPORT NO: 1949 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M.Chandra Rao, Kakinada (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/29/DI/EG/KKD/U/2017, Dated: 17/10/2017 |
| 3. | **Number of sample** | 1146/T/2017 |
| 4. | **Date of Receipt** | 20/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HOCET  (LEVOCETIRIZINE DIHYDROCHLORIDE TABLETS IP) |
|  |  | B.NO: AAT-1602, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s India Pencillins Ltd., Plot no.47,  Chaitanyapuri, Hyderabad – 500060. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Levocetirizine Dihydrochloride as per I.P | -- | -- | Complies |
| **Average Content** | 4.91gm | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Levocetirizine Dihydrochloride** | 4.91mg | 5mg | 4.5 – 5.5mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kakinada (Urban). VIJAYAWADA-520 008

**REPORT NO: 1950 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | G. Vijaya Bhaskara Rao, Chirala. |
| 2. | **Serial Number & date of Inspector’s memorandum** | SA/31/DI-CRL/2017-Test, Dated: 20/10/2017 |
| 3. | **Number of sample** | 1168/T/2017 |
| 4. | **Date of Receipt** | 23/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ADDGRO  (Growth promoter) |
|  |  | B.NO: 20150505, M.D:05/2015, E.D: 04/2018 |
|  |  | **Mfd by:** M/s C – MAX BIO Sciences,  off: P.No.247A/1, Western Hills, Hyderabad – 85. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x250gm | -- | -- | -- |
| **Description** | Half white coloured powder. | | | Complies |
| **Identification** | **Negative** for Chloramphenicol as per I.P and Nitrofuran antibiotics as per S.T.P | -- | -- | -- |

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

Complies for the tests conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Chirala. VIJAYAWADA-520 008

**REPORT NO: 1951 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171002/DI/GNT(R)/2017, Dated: 27/10/2017 |
| 3. | **Number of sample** | 1208/T/2017 |
| 4. | **Date of Receipt** | 31/10/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Demisone  (Dexamethasone Tablets IP 0.5 mg) |
|  |  | B.NO: JK16124, M.D:09/2016, E.D: 08/2019 |
|  |  | **Mfd by:** M/s Cadila Pharmaceuticals Ltd,  Industrial Growth Centre, SIDCO,  Samba – 184 121, State of J&K. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White coloured, elongated, flat tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Dexamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.0784gm | -- | -- | Complies |
| **Assay for**  **Dexomethasone** | 0.52mg | 0.5mg | 0.45 – 0.55mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008

**REPORT NO: 1952 /APDCL/2017**

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 171105/DI/GNT(U), Dated: 02/11/2017 |
| 3. | **Number of sample** | 1227/T/2017 |
| 4. | **Date of Receipt** | 03/11/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Melacare cream 20g  (Hydroquinone, Tretinoin and Mometasone Furoate Cream) |
|  |  | B.NO: BA169, M.D:07/2016, E.D: 06/2018 |
|  |  | **Mfd by:** M/s Ajanta pharma limited, Ajanta House,  Charkop, Kandivli(W), Mumbai- 400 067.  Mfd.at: Plot no.1,1,3 & 69, SEC-4, ITE.SIDCUL,  Pantnagar, Rudrapur(U.K). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/Not Complies** |
| **Quantity Received** | 01x2x20gm | -- | -- | -- |
| **Description** | Pale yellow coloured cream. | | | Complies |
| **Identification** | Positive for  Hydroquinone, Tretinoin and Mometasone Furoate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Hydroquinone**  **Tretinoin**  **Mometasone Furoate** | 2.17% w/w  0.0269% w/w  0.102% w/w | 2% w/w  0.025% w/w  0.1% w/w | 1.8%– 2.2% w/w  0.0225% - 0.0275% w/w  0.09% - 0.11% w/w | Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /11/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Urban). VIJAYAWADA-520 008