**FORM – 34**

**(See Rules 131 and 150)**

**REPORT NO: 1527/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** | 862/T/2017 |
| 4. | **Date of Receipt** | 31/08/2017 |
| 5. | **Name of the Cosmetic purporting to be contained in the sample** | Himalaya Extra moisturizing soap |
|  |  | **B.NO:** 24800252, **M.D:** 09/2014, **E.D**: Best before 3 years from the date of manufacture.  Mfd by: The Himalaya Drug Company, Tumkur. |
| 6. | **Conditions of seals on 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 6608:2004 |

|  |  |  |  |
| --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** |
| **Quantity Received** | 1x75gms |  | -- |
| **Description** | Off white coloured rectangular soap - Complies as per IS 6608: 2004 | -- | -- |
| **TFM Content** | 75.4% | 78% | 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

GOVERNMENT ANALYST

To

The Drugs Inspector, Vijayawada (Zone-III).

**REPORT NO: 1528 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2, Dated: 19/08/2017 |
| 3. | **Number of sample** | 831/T/17 |
| 4. | **Date of Receipt** | 22/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Injection of Biosulpha I.M |
|  |  | B.NO: BM1615, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s VETINDIA Pharmaceuticals Limited, 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 STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x3x10ml |  | -- | -- |
| **Description** | Off white, uniform suspension. | | | Complies |
| **Identification** | Positive for Timethoprim as per I.P and Sulphadiazine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Timethoprim**  **Sulphadiazine** | 86.02mg  399.88mg | 80mg  400mg | 72-88mg  360-440mg | Compiles  Complies |

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

in 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, Pulivendula (FAC)

**REPORT NO: 1529 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3, Dated: 21/08/2017 |
| 3. | **Number of sample** | 844/T/17 |
| 4. | **Date of Receipt** | 23/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Injection of Biosulpha I.M |
|  |  | B.NO: BM1609, M.D: 05/2016, E.D: 04/2018 |
|  |  | Mfd by: M/s Vetindia Pharmaceuticals Limited, 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 STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x3x10ml |  | -- | -- |
| **Description** | Off white, uniform suspension. | | | Complies |
| **Identification** | Positive for Timethoprim as per I.P and Sulphadiazine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Timethoprim**  **Sulphadiazine** | 85.53mg  404.20mg | 80mg  400mg | 72-88mg  360-440mg | Compiles  Complies |

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

in 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, Pulivendula (FAC).

**REPORT NO: 1530 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Hanumanna, Madanapalle. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 18, Dated: 24/08/2017 |
| 3. | **Number of sample** | 851/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Anac-P Tablets |
|  |  | B.NO: ANP-1601, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s Everest Formulations, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | Orange coloured, elongated, biconvex, coated and uniform tablet. | | | Complies |
| **Identification** | Positive for Aceclofenac and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7052 gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Disintegration Test** | 7min | -- | 30min | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 328.26mg  97.85mg | 325mg  100mg | 292.5-357.5mg  90-110mg | Compiles  Complies |

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

in 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, Madanapalle.

**REPORT NO: 1531 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23, Dated: 22/08/2017 |
| 3. | **Number of sample** | 391/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glibenclamide Tablet I.P. 5mg |
|  |  | B.NO: 1615, M.D: 03/2016, E.D: 02/2018 |
|  |  | Mfd by: M/s Deepin Pharmaceuticals Pvt. Ltd., Kalaria. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White colour, circular, biconvex, break line on one side with monogram A.P | | | Complies |
| **Identification** | Positive for Glibenclamide as per I.P | -- | -- | Complies |
| **Average Weight** | 0.0921 | -- | -- | -- |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for Glibenclamide** | 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, Tekkali.

**REPORT NO: 1532 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25, Dated: 26/08/2017 |
| 3. | **Number of sample** | 394/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin oral Suspension I.P |
|  |  | B.NO: 15116, M.D: 09/2016, E.D: 02/2018 |
|  |  | Mfd by: Indian Drugs And Pharmaceuticals Ltd, Gurgaon. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x(24gm/60ml) |  | -- | -- |
| **Description** | Pink colour suspension. | | | Complies |
| **Identification** | Positive for Amoxycillin as per S.T.P | -- | -- | Complies |
| **Assay for Amoxycillin oral Suspension** | 145.69mg | 125mg | 112.5-150mg | Complies |

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

in 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, Markapur.

**REPORT NO: 1533 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 23, Dated: 16/08/2017 |
| 3. | **Number of sample** | 816/T/17 |
| 4. | **Date of Receipt** | 19/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NAM COLD Tablet. |
|  |  | B.NO: NMC7007, M.D: 04/2017, E.D: 03/2020 |
|  |  | Mfd by: Windlas Biotech Private Limited (Plant-2), Dehradun. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10’s |  | -- | -- |
| **Description** | Bicoloured off-white and pale yellow coloured biconvex tablet with a score on one side and inscribed as NAM COLD on one side. | | | Complies |
| **Identification** | Positive for Nimesulide, Loratadine, Ambroxol HCl and Phenylephrine HCl as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6424gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide**  **Loratadine**  **Ambroxol** **HCl**  **Phenylephrine** **HCl** | 107.49mg  5.03mg  28.15mg  18.30mg | 100mg  5mg  30mg  20mg | 90-110mg  4.5-5.5mg  27-33mg  18-22mg | Complies  Complies  Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017 GOVERNMENT ANALYST

To:

The Drugs Inspector, Visakhapatnam (Sales).

**REPORT NO: 1536 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 20, Dated: 22/08/2017 |
| 3. | **Number of sample** | 849/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Flox-Le 200 Tablets |
|  |  | B.NO: LM-1183, M.D: 12/2015, E.D: 11/2018 |
|  |  | Mfd by: M/s Essel Pharma, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White, oral, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2770gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  75% | Complies |
| **Assay for Ofloxacin** | 187.37mg | 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, Rajahmundry (Rural).

**REPORT NO: 1537 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24, Dated: 16/08/2017 |
| 3. | **Number of sample** | 375/H/17 |
| 4. | **Date of Receipt** | 18/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dried Aluminium Hydroxide Gel, Magnesium Hydroxide & Simethicone Chewable Tablets. |
|  |  | B.NO: SAMT.1115061, M.D: 11/2015, E.D: 10/2017 |
|  |  | Mfd by: STRIDE ORGANICS PVT. LTD, Ghatkesar. |
| 6. | **Conditions of seals on 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** | 1x6x10 |  | -- | -- |
| **Description** | White, circular, uniform tablets with break line on one side. | | | Complies |
| **Identification** | Positive for the tests of Aluminium and Magnesium salts as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6461gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Aluminium Hydroxide gel**  **Magnesium Hydroxide** | 183.32mg  246.7mg | 191.25mg  250mg | 172.1-210.3mg  225-275mg | 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, Rajamahendravaram (Urban).

**REPORT NO: 1538 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 33, Dated: 17/08/2017 |
| 3. | **Number of sample** | 832/T/17 |
| 4. | **Date of Receipt** | 22/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Tysin 200 injection |
|  |  | B.NO: TS1605, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s Vetindia Pharmaceuticals Limited, 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** | 1x2x30ml |  | -- | -- |
| **Description** | Yellow coloured, uniform liquid. | | | Complies |
| **Identification** | Positive for Tylosin Tartrate as per I.P | -- | -- | Complies |
| **Assay & Sterility** | Not conducted due to lack of facilities. | | | |

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

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kadapa.

**REPORT NO: 1539 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24, Dated: 26/08/2017 |
| 3. | **Number of sample** | 393/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin capsules I.P 500mg |
|  |  | B.NO: 1086, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: Indian Drugs and pharmaceuticals Ltd, 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** | 1x5x10 |  | -- | -- |
| **Description** | Hard gelatin capsule, red colour cap & white colour body containing powder inside the capsule. | | | Complies |
| **Identification** | Positive for Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5883gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  80% | Complies |
| **Assay for Amoxycillin** | 500.7mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1540 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19, Dated: 29/08/2017 |
| 3. | **Number of sample** | 857/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXAVOL |
|  |  | B.NO: T-170513, M.D: 5/2017, E.D: 10/2018 |
|  |  | Mfd by: Soul Health care Private Limited, Kashipur. |
| 6. | **Conditions of seals on 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** | 1x6x10 |  | -- | -- |
| **Description** | White circular flat surface tablet with a score on one side. | | | Complies |
| **Identification** | Positive for Dexamethasone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1058gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Dexamethasone** | 0.508mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1541 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 29/08/2017 |
| 3. | **Number of sample** | 858/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HOSTINE-B Tablets |
|  |  | B.NO: VHB-1701, M.D: 6/2017, E.D: 5/2019 |
|  |  | Mfd by: Cortex Laboratories Pvt. Ltd, 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** | 1x6x10 |  | -- | -- |
| **Description** | Pink coloured, circular flat surface tablet with a score on one side. | | | Complies |
| **Identification** | Positive for Betamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1181gm | -- | -- | -- |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Betamethasone** | 0.538mg | 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

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1542 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 26/08/2017 |
| 3. | **Number of sample** | 396/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chlorpheniramine Maleate tablets I.P 4mg |
|  |  | B.NO: 1604161, M.D: 4/2016, E.D: 3/2018 |
|  |  | Mfd by: Adroit Pharmaceuticals Pvt. Ltd, Nagpur. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 |  | -- | -- |
| **Description** | White circular, biconvex tablets with a score and a monogram “G/G” on one side. | | | Complies |
| **Identification** | Positive for Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine** **Maleate** | 4.08mg | 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: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1543 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 24, Dated: 26/08/2017 |
| 3. | **Number of sample** | 854/T/17 |
| 4. | **Date of Receipt** | 29/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Zyvana 2 – Glimepiride Tablets I.P 2mg |
|  |  | B.NO: BLBP16222, M.D: 10/2016, E.D: 9/2018 |
|  |  | Mfd by: Bioaltus Pharmaceuticals Pvt. Ltd, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | Yellow coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Glimepiride as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Glimepiride** | 2.02mg | 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, Eluru.

**REPORT NO: 1544 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 18, Dated: 25/07/2017 |
| 3. | **Number of sample** | 351/H/17 |
| 4. | **Date of Receipt** | 27/7/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chloroquine Phosphate Tablets I.P. |
|  |  | B.NO: CLP17-001, M.D: 05/2017, E.D: 04/2019 |
|  |  | Mfd by: GreenLand Organics, Surampalli. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x1x10 |  | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Chloroquine Phosphate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3069gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  70% | Complies |
| **Assay for Chloroquine Phosphate** | 248.09mg | 250mg | 231.25-268.75mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kakinada (Urban).

**REPORT NO: 1545 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 19, Dated: 22/08/2017 |
| 3. | **Number of sample** | 848/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dicloson K Tablets |
|  |  | B.NO: KF17098, M.D: 05/2017, E.D: 04/2019 |
|  |  | Mfd by: M/s Krishcare Formulations, 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** | 1x5x10 |  | -- | -- |
| **Description** | White, elongated, biconvex with one side score, and uniform tablets. | | | Complies |
| **Identification** | Positive for Diclofenac Sodium and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7007gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Disintegration Test** | 2 min | -- | 15 min | Complies |
| **Assay for Paracetamol**  **Diclofenac Sodium** | 337.68mg  46.82mg | 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: 1546 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Ruthu, Chittoor. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19, Dated: 21/08/2017 |
| 3. | **Number of sample** | 853/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOT-M Tablets |
|  |  | B.NO: FNVB-483, M.D: 02/2017, E.D: 01/2019 |
|  |  | Mfd by: Bonn Schtering Bio Sciences, Puducherry. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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** | Brown colour, circular, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for Drotaverine HCL and Mefenamic acid as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5072gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Drotaverine**  **Mefenamic acid** | 83.76mg  267.43mg | 80mg  250mg | 72-88mg  225-275mg | 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, Chittoor.

**REPORT NO: 1547 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Srinivasa Rao, Machilipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 16/08/2017 |
| 3. | **Number of sample** | 372/H/17 |
| 4. | **Date of Receipt** | 17/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TRIDOX injection |
|  |  | B.NO: TX1606, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: Vetindia Pharmaceuticals Limited, 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** | 2x30ml |  | -- | -- |
| **Description** | Colourless clear liquid. | | | Complies |
| **Identification** | Positive for Sulphadoxine as per S.T.P and Positive for Trimethoprim as per I.P | -- | -- | Complies |
| **Assay for**  **Trimethoprim** | 43.50mg | 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, Machilipatnam.

**REPORT NO: 1548 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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. Bramara sandhya, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 4, Dated: 28/07/2017 |
| 3. | **Number of sample** | 780/T/17 |
| 4. | **Date of Receipt** | 2/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFADROX 500mg Tablets. |
|  |  | B.NO: B712B097, M.D: 02/2017, E.D: 01/2019 |
|  |  | Mfd by: Aristo Pharmaceuticals Pvt. Ltd, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of 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 coloured, elongated, biconvex tablets. | | | Complies |
| **Identification** | Positive for Cefadroxil as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6517gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  75% | Complies |
| **Assay for Cefadroxil** | 505mg | 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, Ananthapuramu.

**REPORT NO: 1549 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27, Dated: 23/08/2017 |
| 3. | **Number of sample** | 389/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ONDANSETRON Tablets IP 4mg |
|  |  | B.NO: APON-012, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Radico Remedies, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x1x10 |  | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Ondansetron as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1479gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  70% | Complies |
| **Assay for**  **Ondansetron** | 3.72mg | 4mg | 3.6-4.4mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Gajuwaka.

**REPORT NO: 1550 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 27, Dated: 29/08/2017 |
| 3. | **Number of sample** | 397/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metronidazole 200mg. |
|  |  | B.NO: MDT1611, M.D: 06/2016, E.D: 05/2018 |
|  |  | Mfd by: La-Chemico Private Limited, Barasat (W.B). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White colour, circular and biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for Metronidazole Complies as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2502gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  85% | Complies |
| **Assay for**  **Metronidazole** | 195.53mg | 200mg | 190-210mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tuni.

**REPORT NO: 1551 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF 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** | 28, Dated: 23/08/2017 |
| 3. | **Number of sample** | 390/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Folic Acid Tablets IP 5mg |
|  |  | B.NO: 251604, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Safe Formulations Ltd, Gollapadu. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x1x10 |  | -- | -- |
| **Description** | Pale yellow coloured, circular, flat tablets. | | | Complies |
| **Identification** | Positive for Folic acid as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for Folic acid** | 5.16mg | 5mg | 4.5-5.75mg | 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, Gajuwaka.

**REPORT NO: 1552 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.N.V.V.S. Kalyani, Anakapalli. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 28/08/2017 |
| 3. | **Number of sample** | 402/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Syrup IP 125mg/5ml |
|  |  | B.NO: PK16081, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Baader Schuiz Laboratories, Daman. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x1x60ml |  | -- | -- |
| **Description** | Orange colour liquid. | | | Complies |
| **Identification** | Positive for Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for Paracetamol** | 128.3mg | 125mg | 118.75-131.75mg | 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, Anakapalli.

**REPORT NO: 1556 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22, Dated: 29/08/2017 |
| 3. | **Number of sample** | 860/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACIMOL-FORTE Tablets. |
|  |  | B.NO:AKT9584, M.D:11/2016, E.D: 10/2018 |
|  |  | Mfd by: AllKind Healthcare, Baddi. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | Orange colour, elongated and biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for Paracetamol and Aceclofenac complies as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6990gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 336.85mg  103.78mg | 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, Tanuku.