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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x10x06 | -- | -- | -- |
| **Description** | White, oblong and elongated, biconvex and coated tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin Trihydrate and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average weight** | 1.0747gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 533.57mg  119.40mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/18/DI/TANUKU/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 856/T/2017 |
| 4. | **Date of Receipt** | 31/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NOVAMENTIN – 625  (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: 1057Z003, M.D:03/2017, E.D: 08/2018 |
|  |  | **Mfd by:** Scott- Edil Advance Research Ltd,  Hill Top Ind. Area Bhatoli Kalan, Baddi-173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x10x06 | -- | -- | -- |
| **Description** | White coloured oval shaped biconvex tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average weight** | 1.1055gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 533.38mg  147.13mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tanuku. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalitha, Narsipatnam. |
|  | **Serial Number & date of Inspector’s memorandum** | 25/SA/T/DI/DCA/NRPM/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 931/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ANGLOMOX – CL 625  (Amoxycillin and Potassium Clavulanate Tablets I.P) |
|  |  | B.NO: TB170081, M.D:02/2017, E.D: 01/2019 |
|  |  | **Mfd by:** Cosmas Research Lab Ltd,  Hambran, Ludhiana – 141008. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White elongated biconvex tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P. | -- | -- | Complies |
| **Average weight** | 1.0720gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 541.68mg  116.50mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narsipatnam. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Mahesh Nandi, Tirupati (urban). |
|  | **Serial Number & date of Inspector’s memorandum** | 060917/DI/TPT-U/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 933/T/2017 |
| 4. | **Date of Receipt** | 14/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | OMZO  (Omeprazole Capsule I.P) |
|  |  | B.NO: OMG17004, M.D:07/2017, E.D: 06/2019 |
|  |  | **Mfd by:** M/s joshika pharma. Pvt.ltd  Plot.No.208/8, IDA, Phase II,  Cherlapally, Hyderabad - 500051 |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Pink coloured cap and Transparent body capsules with white granules inside. | | | Complies |
| **Identification** | Positive for  Omeprazole as per I.P. | -- | -- | Complies |
| **Average weight** | 0.2082gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for Omeprazole** | 19.15mg | 20mg | 18 – 22mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tirupati (urban). VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.V.Bhupesu, Gajuwaka. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/30/DI/GWK/VSP/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 907/T/2017 |
| 4. | **Date of Receipt** | 07/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MOXTIVE CLAV-625 Tablets I.P |
|  |  | B.NO: CP-0518A, M.D:03/2017, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Curehealth Pharmaceuticals Pvt. Ltd.,  Village Raipur, Post office Deothi, Tehsil &  Distt:Solan – 173211, Himachal Pradesh, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, elongated, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for  Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average weight** | 1.0304gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test for**  **Amoxycillin**  **Clavulanic Acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 485.28mg  116.79mg | 500mg  125mg | 450 – 600mg  112.5 – 150mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Gajuwaka. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
|  | **Serial Number & date of Inspector’s memorandum** | 19/TVK/DI/PDTR/2017, Dated: 07/09/2017 |
| 3. | **Number of sample** | 922/T/2017 |
| 4. | **Date of Receipt** | 11/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DO CLAV Syrup |
|  |  | B.NO: HDSS-034, M.D:07/2017, E.D: 12/2018 |
|  |  | **Mfd by:** M/s LABORATE PHARMACEUTICALS INDIA LTD.  Unit-2,#31, Rajban Road,  Nariwala, Paonta Sahib, (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x03x30ml | -- | -- | -- |
| **Description** | White colour powder and after reconstitution pink colour was formed. | | | Complies |
| **Identification** | Positive for  Amoxycillin Trihydrate and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **PH** | 6.2 | -- | 3.8 – 6.6 | Complies |
| **Assay for**  **Amoxycillin**  **Clavulanic Acid** | 184.26mg  25.82mg | 200mg  28.5mg | 180 - 240mg  25.65 – 35.67mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani, Vijayawada (Zone-III) |
|  | **Serial Number & date of Inspector’s memorandum** | 26/SA/NK/DI/Z-III/VJA/17, Dated: 11/09/2017 |
| 3. | **Number of sample** | 927/T/2017 |
| 4. | **Date of Receipt** | 12/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | KOPEX  (Diethyl Carbamazepine Citrate & Chlorpheniramine Maleate tablets) |
|  |  | B.NO: BDW41016, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Suraksha Pharma Pvt Ltd, 410, Karondi, Roorkee 247667, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, circular, biconvex and uniform tablets. | | | Complies |
| **Identification** | Positive for  Diethyl carbamazine Citrate and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.3859gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Diethyl carbamazine Citrate**  **Chlorpheniramine Maleate** | 163.71mg  1.83mg | 150mg  2mg | 135 - 165mg  1.8 – 2.2mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone–III). VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | Pink cloured, clear and uniform liquid. | | | Complies |
| **Identification** | Positive for  Phenylephrine Hydrochloride and Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Assay for**  **Phenylephrine-Hydrochloride**  **Chlorpheniramine- Maleate** | 5.29mg  2.10mg | 5mg  2mg | 4.5 – 5.5mg  1.8 – 2.2mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Rajamahendravaram (Urban). VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100ml | -- | -- | -- |
| **Description** | A clear, colourless liquid. | | | Complies |
| **Identification** | Positive for  Oxytocin as per S.T.P | -- | -- | Complies |
| **Report** | Maximum peak observed at 273 nm on spectrophotometer, methanol as diluent. | | | |

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

Complies for the tests conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Nellore. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Nagamani, Tuni. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/34/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 910/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXIN  (Dexamethasone) |
|  |  | B.NO: T-5950, M.D:03/2015, E.D: 02/2018 |
|  |  | **Mfd by:** M/s. Gopish Pharma Limited, Ropar Road,  Dherowal Barrier, Village Behrampur, Tehsil Nalagarh,  Distt. Solan (H.P.) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

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

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani, Vijayawada (Zone-III). |
|  | **Serial Number & date of Inspector’s memorandum** | 28/SA/NK/DI/Z-III/VJA/17, Dated: 18/09/2017 |
| 3. | **Number of sample** | 947/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Mysopaz  (Chlorzoxazone and Paracetamol Tablets.) |
|  |  | B.NO: 7077, M.D:03/2017, E.D: 02/2020 |
|  |  | **Mfd by:** M/s. MODI-MUNDIPAHARMA PVT.LTD,  Modipuram -250 110, U.P., India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex, break line on one side and monogram “MT” on another side. | | | Complies |
| **Identification** | Positive for  Chlorozoxazone and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.6991gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Chlorozoxazone**  **Paracetamol** | 244.4mg  333.5mg | 250mg  325mg | 225 - 275mg  292.5 – 357.5mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

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

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vijayawada (Zone-III). VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mallikarjuna Rao, Amalapuram. |
|  | **Serial Number & date of Inspector’s memorandum** | 24/DI/AMP/PMKR/EG/2017, Dated: 14/09/2017 |
| 3. | **Number of sample** | 944/T/2017 |
| 4. | **Date of Receipt** | 18/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CITROMAX 300 |
|  |  | B.NO: BCX17LD007, M.D:04/2017, E.D: 03/2020 |
|  |  | **Mfd by:** M/s BIOSTADT India Ltd,  602A, Poonam Chambers, A wing, Dr. A.B. Road, Worli,  Mumbai-400018, Mharashtra, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x100gms | -- | -- | -- |
| **Description** | Pale brown colour powder. | | | Complies |
| **Identification** | Nil for  Nitrofurantoin, Nitrofurazone, Furazolidone and Nifuroxime as per I.P | -- | -- | Complies |

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

Complies for the tests conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Amalapuram. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Sri Rama Murthy Para, Narasaraopet. |
|  | **Serial Number & date of Inspector’s memorandum** | 1309-04, Dated: 13/09/2017 |
| 3. | **Number of sample** | 941/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | AKSON-SP Tab  (Aceclofenac, Paracetamol and Serratio peptidase tablets) |
|  |  | B.NO: 703GTB, M.D:06/2017, E.D: 05/2019 |
|  |  | **Mfd by:** Samson Laboratories Pvt. Ltd. 455/2,  Behind Wrigley, Vill. Katha,  Baddi, Distt Soaln, H.P- 173205. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Orange colour, elongated, biconvex tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.7900gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 320.38mg  95.47mg | 325mg  100mg | 292.5 – 357.5mg  90 - 110mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Sri Rama Murthy Para, Narasaraopet. |
|  | **Serial Number & date of Inspector’s memorandum** | 1309-03, Dated: 13/09/2017 |
| 3. | **Number of sample** | 943/T/2017 |
| 4. | **Date of Receipt** | 16/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Irose XT  (Ferrous Ascorbate and Folic Acid tablets) |
|  |  | B.NO: TFAF 004, M.D:06/2017, E.D: 11/2018 |
|  |  | **Mfd by:** JP INDUSTRIES,  1199/2, Bhud, Baddi, Distt Solan, H.P india |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Brown coloured, elongated, biconvex, coated tablets. | | | Complies |
| **Identification** | Positive for  Folic acid and Ferrous ascorbate as per S.T.P | -- | -- | Complies |
| **Average weight** | 1.0966gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Ferrous Ascorbate** | 106.77mg | 100mg | 90 – 110mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K. Kalyani, Palakonda. |
|  | **Serial Number & date of Inspector’s memorandum** | 25/09/KK/DI/PLK/2017, Dated: 11/09/2017 |
| 3. | **Number of sample** | 410/H/2017 |
| 4. | **Date of Receipt** | 15/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | METFORMIN TABLETS IP |
|  |  | B.NO: MTNG-1657, M.D:09/2016, E.D: 08/2018 |
|  |  | **Mfd by:** M/s Seeko Biotics, 14-309/A,  Krishna Nagar -522502. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | White, circular and flat tablets with score on one side. | | | Complies |
| **Identification** | Positive for  Metformin Hcl as per I.P | -- | -- | Complies |
| **Average weight** | 0.5396gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Metformin Hcl** | 488.22mg | 500mg | 450 – 550mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Palakonda. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Krishna, Srikakulam. |
|  | **Serial Number & date of Inspector’s memorandum** | 23/08/AK/DI/SKL/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 896/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | POLYBION SF Syrup 100ml |
|  |  | B.NO: M15CT17076, M.D:06/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Merck Limited, At: H-39 & 40, M.I.D.C,  Walij, Aurangabad – 431 133. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

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

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. sri rama Murthy, Narasaraopet. |
|  | **Serial Number & date of Inspector’s memorandum** | 3108-01/DI/NRT/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 897/T/2017 |
| 4. | **Date of Receipt** | 05/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ZYCHLOR-250 (Chloramphenicol Capsules I.P) |
|  |  | B.NO: HYRC-002, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s LABORATE PHARMACEUTICALS INDIA LTD,  Unit-2, 31, Rajban Road, Nariwala, Paonta Sahib (H.P) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | White and grey bicoloured capsule with imprint “LABORATE” on both body and cap. The contents of capsule are white coloured crystalline powder. | | | Complies |
| **Identification** | Positive for  Chloramphenicol as per I.P | -- | -- | Complies |
| **Average weight** | 0.3280gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 85% | Complies |
| **Assay for**  **Chloramphenicol** | 251.1mg | 250mg | 225 - 325mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Narasaraopet. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Krishna, Srikakulam. |
|  | **Serial Number & date of Inspector’s memorandum** | 22/08/AK/DI/SKL/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 895/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFIXIME TABLETS I.P |
|  |  | B.NO: NEB0072, M.D:12/2016, E.D: 11/2018 |
|  |  | **Mfd by:** M/s Nectar Life Sciences Limited, Unit-VI,  Vill.Bhatolikalan, Adjoining Jharmajri, EPIP, P.O.  Barotiwala, The. Nalagarh, Distt. Solan – 173 205, H.P. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Blue coloured, circular, biconvex tablet with “CEFI” engraved on one side. | | | Complies |
| **Identification** | Positive for  Cefixime as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.5145gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 75% | Complies |
| **Assay for**  **Cefixime** | 183.7mg | 250mg | 180 - 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Srikakulam. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Nagamani, Tuni. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/32/T/DI/TUNI/EG/2017, Dated: 06/09/2017 |
| 3. | **Number of sample** | 908/T/2017 |
| 4. | **Date of Receipt** | 08/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | MEFE SPAS  (Mefenamic Acid and Dicyclomine Hydrochloride) |
|  |  | B.NO: ST-17040, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s SUNLIFE SCIENCES, 130, Kurdi,  Jhabrera Road, Manglour, Roorkee, Distt. Haridwar (U.K) |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Yellow, circular, flat tablet with a circular depression in centre & monogram “FIME” on both sides of tablet. | | | Complies |
| **Identification** | Positive for  Mefenamic acid as per clarck and Dicyclomine Hcl as per I.P | -- | -- | Complies |
| **Average weight** | 0.4012gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Mefenamic Acid**  **Dicyclomine Hcl** | 242.82mg  10.22mg | 250mg  10mg | 225 – 275mg  9 – 11mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Tuni. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/32/DI/KDP/2017, Dated: 10/08/2017 |
| 3. | **Number of sample** | 371/H/2017 |
| 4. | **Date of Receipt** | 16/08/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Bolus of ENTEROCLEAN PLUS  (Metronidazole, Furazolidone and Loperamide HCL Bolus) |
|  |  | B.NO: DEP1702, M.D:05/2017, E.D: 04/2020 |
|  |  | **Mfd by:** M/s Doctors Vet-Pharma Pvt Ltd,  Survey No.263/1, PR Palem (V), Kovur(M),  SPSR Nellore Dist- 524137, A.P, India. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x04 | -- | -- | -- |
| **Description** | Yellow coloured, elongated, biconvex BOLUS with a monogram ‘DOCTORS’ on one side | | | Complies |
| **Identification** | Positive for  Metronidazole, Furazolidone and Loperamide HCL as per S.T.P | -- | -- | Complies |
| **Average weight** | 2.9917gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Metronidazole**  **Furazolidone** | 1017.77mg  516.45mg | 1000mg  500mg | 900 - 1100mg  450 – 550mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Pale yellow colour, circular, biconvex tablet. | | | Complies |
| **Identification** | Positive for  Rabeprazole sodium as per I.P | -- | -- | Complies |
| **Average weight** | 0.1083gm | -- | -- | -- |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for Rabeprazole** | 19.3mg | 20mg | 18 – 22mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kadapa. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. jaya Ramudu, Markapur. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/31/DI/MKP/2017, Dated: 18/09/2017 |
| 3. | **Number of sample** | 416/H/2017 |
| 4. | **Date of Receipt** | 20/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RANITIDINE TABLETS IP 150MG |
|  |  | B.NO: GT16518, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Visa Drugs & pharmaceuticals Pvt. Ltd, Village.  Gullerwala, Near Sai Road,  Baddi, Distt, - Solan, 173205 (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

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

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Markapur. VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | J. Vijayalakshmi, Kurnool (Rural). |
|  | **Serial Number & date of Inspector’s memorandum** | 41/AUG/JVL/DI/KNLR/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 883/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | RECTOSOLE-GM CREAM |
|  |  | B.NO: V-J3, M.D:10/2016, E.D: 09/2018 |
|  |  | **Mfd by:** Venus Biosciences Pvt Ltd, 116,  Export promotion industraial park, phase-1,  Jharmajri, baddi, solan dist. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

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

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

Complies for the tests conducted as described above.

Date: /09/2017

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

Senior Scientific Officer &

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Kurnool (Rural). VIJAYAWADA-08

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
|  | **Serial Number & date of Inspector’s memorandum** | SA/21/NYR/DI/VZM/2017, Dated: 31/08/2017 |
| 3. | **Number of sample** | 875/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Omee  (Omeprazole Gastro-resistant Capsules ) |
|  |  | B.NO: 7390160, M.D:04/2017, E.D: 03/2019 |
|  |  | **Mfd by:** M/s Alkem Laboratories ltd,  At village-panga, Hilltop, Via-jharmajri, barotiwala,  Baddi, Solan (H.P)-174103. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x02x10 | -- | -- | -- |
| **Description** | White and pink bicoloured transparent capsule. Contents of capsule are white coloured pellets. | | | Complies |
| **Identification** | Positive for  Omeprazole as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.2641gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Omeprazole** | 20.5mg | 20mg | 18 - 22mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Vizianagaram. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K S, Adoni. |
|  | **Serial Number & date of Inspector’s memorandum** | 033/DI/ADN/AUGUST/2017, Dated: 30/08/2017 |
| 3. | **Number of sample** | 886/T/2017 |
| 4. | **Date of Receipt** | 04/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | POLYPOD 200 |
|  |  | B.NO: LMC 607A, M.D:08/2016, E.D: 07/2018 |
|  |  | **Mfd by:** MACLEODS PHARMACEUTICALS LTD.  Khasra No. 21,22,66,67 & 68, Aho- Yangtam,  Namchepung, PO: Ranipool, Sikkim – 737135.  Off: Atlanta Arcade, MArol Church Road, Andheri (E),  Mumbai – 400059. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 | -- | -- | -- |
| **Description** | Brown coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for  Cefpodoxime as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.5285gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT 70% | Complies |
| **Assay for**  **Cefpodoxime** | 199.4mg | 200mg | 180 - 220mg | Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Adoni. VIJAYAWADA-520 008

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

**FORM – 13**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

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

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

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Hariprasad, Guntur (Rural). |
|  | **Serial Number & date of Inspector’s memorandum** | 170802/DI/GNT(R)/2017, Dated: 29/08/2017 |
| 3. | **Number of sample** | 868/T/2017 |
| 4. | **Date of Receipt** | 01/09/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACEC PLUS  (Aceclofenac & Paracetamol Tablets) |
|  |  | B.NO: 703273, M.D:03/2017, E.D: 02/2019 |
|  |  | **Mfd by:** VAIBHAV DRUGS PVT LTD.  6-121/1, Peddamberpeta,  Hyderabad-501 505. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x06x10 | -- | -- | -- |
| **Description** | Orange, elongated, biconvex tablet with a score on one side. | | | Complies |
| **Identification** | Positive for  Paracetamol as per clarck and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average weight** | 0.7312gm | -- | -- | Complies |
| **Uniformity of weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Paracetamol**  **Aceclofenac** | 328.71mg  93.63mg | 325mg  100mg | 292.5 – 357.5mg  90 – 110mg | Complies  Complies |

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

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

Complies for the Tests Conducted as described above.

Date: /09/2017

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

To: **Government Analyst**

The Drugs Inspector, DRUGS CONTROL LABORATORY

Guntur (Rural). VIJAYAWADA-520 008