

INSPECTION CHECK LIST

(As per new Schedule-M)

Separate comments sheets may be used if space is inadequate

Date of Inspection	Name of the Firm and Address	
Firm's Representative	License No. of Firm and Validity	
Inspected by	Drugs Control Administration Andhra Pradesh	Telephone No. of Firm
		Fax.No. of Firm
		E-mail No. of Firm
Constitution of the Firm		
Purpose of Inspection		
Any Certificates held by the firm (ISO,WHO etc.,)		
Categories of drugs manufactured and production capacity		
Last two years turn over of the firm (1) Govt. Supply (2) Trade		