Annexure-I

Reprocess/Rework Request Form

Company Logo Here

XX PHARMACEUTICALS LIMITED

117 Adams Street, Brooklyn, NY 11201, USA

Reprocess/Rework Request Form

Ref. No.	RW-

- Name of Product: _____

  Batch No.: _____ Mfg. Date: _____ Exp. Date: _____

- Reason and Brief description of proposal:
  (attached sheet, if required)

  Amount to be reprocessed: _____
  Raised by / Date: _____ (Concerned Dept.)

  Checked by / Date: _____ (Product Development)

  _____ (Production)

  _____ (Quality Compliance)

  Comments (if any): _____

  (attached sheet, If required)

- Comments on the proposal by Concern Department Head:

  Signature/Date: _____

- Comments on the proposal by Head of Product Development:

  Signature/Date: _____

- Comments from General Manager, Plant:

  Signature/Date: _____

- Comments from Head of Quality Assurance:

Approved by: Date: