

Annexure-III

Format for Finished Product Specification

XX PHARMACEUTICALS LIMITED 117 Adams Street, Brooklyn, NY 11201, USA			
Finished Product Specification			
Product Name		Department	
		Quality Assurance	
Name of Active		Page No.	
		1 of 2	
Specification Reference No.			

ISSUE DATE :		REVIEW DATE :	
REVIEW AND APPROVAL			
Prepared by: [Signature]		Checked by: [Signature]	
Approved by: [Signature]			
Name :	Name :	Name :	
Job Title :	Job Title :	Job Title :	
Date :	Date :	Date :	
Subsequent Review (Only to be used if there is no modification at review)			
Checked by:		Approved by:	
		Next Expiry:	
DISTRIBUTION LIST:			
<u>Safety/ Precaution</u> :			
<u>Storage Requirement</u> :			
<u>Reference</u> :			

Finished Product Specification			
Product Name		Specification Reference No.	Page No.
			2 of 2

Sl. No.	Test	Specification
1.		
2.		
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