Annexure-I

Authorization and Disposal Form for Materials & Products

Company Logo Here

XX PHARMACEUTICALS LIMITED

117 Adams Street, Brooklyn, NY 11201, USA

Authorization and Disposal Form for Materials & Products						
A. Authorization						
List of Materials/ Products to be Disposed:						
Sl. No	**Material/ Product Name**	**Batch / GRN No.**	**Mfg. Date**	**Exp. Date**	**Quantity**	**Reason for Disposal**

Prepared By (Sign. & Date) Concerned Department	**Checked By (Sign. & Date) Department Head**	**Reviewed By (Sign. & Date) Quality Assurance**

Reviewed By (Sign. & Date) HR & Admin	**Reviewed By (Sign. & Date) Cost & Budget**	**Authorized By (Sign. & Date) GM, Plant**	**Approved By (Sign. & Date) Manager, QA**

B. Disposal (This part to be completed after completion of disposal activities)

Done By: Names: 1) _____ Signature & Date: _____

2) _____ Signature & Date: _____

Checked By & Date: _____**(QA)** _____**(HR & Admin)**

Approved By (Manager, QA): _____ Date: _____

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