

**Annexure-I**

**Authorization and Disposal Form for Materials & Products**

<b>Company Logo Here</b> <b>XX PHARMACEUTICALS LIMITED</b> <small>117 Adams Street, Brooklyn, NY 11201, USA</small>
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<b>Authorization and Disposal Form for Materials &amp; Products</b>						
<b>A. Authorization</b>						
<b>List of Materials/ Products to be Disposed:</b>						
Sl. No	Material/ Product Name	Batch / GRN No.	Mfg. Date	Exp. Date	Quantity	Reason for Disposal
<b>Prepared By (Sign. &amp; Date)</b> <b>Concerned Department</b>		<b>Checked By (Sign. &amp; Date)</b> <b>Department Head</b>			<b>Reviewed By (Sign. &amp; Date)</b> <b>Quality Assurance</b>	
<b>Reviewed By</b> <b>(Sign. &amp; Date)</b> <b>HR &amp; Admin</b>		<b>Reviewed By</b> <b>(Sign. &amp; Date)</b> <b>Cost &amp; Budget</b>		<b>Authorized By</b> <b>(Sign. &amp; Date)</b> <b>GM, Plant</b>		<b>Approved By</b> <b>(Sign. &amp; Date)</b> <b>Manager, QA</b>
<b>B. Disposal</b> (This part to be completed after completion of disposal activities)						
<b>Done By:</b> Names: 1) _____ Signature & Date: _____ 2) _____ Signature & Date: _____						
<b>Checked By &amp; Date:</b> _____ (QA) _____ (HR & Admin)						
<b>Approved By (Manager, QA):</b> _____ <b>Date:</b> _____						