

Certificate of Pharmaceutical Product¹

This certificate conforms to the format recommended by the World Health Organization

INDIA
CHII.E

Exporting (certifying country):
Importing (requesting country):

No. of certificate

SD7

1 Name and dosage form of the product:

GELOXIB-200
Celecoxib Capsules

1.1 Active Ingredient(s)² and amount(s) per unit dose³ (complete qualitative composition)⁴

Each Capsule contains:
Celecoxib BP 200 mg

Qualitative and Quantitative composition

API- Celecoxib BP 200.000 mg

Excipients- Microcrystalline Cellulose BP 3.400 mg, Lactose BP 3.000 mg, Povidone K-30 BP 0.600 mg, Isopropyl Alcohol BP q.s., Sodium Lauryl Sulphate BP 3.000 mg, Dark Green/Dark Green Empty Hard Gelatin Capsule Shell of Size "2" I.H.S 1 Nos.

1.2 Is this product licensed to be placed on the market for use in the exporting country?⁵

YES

NO - See Block 2B⁶

1.3 Is this product actually on the market in the exporting country?⁷

YES

2B

2.A.1	Number of product license ⁷ and date of issue:	288/2 dt. 20.03.04
2.A.2	Product license Holder: (name & address):	M/s. Gracure Pharmaceuticals Ltd., E-1105 RIICO Industrial Area, Phase III, Bhiwadi, Alwar, (Rajasthan), India
2.A.3	Status of product licence holder ⁸ : (Key in appropriate category as defined in note 8)	☒ A ☐ B ☐ C
2.A.3.1	For categories b & c the name and address of the manufacturer producing the dosage form is ⁹ :	NOT APPLICABLE
2.A.4	Is summary basis of approval appended? ¹⁰	☒ YES / NO
2.A.5	Is the attached, officially approved product information complete and consonant with the license? ¹¹	☒ YES / NO/Not Provided
2.A.6	Applicant for certificate if different from license holder (name & address) ¹² :	NOT APPLICABLE
2.B.1	Applicant for certificate (name and address):	
2.B.2	Status of Applicant (Key in appropriate category as defined in footnote 8)	
2.B.2.1	For categories (b) and (c) the name and address of the manufacturer producing the dosage form is ⁹ :	
2.B.3	Why is marketing authorization lacking? (not required/not requested/under consideration/refused)	
2.B.4	Remarks ¹³	

3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?¹⁴

if not or not applicable proceed to question 4.

3.1 Periodicity of routine inspection (years):

At least once a year:

3.2 Has the manufacture of this type of dosage form been inspected?

3.3 Do the facilities and operations conform to GMP as recommended by the WHO?¹⁵

4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacturer of the product?¹⁶ (yes/no)

if no, explain.

if no, explain.

Address of certifying authority: Swasthya Bhawan, Tilak Marg, Jaipur.

Telephone/Fax: 0141 2221570

Validity: 31.10.2022

Notary Public, Delhi

26 OCT 2020

Notary Public, Delhi

26 OCT 2020

Name of Authorized person

Signature

Stamp & Date

(Raja Ram Sharma)

Licensing Authority Cum

Drugs Controller

Rajasthan, Jaipur

13 MAR 2020

26 OCT 2020



भारत सरकार GOVERNMENT OF INDIA
अपोस्टिल / APOSTILLE
(Convention de La Haye du 5 octobre 1961)

REPUBLIC OF INDIA

This public document
COMMERCIAL DOCUMENT

has been signed by

LICENSING AUTHORITY

LICENSING AUTHORITY

SECRETARY GENERAL, DELHI CHAMBER
OF COMMERCE, NEW DELHI

Certified

at NEW DELHI, INDIA the 28-Oct-2020

by SO (O/A) MINISTRY OF EXTERNAL AFFAIRS
No. DLND0002486620

Signature

is issued to GRACURE PHARMACEUTICALS LTD

(अशोक कुमार)
(ASHOK KUMAR)

अनुभाग अधिकारी (सत्यापन)
Section Officer (Attestation)
सी. पी. डी. प्रभाग / C.P.V. Division
विदेश मंत्रालय, नई दिल्ली
Ministry of External Affairs, New Delhi

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