MINUTES OF THE WHO WORKSHOP ON DISSEMINATION OF INFORMATION ON REGULATORY AFFAIRS AND 40TH MEETING OF THE DRUGS CONSULTATIVE COMMITTEE HELD ON 29TH JUNE, 2009 IN THE COMMITTEE ROOM, FDA BHAVAN, KOTLA ROAD, NEW DELHI – 110002.

(List of Participants is at Annexure I)

INAUGURAL DELIBERATIONS

WHO Workshop on Dissemination of information on regulatory affairs and 40th Meeting of the Drugs Consultative Committee was held on 29th June, 2009 in the Committee Room, FDA Bhawan, Kotla Road, New Delhi-110002. Meeting was attended by Shri Debasish Panda, Joint Secretary Ministry of Health and Family Welfare, Shri O.P.S Malik, Director General, Narcotic Control Bureau, Smt. Jagjit Pavadia, Narcotic Commissioner and Dr. L.S. Chauhan, DDG (TB), DGHS.

Dr. Surinder Singh, Drugs Controller General (India) and Chairman, Drugs Consultative Committee (DCC), after welcoming the members stated that one of the major issue before the DCC was to find ways and means to meet the international obligations of furnishing statistics in respect of production, consumption, import and export of narcotic drugs and psychotropic substances to International Narcotic Control Board (INCB), Vienna. In view of the grave urgency of the matter, Director General, NCB considered it necessary to have direct interaction with the State Licensing Authorities so that the requisite information is collected in time and in turn forwarded to INCB, Vienna through the Narcotic Commissioner. DCG (I) then requested Shri O.P.S. Malik, DG, NCB to address the members.

Shri Malik stated that India is a signatory to the UN Convention and it is an international obligation on the country to furnish statistics in respect of production estimates, consumption, import and export of narcotic drugs and psychotropic substances in the country to INCB, Vienna in time. This information is required to be furnished in seven prescribed Forms. The question of timely furnishing of information

has been taken at highest level between the Secretary Health and Family Welfare, Secretary Home and Secretary Revenue and the State Drug Control Authorities have been requested many times to adhere time schedules in respect of furnishing the requisite information. Failure to furnish the information is viewed seriously by INCB. The member country unable to provide the specific information is put in the '*consultation zone'*. This leads to separate discussions by INCB with the country at the international forum and the country gets isolated. Any adverse remark by INCB would lead to stoppage of exports and imports of narcotic drugs and psychotropic substances from that country. Such a situation is not acceptable. This being a statutory duty of the country to furnish the requisite information to INCB in the prescribed Forms, an all out efforts are required to be made collect and furnish the requisite information. To be specific it is the Forms 'B', 'C' & 'P' which are required to be filled after getting information from the State Drugs Controllers. States are required to give top priority to collect and provide the information to the Drugs Controller General (India) for onward transmission to the Narcotic Commissioner.

The information to be furnished should be *Accurate, Comprehensive* and *in Time.* Together the three components are abbreviated to be called as **ACT**. As providing the requisite statistics is a binding obligation and the States should prepare a reporting system and ensure that the information is collected and submitted in prescribed format to the Drugs Controller General (India) for collation. He further requested that the States which still have not furnished the current information should do so immediately so that the deadline is met in time.

The State Drug Controllers in reply stated that the Forms are so complicated that in the absence of any guidelines it is very difficult to fill them accurately. Information on actual production and consumption of formulations of these drugs is very difficult to obtain from the manufacturers for the purpose of collation. It is possible to give information in respect of basic bulk drugs only.

DG, NCB then stated that his department would like to conduct zonal workshops in each zone to educate the State Drug Controllers and develop a system for collecting information and filling of the Forms. Doubts in respect of collection of specific information would be cleared during the discussions. Zonal offices of

CDSCO could co-ordinate in having such workshops. However, for the purpose of any clarification otherwise required by the State Drugs Controllers, they may contact the following officer in the office of Narcotic Control Bureau, R.K. Puram, New Delhi:-

Shri A.P. Siddiqui, Deputy Director, I&I, NCB, New Delhi (Tel No.26185226)

Smt. Jagjit Pavadia stated that the department of revenue is considering a proposal of online registration of manufacturers, wholesalers and retailers of narcotic drugs and psychotropic substances under the department of revenue. A scheme is being developed in cooperation with the National Informatics Centre (NIC). This would facilitate locating and observing the trends of the consumption of narcotic drugs and psychotropic substances in the specific regions.

Drugs Controller, Kerala brought to the notice of the narcotic Commissioner that 'Pethidine' is not available in the country and the Narcotic Commissioner should take steps to make the drug available in the country.

Shri Debasish Panda, Joint Secretary in his address brought to the notice of the State Drug Controllers that India has become one of the major producers of drugs in the world. Pharma sector has huge potential for growth. India is at present 4th largest producer of drugs in the world volume wise. Thus India is poised to be the **Pharmacy of the World** in the near future. At present India is manufacturing drugs worth Rs.85,000 crores of which drugs worth Rs.35,000 crores are exported. India has 119 USFDA approved manufacturing sites in the country. An audit of Indian National Regulatory Authority in respect of vaccine regulatory system was being conducted in the country by WHO since 2003. WHO was concerned about the adequacy of staff, autonomy of regulatory authority, dossier review system, recruitment and training, feedback on adverse effects of immunization etc. Initially WHO was not satisfied in their report in January 2008. However, with initiatives taken from March to December 2008 with the help of WHO like introduction of CTD format, recruitment, training of manpower and development of SOPs, guidance documents and checklist etc., India has been able to meet the expectations of WHO by December 2008. During the assessment in April 2009 Indian NRA scored 100%

on all critical indicators. The developments in the country are being noticed in the international forums and India's voice is being heard with respect, be at WHO assembly or ICH meetings. It is therefore, necessary that the regulatory infrastructure in the States is also brought to International level.

He further informed that future programmes include regulation of medical devices under the Drugs and Cosmetics Act, registration of clinical research organization and strengthening of Pharmacovigilance for having a data base on use of drugs generated in the country. The office of DCG (I) has initiated time lines for granting various approvals granted by his office. A major step is being taken to start **e-governance** under drug regulatory system and also to start **overseas inspections** of the manufacturing sites from where the drugs are imported into the country. It is also envisaged to reach out to the regulatory agencies of other countries for collaboration in regulatory practices so that India develops a world class regulatory frame work.

Select State Drug Control officials would be provided training at National as well as international level to give them exposure about the State of art regulatory activities followed internationally.

AGENDA NO.1

FURNISHING OF ANNUAL STATISTICS IN RESPECT OF PRODUCTION, CONSUMPTION, IMPORT AND EXPORT OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES COVERED UNDER THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, TO INCB, VIENNA

DCG (I) stated that the agenda has already been discussed during the address of the DG, NCB, who had kindly agreed to have workshops at regional level with the State Drug Control Authorities for sorting out the difficulties faced by them in filling the forms or in collection of the information as required by INCB, Vienna. The details of the workshops would be worked out in consultation with NCB and the zonal officers would be informed accordingly for facilitating the workshop. He however, requested that the State Drug Controllers who have not yet furnished the current requisite statistics may kindly do so on priority basis so that the information is furnished to INCB, Vienna in time.

AGENDA NO.2

AMENDMENT TO THE DRUGS AND COSMETICS RULES FOR INCLUSION OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES UNDER THE CLAA SCHEME AND DEVISING A SYSTEM FOR COLLECTION OF INFORMATION OF MANUFACTURE, IMPORT AND EXPORT OF THESE DRUGS IN THE COUNTRY

DCG (I) briefed the members that on the recommendations of DTAB in 55th and 56th meetings held on 6th July 2007 and 16th January 2008 respectively, the Ministry of Health and Family Welfare has published draft rules for amending the Drugs and Cosmetics Rules for the inclusion of narcotic drugs and psychotropic substances under the CLAA scheme. Once the rules are in place a system would be devised for collection of information required in a time bound manner for submission to INCB, Vienna. The State Drug Controllers may forward their comments to the Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi within the stipulated time for the consideration of the Government of India, Ministry of Health and Welfare.

AGENDA NO. 3

CONSIDERATION OF THE PROPOSAL TO PREPARE A NATIONAL LIST OF LICENCED DRUG MANUFACTURERS IN THE COUNTRY

DCG (I) while introducing the agenda stated that even though India is one of the largest producers of drugs in the world, but it does not have a national list of drug manufacturers licensed in the country. As licences are granted by State Licensing Authorities in the country, the information has to be consolidated at the State level for preparing the national list of manufacturers in the country.

During the discussions it was felt for preparing such a list a common format and software will have to be prepared for the purpose. The States would then be able to consolidate information in a uniform manner. The information could be consolidated at the zonal level also as many of the States may not be having basic hardware or software facilities required for compilation.

The committee decided to constitute a sub committee comprising of Drugs Controllers of Karnataka, Kerala, Delhi and Nagaland for preparing a format in collaboration with NIC or any such agency for preparation of software and categorization of the products licensed under various licences issued. The committee will give its reports in two months time and the meetings of the committee would be facilitated by the North Zone office of CDSCO.

AGENDA NO.4

GRANT OF CERTIFICATES UNDER WHO CERTIFICATION SCHEME BY THE NATIONAL REGULATORY AUTHORITY I.E DRUGS CONTROLLER GENERAL INDIA

DCG (I) briefed the members that WHO under its guidelines (TRS No.823, 863 and 908) recommends the issue of Certificate of Pharmaceutical Product (COPP) and Model Certificate of Good Manufacturing Practices for medicinal products moving in the international trade by the National Regulatory Authority of the producing country. There is no provision under the Drugs and Cosmetics Act and Rules made thereunder for the grant of COPPs. The grant of these certificates was delegated to the State Licensing Authorities by the CDSCO earlier in view of the shortage of man power in CDSCO.

It has been observed that the certificates issued by the States are many a time, at variation to the guidelines of WHO Certification Scheme. Even the prescribed formats are not adhered to. WHO in its guidelines does not recommend the use of WHO name or logo in the title of such certificates. WHO has written to the office of DCG (I) objecting to giving the title of **"WHO GMP Certificate"** by the State Licensing Authorities. For the purpose of issuance of COPP certificate, it is expected by WHO that National Regulatory Authority (CDSCO) has verified that medicinal products covered in the certificate are consistently produced by the firm and conform to the GMP and quality standards prescribed in WHO Technical Reports Series. It is further observed that these certificates are being issued on the basis of interpretations which vary from State to State. The availability of large variants of such certificates creates confusion in the minds of regulatory authorities of importing countries. CDSCO is now being strengthened on a fast track basis with the pro active support of the Ministry of Health and Family Welfare. 63 Drug Inspectors would be joining CDSCO by October 2009 after going through the process of selection through the UPSC taking the total strength to 94. Under a new proposal it is further proposed to add another 106 Drug Inspectors by the end of

2010 leading to a total strength of 200 Drug Inspectors. The Zonal offices are being upgraded and expanded. The Central Government would therefore, be having enough manpower to handle the responsibility and grant COPP as per WHO norms and fulfil the international obligation effectively.

DCG (I) informed the committee that a considered decision has been taken that COPP would be issued by the DCG (I) office for the purpose of uniformity and compliance to WHO guidelines.

Some of the State Drug Controllers were of the strong view that a status quo be maintained as large number of these certificates is being issued by them to fulfil needs of the drug industry for the purpose of export.

Dr. D. Roy, DDC i/c , South Zone stated that the issuance of COPP was only a delegated responsibility from Centre to State and the certificates were issued only after the joint inspection of the manufacturing facilities by the central and State Drug Inspectors. As such there will be no difficulty by the zonal offices to conduct independent inspections as per WHO norms and issue certificates in the prescribed formats to maintain uniformity.

The State Drug Controllers of Maharashtra and Delhi supported the proposal stating that the primary responsibility in the International commerce lies with the Central Government. The Drugs Controller, Delhi was further of the view that under WTO agreement, it would be necessary that such certificates are issued by an identified National Regulatory Agency i.e. office of DCG (I) recognized by the other member countries on reciprocal basis.

As per agenda and the statement made by DCG (I), the COPP certificates or model certificate of GMPs would henceforth be issued by the central agency i.e. DCG (I) for the purpose of uniformity and compliance to WHO guidelines. The system of granting the certificates by CDSCO would be informed to WHO and the State Drug Control Authorities accordingly.

AGENDA NO.5

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 127 OF THE DRUGS & COSMETICS RULES, TO PERMIT USE OF COLOURS SPECIFIED UNDER SCHEDULE Q TO BE USED IN DRUGS WHICH ARE APPLIED ON INANIMATE SURFACES.

The members were briefed that a proposal has been received by the office of DCG (I) for the amendment of rule 127 of the Drugs and Cosmetics Rules so that the colours listed in Schedule Q for use in cosmetics may be permitted to be used in drugs meant for application on inanimate surfaces such as disinfectants.

DCC after deliberations agreed to the proposal for the amendment of the rule 127 of the Drugs and Cosmetics rules.

AGENDA NO. 6

NON RECEIPT OF TESTING CHARGES FROM VARIOUS STATE DRUG CONTROL DEPARTMENTS BY THE CENTRAL DRUG LABORATORY, KOLKATA

The Director, CDL, Kolkata informed the members that many of the State Drugs Controllers have not paid the testing charges for the samples sent by the Drug Inspectors of these States and tested by CDL, Kolkata. The balance amount as on 1st April 2009 has aggregated to Rs.43,51,755. The situation may give rise to objection by CAG during the audit. He requested the States to clear their arrears at the earliest otherwise it would be difficult for them to accept further samples from the defaulting States.

The members agreed to clear their outstanding dues. They however, requested that the CDL, Kolkata may send fresh requisition along with the details of the payments due for expediting the matter.

The Director CDL agreed to send detailed letters to each of the defaulting States.

AGENDA S-1

CONSIDERATION OF THE GUIDELINES FOR TAKING ACTION ON SAMPLES OF DRUGS DECLARED SPURIOUS OR NOT OF STANDARD QUALITY IN THE LIGHT OF ENHANCED PENALTIES UNDER THE DRUGS AND COSMETICS (AMENDMENT) ACT, 2008

DCG (I) briefed the members that the Drugs and Cosmetics (Amendment) Act, 2008 was passed by the Parliament on 5th December 2008 under which penalties for manufacture of spurious and adulterated drugs have been enhanced. Offences related to adulterated and spurious drugs have been made cognizable and non-bailable. In order to ensure that the enhanced penal provisions are implemented by the authorities in a uniform and justifiable way, guidelines have been prepared in consultation with the drug manufacturers associations so as to outline standard operative procedures for taking action on samples of drugs declared spurious or not of standard quality. This would ensure that while real offenders are punished with heavy hand, law abiding manufacturers and sellers are not harassed or put to a disadvantageous position.

During deliberations, the Drugs Controller, Kerala was of the view that no permission is required for launching prosecutions by the Drug Inspectors. The Drugs Controller, Karnataka however, stated that the Hon'ble High Court of Karnataka had opined in a case that permission from higher authorities is required for launching of the prosecution by the Drug Inspector.

The DCC after deliberations accepted the guidelines for the purpose of uniform implementation of the amended Drugs and Cosmetics Act in the country.

AGENDA S-2

INDISCRIMINATE USE OF ANTI-TB DRUGS LEADING TO DEVELOPMENT OF DRUG RESISTANT STRAIN IN THE PATIENTS.

DDG (TB) briefed the members that the Government of India is running a programme to contain tuberculosis in the country. Free treatment is provided at DOT centres for TB patients. It has success rate of 85 to 90%. In India around 30% patients are treated outside this programme. Indiscriminate and injudicious use of both first and second line of anti- TB drugs is contributing to the emergence of multi drug resistance (MDR), the treatment of which is very costly and has high rate of fatality. The rise in MDR cases is threatening the progress made by the Revised National TB Control Programme (RNTCP). He stated that one of the reasons is the easy availability of anti-TB drugs at the chemist shops even though the drugs are covered under Schedule H of the Drugs and Cosmetics Rules and can be sold only on the prescription of the physician. He desired that the State Drug Controllers may ensure that these drugs are not sold without prescription to the patients and the chemist associations may be sensitized about the gravity of the situation.

Drug Controller, Kerala desired that certain chemist shops could be included in the DOTS programme. He also agreed for stopping the sale of anti-TB drugs outside the programme. DDG (TB) agreed to conduct a pilot study in Kerala during which anti-TB drugs would be made available under the programme or against the prescription of authorized physician only.

DCC recommended that the members may take up the matter with the respective chemist associations to sensitize them and request their members not to sell anti-TB drugs without proper prescription. The Drug Inspectorate staff should also ensure through inspections that the directions are complied with by the chemists.

AGENDA S-3

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 127 TO INCLUDE TITANIUM DIOXIDE COATED MICA PEARLESCENT PIGMENTS FOR THE PURPOSE OF USING AS COLOUR IN DRUGS

The members were informed that office of DCG(I) has received an application from M/s Colorcon Asia Pvt. Ltd., for amendment of rule 127 so as to permit CANDURIN colors to be used in the manufacture of drugs for colouring tablets and capsules. These colours are permitted in food as well as Pharmaceuticals in USA and European countries.

DCC after deliberations agreed to the proposed amendment.

AGENDA S-4

CONSIDERATION OF THE PROPOSAL TO AMEND RULE 76 A FOR MAKING A PROVISION FOR GRANT OF LICENCES BY THE DRUGS CONTROLLER GENERAL (INDA) IN RESPECT OF DRUGS COVERED UNDER THE CLAA SCHEME.

DCG (I) stated that drugs belonging to the categories of LVP or Sera and vaccines are licensed under the CLAA scheme and are required to be approved by the Central Licensing Approving Authority i.e. DCG (I). Many of formulation of these categories are manufactured on loan licences for which the licences are granted by State Licensing Authorities under rule 76 A. As many of the formulations are considered critical in nature, the rule 76 A is required to be amended for introducing necessary provision so that these are covered under CLAA scheme.

DCC after deliberations agreed to the proposal.

ADDITIONAL AGENDA ITEMS RAISED WITH THE PERMISSION OF THE CHAIR

AGENDA S-5

(DELHI)

MISUSE OF OXYTOCIN INJECTION

The Drugs Controller, Delhi raised the issue of misuse of oxytocin injection in the country. The drugs is manufactured in clandestine way and used by dairy owners to extract milk from cows and buffalos. It has also been reported that it is also used in the growing of vegetables to increase their size. The Drug Control Department, Delhi arrested two persons which revealed that the drug was manufactured in Bihar and surrounding areas in clandestine way. The drug oxytocin has a definite place in the medical treatment and is used by gynaecologist. However, the drug is being misused to a large extent. He requested the members to ensure that clandestine manufacture of the drug under their jurisdiction is curbed through extensive survey and raids.

The members agreed that misuse of oxytocin injection has been reported in many parts of the country and a strong vigilance is required to stop its clandestine manufacture.

AGENDA NO. S- 6

(RAJASTHAN)

PROVISION TO INCORPORATE PUNISHMENT FOR "PROFESSIONAL DONORS" AND EXCHANGE OF BLOOD AMONGST THE BLOOD BANKS"

Shri D.K. Shringi, DC, Rajasthan stated that cases of blood donation by professional donors were detected in Rajasthan and a demand has been made that the professional donors should be punished by the courts. The term "professional donor" is prescribed in Part – X-B of the Schedule F to the Drugs and Cosmetics rules and criteria for blood donation by a donor are also given under the same Schedule. The professional donor who gives false information for monetary consideration, should be made punishable by the court. For this purpose a penal clause may be inserted under the Act.

The members were of the view that Section 27 (d) which deals with the sale of the drug in contravention of any other provisions of this chapter or any rule made their under may be invoked in such cases.

Shri Shringi further desired that transfer of blood from one blood bank to another depending upon excess availability and to avoid wastage of precious commodity may be permitted under the rules.

It was opined that as the proposals relate to blood, the matter may be further examined in consultation with NACO and the Ministry of Health and Family Welfare.

ANNEXURE I

List of the participants of Drugs Consultative Committee meeting held on 29.06.2009 under the Chairmanship of Dr. Surinder Singh, Drugs Controller General (India)

A. List of participants from State Drugs Control Organisations

S. no.	Name & Designation of the participants
1.	Sh. R.Rangarao, Drugs Controller, Andhra Pradesh, Drugs Control Bhawan, Vengal Rao Nagar, Andhra Pradesh
2.	Sh. G. Tayeng, ADC, Arunachal Pradesh, Dte. of Health Services, Naharlagun-791110 (ARUNACHAL PRADESH)
3.	Sh. Sunil Chaudhary, Drugs Controller & Licensing Authority, Chandigarh Administration, G.M.S.H., Sector 16, Chandigarh - 160016.
4.	Sh. Ajay Kumar Singla, Drugs Controller Delhi, Govt. of National Capital Territory of Delhi, F-17, Karkardooma, Dte. of Health Services Building, (Near Karkardooma Court), Shahadara, Delhi
5.	Sh. P. K. Jaggi, Asstt. Drug controller, Delhi Govt. of National Capital Territory of Delhi, F-17, Karkardooma, Dte. of Health Services Building, (Near Karkardooma Court), Shahadara, Delhi
6.	Sh. H. G. Koshia, Commissioner, FDCA Gujarat, Food and Drugs Control Administration, Ist Floor, Block No.-8, Dr. Jivraj Mehta Bhawan, Gandhi Nagar-382010 (GUJARAT)
7.	Sh. Salima Veljee, Dy. Director Goa, Dte. of Food & Drugs Administration, Old G.M.C. Building, Panaji, Goa.
8.	Sh. R.M.Sharma, Drugs Controller, HARYANA Dte. General of Health Services, Civil Dispensary, Sector 20, Punchkula (HARYANA)
9.	Sh. Navneet Marwaha, Assistant Drugs Controller, HIMACHAL PRADESH Health & F.W. Deptt., SDA Complex, Kasumpati, Shimla-17009 (HIMACHAL PRADESH)
10.	Sh. M. M. Prasad, Drugs Control Jharkhand, Drugs Control Office- Vaccine Institute Campus, Namkom, Jharkhand, Ranchi
11.	Dr. B. R. Jagashetty, Drugs Controller Karnataka, Drugs Control Department, Next to Carlton House, Palace Road, Banglore

S. no.	Name & Designation of the participants
12.	Sh. M.P.George, Drugs Controller & Licensing Authority, Kerala, Public Health Laboratory Campus, Red Cross Road, Thiruvananthapuram
13.	Sh. K.B. Shende, Commissioner, FDA. Maharashtra Food and Drugs Administration, Mumbai, MAHARASHTRA
14.	Sh. Devistone Swer, Assistant Drugs Controller Meghalaya Director of Health Services, Meghalaya, Shillong
15.	Sh. Shobhit Koshta, Licensing Authority Madhya Pradesh, Food & Drugs Adm. Idgah Hills, Bhopal (MP).
16.	Sh. R.F Lotha, Drugs Controller, Nagaland Dte. of Health Services,Nagaland,
17.	Sh. A.S.Das, Drugs Controller, Orissa New Nandan Kanan Road, Bhubneshwar (Orissa)
18.	Sh. D. K. Shringi, Drugs Controller, Rajasthan, Medical and Health Services (FW) Rajasthan, Swasthya Bhawan, Tilak Marg, Jaipur.
19.	Sh. M. Bhaskaran, Drugs Controller Tamil Nadu, 359, Anna Salai, Tynapet, Chennai.
20.	Sh. M. K. Pal, Dy. Drugs Controller, Agartala Garkha Basti Office Complex, P.O. Kunjaban, Agartala
21.	Sh. V.K.Raghuvansi, Addl.Commisioner, FDA, UP, Lucknow
22.	Dr. S. C. Sharma, Senior Inspector, Uttarakhand Directorate of Medical Health Uttarakhand, Dehradun
23.	Dr. S. K. Roy, Drugs Controller, West Bengal, Directorate of Drugs Control, K.I.T. Building, 5th Floor,P-16, India Exchange Place Extension, Kolkata

B. <u>Ministry Of Health & Family Welfare</u>

24.	Sh. Debasish Panda, Joint Secretary, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi

C. <u>Invitees</u>

25.	Sh. O.P.S. Malik, Director General, NCB, Sector-I, Wing-V, West Block-1, R.K.Puram, New Delhi
26.	Sh. O. M. Prakash, DDG, NCB, Sector-I, Wing-V, West Block-, R.K.Puram New Delhi
27.	Ms. Jagjit Pavadia, Commissioner, CBN, 19, The Mall, Gwalior, MP
28.	Dr. L. S. Chauhan DDG (TB), Nirman Bhawan, New Delhi

29.	Sh. K. K. Singh, Ministry of Home Affair, Sector-I, Wing-V, West Block-, R.K.Puram New Delhi
30.	Ms. Nidhi Srivastava, Dy. Director, NCB, Ministry of Home Affair, Sector-I, Wing-V, West Block, R. K. Puram, New Delhi

D. <u>Drug Testing Laboratories</u>

31.	Dr. P.K. Guha, Director, Central Drugs Laboratory, 3, Kyd Street, Kolkata
32.	Dr. G.N. Singh, Secretary-cum-Scientific Director, Indian Pharmacopeia Commission, Raj Nagar, Sector -23, Ghaziabad 201002 (U.P)

E. Zonal Offices of CDSCO

33.	Dr. D.Roy, DDC (I), I/c, CDSCO, South Zone, Chennai
34.	Dr. D. Ramakrishna DDC (I) I/c, CDSCO, West Zone, Mumbai
35.	Sh. M. Mitra, DDC (I), I/c, CDSCO, East Zone, Kolkata
36.	Dr. S.Eswara Reddy, DDC (I), I/c, CDSCO, North Zone, Ghaziabad
37.	Sh. ACS Rao, ADC(I),CDSCO, Sub-Zone, Hyderabad

F. CDSCO, Hqrs

38.	Sh. A. B. Ramteke, DDC(I), FDA Bhawan, New Delhi
39.	Sh. Lalit Kishore, Technical Consultant, FDA Bhawan, New Delhi
40.	Sh. Janak Raj, ADC (I), FDA Bhawan, New Delhi
41.	Sh. A.K.Pradhan, ADC (I), FDA Bhawan, New Delhi
42.	Sh. Arvind Kukrety, ADC (I), FDA Bhawan, New Delhi
43.	Smt. Manjula Chandra, ADC (I), FDA Bhawan, New Delhi
44.	Sh. S.P. Shani, ADC (I), FDA Bhawan, New Delhi
45.	Sh. A. K. Khanna, Technical Officer, FDA Bhawan, New Delhi
46.	Ms. Swati Srivastava, Drug Inspector, FDA Bhawan, New Delhi
47.	Dr. R. K. Sharma, Technical Officer, FDA Bhawan, New Delhi
48.	Sh. S.N. Basu Technical Officer, FDA Bhawan, New Delhi
49.	Sh. Aseem Sahu, Technical Officer, FDA Bhawan, New Delhi
50.	Mrs. Kavita Sharma, Technical Officer, FDA Bhawan, New Delhi

51.	Dr. I. S. Hura, Technical Officer, FDA Bhawan, New Delhi
52.	Sh. Jayant GangaKhedkar, Technical Officer, FDA Bhawan, New Delhi
53.	Sh. Sunil Kulshrestha, Technical Officer, FDA Bhawan, New Delhi
54.	Sh. Gaurav Kumar, Technical Officer, FDA Bhawan, New Delhi