

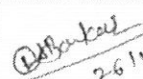
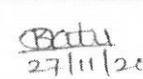


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Format Title :	CAPA Form			
Format No.:	F/SOP/QA/013/01-01	Page No.:	1 of 4	
Ref. SOP No.:	SOP/QA/013/00			

CAPA No.	CAPA/_____/_____	Date of Issuance	
Initiating Department		Initiation By	
CAPA No. Issued By (Sign/ Date)			
CAPA Related to	Equipment / Instrument / Utility / Product / SOP / Stability Study / Vendor / Audit /Any other: _____		
Source Document Name (if any)			
Source Document No.			
Reason for CAPA			
Investigation and Root cause			

	PREPARED BY	REVIEWED BY	APPROVED BY
Name	Tanvi Naik	Rahul Bankar	Kanchan Patil
Sign/Date	 26/11/2020	 26/11/2020	 27/11/20
Designation	QA - officer	Executive	Manager
Department	Quality Assurance	Quality Assurance	Quality Assurance


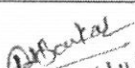

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<b>Format Title:</b>	<b>CAPA Form</b>		
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<b>Corrective Action</b>	
<b>Preventive Action</b>	

<b>Proposed Completion Date</b>					
<b>Attachment Numbers / Reference (If any)</b>					
<table> <tr> <td data-bbox="118 1601 566 1646"> <b>Reviewed by: _____</b> </td> <td data-bbox="837 1601 1324 1646"> <b>Approved by: _____</b> </td> </tr> <tr> <td data-bbox="118 1657 566 1736"> <b>Initiator Department (Sign/ Date) Head / Designee</b> </td> <td data-bbox="837 1657 1324 1713"> <b>(QA Manager/Designee) (Sign/Date)</b> </td> </tr> </table>		<b>Reviewed by: _____</b>	<b>Approved by: _____</b>	<b>Initiator Department (Sign/ Date) Head / Designee</b>	<b>(QA Manager/Designee) (Sign/Date)</b>
<b>Reviewed by: _____</b>	<b>Approved by: _____</b>				
<b>Initiator Department (Sign/ Date) Head / Designee</b>	<b>(QA Manager/Designee) (Sign/Date)</b>				

	<b>PREPARED BY</b>	<b>REVIEWED BY</b>	<b>APPROVED BY</b>
<b>Sign/Date</b>	 26/11/2020	 26/11/2020	 27/11/20

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**Justification for Extension of Proposed Completion Date (If required):**

**Original proposed completion Date**

**Next Proposed completion date**

**Initiator Department Head:** \_\_\_\_\_  
/Designee (Sign/Date)

**Approved by:** \_\_\_\_\_  
(QA Manager / Designee ) (Sign/Date)

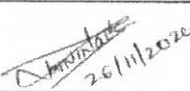
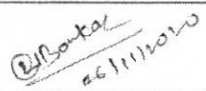
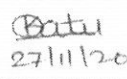
**Justification for Extension of Proposed Completion Date (If required):**

**Original proposed completion Date**


**Next Proposed completion date**

**Initiator Department Head:** \_\_\_\_\_  
/Designee (Sign/Date)

**Approved by:** \_\_\_\_\_  
(Quality Head / Designee) (Sign/Date)

	<b>PREPARED BY</b>	<b>REVIEWED BY</b>	<b>APPROVED BY</b>
<b>Sign/Date</b>	 26/11/2020	 26/11/2020	 27/11/20

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<b>Format No.:</b>	F/SOP/QA/013/01-01	<b>Page No.:</b>	4 of 4

**Verification of CAPA:**


<b>Initiator:</b> (Sign/ Date)		<b>Reviewed By</b> (Department Head) (Sign/ Date)	
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<b>CAPA Effectiveness Required</b> (Circle where applicable)	Yes / No
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<b>Details of CAPA Effectiveness Check Required:</b>	

<b>Approved By:</b> _____	<b>CAPA Closed By:</b> _____
(QA Manager/ Designee)      Sign/ Date	(QA)      Sign/ Date

	<b>PREPARED BY</b>	<b>REVIEWED BY</b>	<b>APPROVED BY</b>
<b>Sign/Date</b>	<i>[Signature]</i> 26/11/2020	<i>[Signature]</i> 26/11/2020	<i>[Signature]</i> 27/11/20

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