

	<b>Prepared By</b>	<b>Checked By</b>	<b>Approved By</b>
<b>Name</b>	<b>Supriya Kadam</b>	<b>Kushal Bhatt</b>	<b>Preeti Vani</b>
<b>Designation</b>	<b>Sr. Executive- QA</b>	<b>Dy. Manager- QA</b>	<b>Quality Manager/MR</b>
<b>Sign/Date</b>			

<b>Quality Format</b>	<b>Doc. No.: F/QPR/013/029/04/02</b>	<b>Rev. No.: 04</b>	<b>Issue No.: 02</b>
<b>Title: Non-Conformity Report (NCR)</b>			
<b>Issue Date: 08/06/2021</b>	<b>Effective Date: 10/06/2021</b>		<b>Page No.:2of 4</b>

**Impact on the Quality of the Product or Process (Impact assessment)**
**Done By:**
**Checked By QA:**
**Process / Document to be affected:**
**Done By:**
**Checked By QA:**
**Correction:**
**Corrective action:**
**Done By:**
**Approved By QA:**
**Task identified**
**Responsibility:**
**Target date:**

	<b>Prepared By</b>	<b>Checked By</b>	<b>Approved By</b>
<b>Name</b>	<b>Supriya Kadam</b>	<b>Kushal Bhatt</b>	<b>Preeti Vani</b>
<b>Designation</b>	<b>Sr. Executive- QA</b>	<b>Dy. Manager- QA</b>	<b>Quality Manager/MR</b>
<b>Sign/Date</b>			

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**Disposition Decided:**

☐ Use-as-is  
 ☐ Return to supplier  
 ☐ Reprocess  
 ☐ Rework  
 ☐ Reject  
 ☐ Other

**Risk Analysis:**

  
  
  
  
  
  
  
  
  
  

**Done By:** \_\_\_\_\_ **Checked By QA:** \_\_\_\_\_

**Regulatory Implications:**

  
  
  
  
  
  
  
  
  
  

**Done By:** \_\_\_\_\_ **Checked By QA:** \_\_\_\_\_

**Comments from Related Department (If Applicable)**

**Department:** \_\_\_\_\_

**Comment**

  
  
  
  
  
  
  
  
  
  

**Sign and Date**

**Preventive action (if any)**

  
  
  
  
  
  
  
  
  
  

**Target Date for implementation:** \_\_\_\_\_ **Responsibility:** \_\_\_\_\_

**Done By:** \_\_\_\_\_ **Approved By QA:** \_\_\_\_\_

**Comments from QA Department**

**QA Head**

**Comment**

  
  
  
  
  
  
  
  
  
  

**Sign and Date**

	<b>Prepared By</b>	<b>Checked By</b>	<b>Approved By</b>
<b>Name</b>	Supriya Kadam	Kushal Bhatt	Preeti Vani
<b>Designation</b>	Sr. Executive- QA	Dy. Manager- QA	Quality Manager/MR
<b>Sign/Date</b>			

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**Nonconformity Closure**

Implementation Assessment:

Root cause effectively eliminated:\_\_\_\_\_

Documents amended: \_\_\_\_\_

Effectiveness of implemented corrective action verified: \_\_\_\_\_

Effectiveness of implemented preventive action verified: \_\_\_\_\_

Assessment of implemented corrective action / preventive action on Regulatory implication are verified: \_\_\_\_\_

**Done By QA:**
**Comment By Head of Department/Functional Supervisor:**
**Sign and Date**
**Comment By QA:**
**Sign and Date**
**Quality Manager / M.R. Nonconformity Review:**
**Quality Manager / M.R.  
Sign and Date**

	<b>Prepared By</b>	<b>Checked By</b>	<b>Approved By</b>
<b>Name</b>	<b>Supriya Kadam</b>	<b>Kushal Bhatt</b>	<b>Preeti Vani</b>
<b>Designation</b>	<b>Sr. Executive- QA</b>	<b>Dy. Manager- QA</b>	<b>Quality Manager/MR</b>
<b>Sign/Date</b>			