DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF ANDHRA PRADESH

CERTIFICATE OF PHARMACEUTICAL PRODUCT[1]

This certificate conforms to the format recommended by the World Health Organization (general instructions and explanatory notes attached)

Certificate No.: HMF07-14051/1091/2024-ADMIN-DCA Valid up to: **06.07.2026**

Exporting or (certifying) country: **INDIA** Importing or (requesting) country: **South Korea**

1. Name and dosage form of the product**: Olmesartan Medoxomil (EP/BP/USP)**

1.1 Active ingredients (s)[2] and amounts (s) per unit dose[3]: Olmesartan Medoxomil

Complete composition including excipients[4]: **Not Applicable**

1.2 Is this product licenced to be placed on the market for use in the exporting country? [5] Yes ☒ No ☐

1.3 Is this product actually on the market in the exporting country? Yes ☒ No ☐ Unknown ☐

If the answer to 1.2 is Yes, continue with section 2 A and omit section 2 B
If the answer to 1.2 is No, omit section 2 A and continue section 2 B[6]

2.A
A.1 Number of product license [7] and date of issue
Under Mfg Lic.No 50/VP/AP/2010/B/R, Dt: 27.10.2010
A.2 Product license holder:
M/s. Verdant Life Sciences Private Limited,
Plot No.55 , Jawaharlal Nehru Pharma City,
Parawada Mandal, Visakhapatnam -531019
Andhra Pradesh, INDIA.
A.3 Status of Product-license Holder [8]
a. ☒ b. ☐ c. ☐
A.3.1 For Categories b and c the name and address of the manufacturer producing the dosage form are[9] **: Not applicable**
A.4 ls summary basis of approval appended ?[10]
Yes ☐ No ☒
A.5 Is the attached officially approved product information complete and consonant with the license?[11]
Yes ☐ No ☐ Not provided ☒
A.6 Application for certificate if different from license Holder. Name and address[12] : **Not applicable**

2.B **SECTION 2B IS TO BE OMITTED**
B.1 Applicant for Certificate (Name and Address):

B.2 Status of Applicant:[8]

a. ☐ b. ☐ c. ☐ d. ☐

B.2.1 For categories band c the name and address of the Manufacturer producing the dosage form are [9]

B.3 Why is marketing authorization lacking?

☐	☐	☐	☐
Not Required	Not Requested	under consideration	Refused

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]
Yes ☒ No ☐ Not applicable ☐
If no or not applicable proceed to question 4

3.1 Periodicity of routine inspection (years) : Not less than once in a year.

3.2 Has the manufacture of this type of dosage form been inspected? Yes ☒ No ☐

3.3 Do the facilities and operations conform to GMP as recommended by World Health Organization[15]
Yes ☒ No ☐ Not applicable ☐

4. Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product? [16]
Yes ☒ No ☐
If no, explain:

Address of certifying authority: **The Director General,**
Drugs & Copyrights,
Drugs Control Administration,
Siddhartha Medical College Campus,
Gunadala, Vijayawada - 520 008
mail id: tappal-dca@ap.gov.in

Telephone and Fax numbers : **Tel: 0866-2456649**

Name of Authorized Person: **M.B.R. PRASAD M.Pharm., M.Phil. A.I.C.**
Director and Licensing authority

Signature:

Digitally signed by BABU RAJENDRA PRASAD MEESALA
Date: 2024.07.15 11:30:58 +05'30'

Stamp & Date