

**FORM 39A [(SEE RULE 150 E (f) UNDER THE DRUGS & COSMETICS ACT 1940 & RULES THEREUNDER)**

**Generic Name** : Ciprofloxacin Drops IP  
**Sample Name** : Ciprofloxacin Drops IP

**Submitted By** : M/s Meghalayan Medical Drugs and Services Limited  
 (MMDSL)  
 New Colony Shillong, DHS Laitumkhrah, Office of the  
 Managing Director, MMDSL East Khasi Hills District  
 Meghalaya Shillong (Assam) 793003 District Meghalaya  
 Shillong (Assam) 793003

**Format No** : [REDACTED]  
**Mfg. Lic.No.** : [REDACTED]

**Report No.** : [REDACTED]  
**Date of Receipt** : 18/04/2024  
**Report Date** : 02/05/2024  
**Period of Analysis** : 18/04/2024-02/05/2024  
**Stability Condition** :

**Mfd. By** : NS  
**Supplied By** : NS  
**Ref.No.** : NS

<b>Batch No.</b>	<b>Mfg. Date</b>	<b>Exp. Date</b>	<b>Batch Size</b>	<b>Sample Qty.</b>
MMDSL/QC-0186	02/2024	01/2026	NS	20 Vials

**RESULTS OF ANALYSIS**

<b>Reference to Protocol</b>	I.P.-2022				
<b>Description</b>	Clear colourless liquid filled in white plastic container				
<b>Test Parameters</b>	<b>Results</b>				<b>Limit</b>
<b>Identification :</b>					
(A) by HPLC	Complies				
(B) by Chemically	Complies				
<b>Nominal Volume</b>	10.0 ml				
<b>Average fill Volume</b>	10.0 ml				
<b>Uniformity of Volume</b>	Within limit				
<b>pH</b>	4.32				3.5 to 5.5
<b>Sterility</b>	Complies				
<b>Assay (by HPLC)</b>					
<u>Particulars</u>	<u>Result</u>	<u>Claim</u>	<u>Lower</u>	<u>Upper</u>	<u>Method</u>
Ciprofloxacin HCl eq. to Ciprofloxacin	0.295% w/v	0.3% w/v	0.27% w/v	0.33% w/v	IP

\*\*\*End of Report\*\*\*

Remark: In the opinion of the undersigned the sample referred to above is of standard quality as defined in the Act