

**Central Drugs Standard Control Organization
Directorate General of Health Services
Office of Drugs Controller General (India)
(Biological Division)**

Checklist for NOC for manufacturing of Test Batches for test and analysis under Form-29

S.No.	Checklist for Screening	Closed Response
1	Name of manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of Drug/Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Source of MSL/WSL	
4	Process Flow	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Site plan for manufacture of Subject drug	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	List of equipments and testing Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	If Technology Transfer, Details thereof	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Name, Qualification experience of personal responsible for manufacturing of trial batches	<input type="checkbox"/> Yes <input type="checkbox"/> No