F.No. X-19013/1/2007-DC

From:

The Drugs Controller General (India)
Directorate General of Health Services,

Nirman Bhawan, New Delhi
Dt.

To,

All State Drugs Controllers,

Sub: Minutes of 38th Meeting of the Drugs Consultative Committee held on 4th June, 2007 at Nirman Bhawan, New Delhi.

Sir,

A copy of the minutes of the 38th Meeting of Drugs Consultative Committee held on 4th June, 2007 duly approved by the Chairman, is annexed for your information and perusal please. Your comments in the matter, if any, may be sent to this Directorate at an early date.

Yours faithfully,

(Dr. M. Venkateswarlu)
Drugs Controller General (India)

MINUTES OF 38TH MEETING OF DRUGS CONSULTATIVE COMMITTEE HELD ON 4TH JUNE, 2007 AT NEW DELHI UNDER THE CHAIRMANSHIP OF DR. M. VENKATESWARLU, DRUGS CONTROLLER GENERAL OF INDIA.

List of Participants Annexed:

Dr. M. Venkateswarlu, Drugs Controller General (India), Chairman, Drugs Consultative Committee, welcomed the members and other Senior officers of the Government of India, and thanked them for sparing time to involve in the deliberations of the committee. He briefed that the objective of this meeting is to discuss certain issues like creating another Schedule-H1 for drugs which require special regulatory provisions to regulate their sales apart from Schedule H & X, proposal to declare psychotropic substances as CLAA drugs and certain amendments in respect of export of drugs alongwith other items of agenda. Ministry of Environment & Forests is stressing that the drug diclofenac, an essential analgesic, is leading to the death of vultures because of its extensive use in veterinary practice. Similarly, in the case of the drug Oseltamivir, the only drug available for the treatment of Avian Influenza in humans, is required to be regulated to prohibit indiscriminate and unregulated access to the drug to the consumers in order to ensure that it does not become ineffective during actual breakout of the disease.

The Meeting was addressed by Dr. R. K. Srivastava, Director General of Health Services. He stressed the importance of this meeting as its recommendations would be considered by DTAB for updating the Drugs and Cosmetics Act & Rules. He stated that the role of Pharma sector is increasing day by day in the economic development of the country and it is the duty of the regulatory authorities to ensure that the medicines available to the consumers are safe and dependable.

Shri. Debashish Panda, Joint Secretary, Ministry of Health and Family Welfare while addressing the members stated that this meeting of the All India State Regulatory authorities would help in understanding ground realities and taking suitable measures for effective drug control. He also mentioned about the reports on spurious drugs appearing in newspapers and desired that States should set up a mechanism to know the magnitude of the problem. He also mentioned that the aid provided by the Central Government through WHO or World Bank should be utilized for strengthening of the capacity of the testing labs and other regulatory infrastructure.

AGENDA ITEM NO.1 :

CREATION OF A NEW SCHEDULE-H(1) AND CORRESPONDING CHANGES IN THE RULES UNDER THE DRUGS AND COSMETICS RULES FOR SPECIAL PRODUCTS WHICH ARE REQUIRED TO BE SOLD UNDER SPECIFIED CONDITIONS i.e. DICLOFENAC AND SPECIFYING CONDITIONS FOR SALE OF SUCH PRODUCTS.

DCG(I) explained that at present the sale of drugs is regulated under Schedule-H (prescription drugs), and under Schedule-X (psychotropic or habit forming drugs). A need is, however, being felt that a separate Schedule is required to monitor, control and evaluate sales of certain specific drugs where it is not desirable to allow indiscriminate and unregulated access. Such drugs would be regulated through a new Schedule i.e. Schedule-H(1). The specific sale conditions for the drug will be notified by the Ministry of Health and FW through notification.

The committee after deliberations agreed to the creation of a new Schedule-H1 under the Drugs and Cosmetics Rules which would be strictly monitored by the State drug inspectors with a specific reference to Diclofenac preparations in respect of their veterinary use.

The DCC also agreed to the prohibition of Diclofenac preparations for veterinary use. It further recommended that Diclofenac formulations meant for human use will print on their labels "Not for Veterinary Use".

AGENDA ITEM NO.2 :

INCLUSION OF PSYCHOTROPIC SUBSTANCES UNDER THE LIST OF THE PRODUCTS TO BE LICENSED BY THE CENTRAL LICENSING APPROVING AUTHORITY (CLAA) AND DEVISING A SYSTEM FOR COLLECTING INFORMATION OF ANNUAL CONSUMPTION OF THESE DRUGS IN THE COUNTRY FOR SUBMISSION TO INCB, VIENNA AS INTERNATIONAL OBLIGATION.

DCG(I) explained that the matter relating to furnishing of annual statistics in respect of manufacture, import and export of psychotropic substances to the Narcotic Control Bureau, New Delhi for onward transmission to INCB, Vienna is an international obligation. He stressed that submitting of appropriate returns of narcotics drugs and psychotropic substances to Narcotics Control Bureau is essential to avoid fetching bad name to the country.

During the deliberations, many of the State Drugs Controllers opined that they are not very clear about the extent of information required to be furnished in respect to narcotics drugs and psychotropic substances to NCB i.e. whether the information is required for the bulk drugs only or for formulations also, and whether the sale figures are required at the manufacturers /wholesale level or at retail level. The committee desired that the DCG(I) should interact with NCB and find out the minimum information required to be furnished for meeting the obligations towards INCB as the informations are required to be collected from large number of manufacturers and sellers. DCG(I) agreed to do so.

DCG(I) further informed that in the present scenario, the Government of India is proposing to bring the psychotropic substances marketed in the country as drugs under CLAA scheme to ensure compliance to INCB requirements and to work out modalities relating to manufacture, sale, distribution of narcotics drugs and psychotropic substances for laying down the Forms and procedures to be followed for bringing these products under CLAA scheme.

DCC constituted a sub-committee under Shri Kapil Bhargav, ADC(I), CDSCO(WZ) as the convener and the Commissioner, FDA, Maharashtra and Gujarat and Director, Drugs Control Tamil Nadu as members for the purpose. The committee is expected to submit its report within 6 weeks time.

AGENDA ITEM NO.3 :

PROPOSAL FOR CONSIDERATION OF GUIDELINES FOR RECALL AND DESTRUCTION OF DRUGS WHICH ARE DECLARED TO BE NOT OF STANDARD QUALITY.

The DCG(I) briefed the members that the question of preparing guidelines for destruction of drugs, which are declared not of standard quality, was discussed un the 35th meeting of DCC held on 29-30/4/2004, and the committee under the FDCA., Gujarat was asked to prepare the guidelines. Dr. S.P. Adeshara, Commissioner, FDCA, Gujarat, informed that the guidelines are under preparation and the sub-committee has not yet finalized its recommendations. In view of the urgency due to NRA assessment by WHO, DCG(I) requested Dr. Adeshara to expedite the detailed guidelines for the recall and destruction procedures based on the information required by WHO. The office of DCG(I) will then finalize SOPs for recall and

destruction procedures and circulate to all drug controllers for compliance and implementation.

AGENDA ITEM NO.4 :

PROPOSAL TO CONSIDER LABELLING OF HOMEOPATHIC MEDICINES IMPORTED INTO THE COUNTRY TO GIVE THE NAME OF THE IMPORTER ON THE LABEL –REG.

The DCG(I) explained that one Shri. Ganesh Prasad Singh, MP has brought to the notice of the Government of India that imported homeopathic medicines do not give essential information regarding the name of the importer/the person marketing the same in the country. This may lead to the problem to the traceability of source in case of imported Homeopathic medicines is found to be of suspect quality.

The DCC agreed to the proposal and recommended that Rule-106-A pertaining to labelling of Homeopathic medicines may be amended to make it mandatory for every importer to give his name and address on the container of imported Homeopathic medicines.

AGENDA ITEM NO.5 :

AMENDMENT OF RULE-94 OF THE DRUGS AND COSMETICS RULES FOR PROVIDING EXEMPTION FROM CERTAIN LABELING REQUIREMENTS FOR LABEL AND PACKAGES OF DRUGS MEANT FOR EXPORT ONLY.

DCG(I) explained the importance of the need to specify labeling requirements for drugs exported from India as the presently Rule 94 is related to the exemption for export only. A Sub-committee was constituted in the 37th meeting of DCC held in December, 2006 to

review the labelling requirements especially for exports, while keeping in view various constraints and limitations of labelling of drugs especially for export. A committee in its report have suggested that Rule-94 of the Drugs and Cosmetics Rules may be amended to make it a comprehensive provision for labeling of drugs meant for export.

DCG(I) further informed that the Ministry of Commerce has proposed that bar coding on drugs exported from India need to be encouraged.

The DCC agreed to the proposed changes in Rule-94 as recommended by sub-committee and also to make provision for giving the essential information in the bar code on the label of a product.

AGENDA ITEM NO.6 :

CONSIDERATION OF PROPOSAL FOR AMENDMENT OF DRUGS AND COSMETICS RULES IN RESPECT OF LABELLING CLAIMS ON COSMETICS INCLUDING BABY COSMETIC PRODUCTS.

The DCG(I) briefed the members that as per recommendation of 36th Meeting of DCC, a sub-committee examined the use of labeling claims on cosmetics including claims made on gender basis or age group basis etc. The sub-committee reviewed the provisions regarding labelling, packing and standards of cosmetics and recommended amendments to the various provisions under Part XV of Drugs and Cosmetics Rules.

As the proposed amendments were very exhaustive, the members wanted to have some time to examine the report. It was agreed upon that the State Drugs Controllers will furnish their

comments on or before 20th June, 2007 failing which the report will accepted as recommendations.

AGENDA ITEM NO.7 :

CONSIDERATION OF THE PROPOSAL TO INCLUDE UMBILICAL CORD BLOOD STEM CELLS IN THE EXISTING REGULATORY REQUIREMENTS OF BLOOD BANKS AND SPECIFY REQUIREMENTS FOR COLLECTION, PROCESSING etc.-REG.

DCG(I) informed that on the recommendations of DTAB, draft rules were published under Gazette Notification GSR 531 (E) dt. 4.9.2006 for inclusion of Umbilical Cord blood preparations under the Drugs and Cosmetics Rules. It was however felt that separate Schedule giving technical requirements for these products would also be required to be simultaneously introduced for having proper regulatory control. In view of this , it is proposed republish the draft after taking approval of DTAB.

The DCC approved the proposed action.

AGENDA ITEM NO.8 :

PROPOSAL TO CONSIDER AMENDMENT OF ENTRY NO. 14 OF THE GAZETTE NOTIFICATION GSR 578 (E) DATED 23.7.83 REGARDING BAN ON FDC OF CORTICOSTEROIDS WITH ANY OTHER DRUG FOR INTERNAL USE.

DCG(I) explained that Entry-14 of the Gazette Notification GSR 578 (E) dt. 23.7.83, under Section-26-A, prohibits the FDC of Corticosteroids with any other drug for internal use. The matter was examined by a committee and it recommended that the above notification should be applicable for only systemic absorption of drug and not for tropical application in order to avoid diverse

interpretations by different regulatory authorities. The matter is being taken to DTAB for making necessary amendment to the said entry.

The DCC approved proposed change for the entry in the said notification for consideration of DTAB for approval to remove ambiguity.

AGENDA ITEM NO.9 :

FIXED DOSE COMBINATION FORMULATION CONTAINING THE ANTI-TB FIXED DOSE COMBINATION OF RIFAMPICIN 200MG + ISONIAZID 300MG + PIPERAZINE EXTRACT 10MG.

DCG(I) explained that an application was received by his office for permission to manufacture and market FDC of Rifampicin with Piperine. However, the notification GSR 100 (E) dt. 11.2.2003 under Section-26-A of Drugs and Cosmetics Act prohibits the FDC of Rifampicin, Isoniazid and Pyrazinamide except in doses specified in the notification. The matter is being placed before DTAB for necessary clarification as to whether the FDC of Rifampicin with Piperine could be permitted without infringing the above notification.

DCC agreed to the proposal being placed before DTAB for its consideration and advice in the matter.

AGENDA ITEM NO.10 :

FIXED DOSE COMBINATION FORMULATION CONTAINING THE ANTIHISTAMINE LEVOCETIRIZINE WITH THE LEUKOTRIENE RECEPTOR ANTAGONIST MONTELUKAST.

DCG(I) stated that an application was received for marketing of FDC of Levocetirizine (anti-histamine) with Montelukast (Leukotriene receptor antagonist). Both these drugs are separately approved for marketing and the FDC is found to be well accepted in control of

asthma and allergic rhinitis. However, entry no. 36 of the list of banned drugs under Section-26-A prohibits FDC of Salbutamol or any other bronchodilator with centrally acting anti-tussive and/or an antihistamine. In view of this the matter would be placed before DTAB for its consideration as to whether the FDC could be permitted to be marketed in the country.

DCC agreed to the proposal being placed before DTAB for its consideration.

AGENDA ITEM NO. 11

TO IDENTIFY LABORATORIES WHICH COULD BE NOTIFIED AS GOVERNMENT ANALYST FOR TESTING OF MEDICAL DEVICES ESPECIALLY FOR TESTING THEIR BIOCOMPATIBILITY, STERILITY ETC.

DCG(I) briefed the members that a regulatory control is now being exercised on import as well as manufacture of 10 categories of medical devices. In case of imports while due care has been taken to ensure that duly certified medical devices are permitted to be imported, certain batches have been reported to have failed to conform to the specifications in the parent country. It is therefore necessary to identify laboratories in the country which could test the quality of medical devices.

During the deliberations, the State Drugs Controllers of Maharashtra and Karnataka volunteered to provide infrastructure to create facilities to test notified medical devices with the assistance of Central Government.

AGENDA ITEM NO.12 :

MANUFACTURE OF RECOMBINANT DNA (r-DNA) DERIVED DRUGS i.e. BIOTECH DRUGS AND VACCINES TO BE CONSIDERED AS NEW DRUGS AND THE MANUFACTURING LICENCE FOR EACH MANUFACTURE WOULD BE GRANTED AFTER THE NOC AS A NEW DRUG FROM THE DRUGS CONTROLLER GENERAL (INDIA).

DCG(I) briefed the members that recombinant r-DNA products have variations in physio-chemical characteristics when derived from different sources of genes or vectors. Such products are therefore required to be considered as New Drugs for each manufacturing process, unlike normal drugs which could be permitted for manufacture by the State Licensing Authorities after a period of 4 years of grant of permission by the DCG(I).

The DCC approved the proposal to amend Rule 122-E to consider all r-DNA derived drugs as new drugs for the purpose of granting permission for their manufacture and import.

AGENDA ITEM NO.13 :

GRANT OF SCHEDULE-K EXEMPTION FOR HOMEOPATHIC PRODUCTS LIKE HAIR OILS (ASHWINI HAIR OIL).

The DCC discussed the proposal and opined that there can not be an exemption in the brand name of a product and the manufacturer may be requested to provide composition of Ashwini hair oil. The office of DCG(I) may then consult the Department, AYUSH as to whether the hair oils with specific composition and claimed as Homeopathic medicine could be exempted from the sale provisions.

SUPPLEMENTARY AGENDA ITEM No. S-1

GRANTING PERMISSION FOR MARKETING BY STATE DRUGS CONTROLLERS FOR FIXED DOSE COMBINATIONS CONSIDERED AS NEW DRUGS UNDER RULE 122B.

DCG(I) briefed the members that a reference was received from PM Office on availability of irrational and non-permitted fixed dose combinations in the country. In order to evaluate the extent of availability of such combinations, DCG(I) office carried out an exercise from the available information in the Drug Indexes published as private publications. The examination was limited to a select number of common therapeutic categories like anti-diarrhoeal drugs, pain killers, cardio vascular drugs etc. The examination revealed that there are about 150 of such formulations where State Drug Controllers granted permission for manufacture while some of these drugs were not permitted by the DCG(I) and certain drugs permitted by DC(I) are within the period of 4 years, during which a prior permission from DCG(I) is required for their marketing. He further stated that the practice might have lead to a revenue loss of about Rs.122 crores to the Central Government. The DCG(I) cited and instance when during one of the meetings of National Pharmaceutical Pricing Authority (NPPA), it proposed to fix prices for certain FDCs which were not yet examined and permitted by DCG(I) for marketing. DCG(I) objected to the fixing of the prices of these FDCs as the FDCs were not cleared by him for marketing.

The majority of State Drugs Controllers stated they were not the first to give such permissions and were compelled by the circumstances to give permissions as there is no restriction on sale of such drugs, permitted by other States for sale in their States. DCG(I) however, emphasized that there is a need to find solution to this perennial problem. DCG(I) drew the attention of the State Drug

Controllers to the existing provisions under Rule 75 & 76 which categorically states that while applying for a licence to manufacture patent and proprietary medicines, the applicant is required to furnish "the approval in writing in favour of the applicant to manufacture drug formulations falling under purview of new drug as defined in Rule 122E from the licensing authorities as defined in clause (b) of Rule 21". All FDCs are patent and proprietary medicines and are required to be evaluated for safety and efficacy by the office of DCG(I).

The matter was debated extensively by the members and it was agreed to that DCG(I) will circulate the list prepared by him to the State Drug Controllers with a request to withdraw the permissions granted for manufactures of such FDCs which require prior approval of the DCG(I) for marketing.

SUPPLEMENTARY AGENDA ITEM No. S-2

PROPOSAL FROM THE DRUGS CONTROLLER, KARNATAKA TO AMEND THE DEFINITION OF "RETAIL SALE" UNDER THE DRUGS AND COSMETICS RULES.

The Drugs Controller Karnataka, submitted the proposal for amending the definition of 'Retail Sale' and 'Whole Sale' under Rule-2(f) and (g) of the Drugs and Cosmetics Rules, as complaints have been received by him that the common modus operandi of spurious drug sellers is to sell directly to Registered Medical Practitioners as a wholesale sale especially in rural areas. In view of this, he proposed that wholesale dealing by a hospital or dispensary should only include where such a sale is by way of competitive bidding or tenders. Corresponding changes would be required to be made in the sale licences in Form-20B, 20BB, 20G, 21B and 21BB.

DCC after deliberations agreed to the proposal for being placed before DTAB for making necessary amendments under the Drugs and Cosmetics Rules.

SUPPLEMENTARY AGENDA ITEM No. S-3

PROPOSAL FROM THE DRUGS CONTROLLER, TAMIL NADU TO AMEND SCHEDULE-M TO PROVIDE FOR RELAXATION FOR CONDITIONS OF MANUFACTURES IN RESPECT OF MANUFACTURERS OF SURGICAL BANDAGES.

The Drugs Controller, Tamilnadu desired that conditions under Schedule-M for manufacture of surgical bandages should be relaxed.

The Chairman stated that a draft notification GSR 635 (E) dt. 13.10.2006 was published by the Ministry of Health for introduction of specific requirements for manufacture of non-sterilized and non medicated surgical dressings under schedule-M to the Drugs and Cosmetics Rules incorporating the concessions as suggested by Drugs Controller, Tamil Nadu in the sub-committee set up by DCC in earlier meetings. The amendment is in the process of finalisation. The Drugs Controller, Tamil was requested to interact with the stakeholders in his State in light of the above amendment.

SUPPLEMENTARY AGENDA ITEM NO. 4

CONSIDERATION OF THE PROPOSAL TO AMEND RULE-49-A AND 50-A CONCERNING QUALIFICATION OF A LICENSING AUTHORITY AND CONTROLLING AUTHORITY.

The Chairman stated that in the previous meeting of DCC, the Drugs Controller of Chhattisgarh and Drugs Controller UP, were assigned with the responsibility of suggesting amendment to Rule 49A and 50A to make 5 years experience in the enforcement of the provisions of the Act as an essential requirements for licensing and controlling authorities. The draft proposed by the sub-committee was debated and it was agreed upon that the Clause-(ii) the Rule-49-A and 50-A may be amended in the manner so as to ensure that incumbents have experience in the enforcement of the provisions of the Act for a minimum period of 5 years. The experience in the manufacture of the testing could be considered as desirable if required.

Meeting ended with the vote of thanks to the Chair.

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List of participants of DCC Meeting held on 4th June, 2007.

A. List of participants from State Drugs Control Organisations

1. Mr. G. Tayeng
   Drugs Inspector ,
   Dte. of Health Services
   Naharlagun-791110 (ARUNACHAL PRADESH)

2. Mr. Y.K. Jaiswal
   Drugs Controller, Bihar,
   State Drugs Controller,
   Dte. Of Health Services,
   4th Floor, Vikas Bhawan, Deptt. of Health and F/W,
   Bailey Road, Patna-800001 (BIHAR).

3. Dr. S.P.Adeshara,
   The Commissioner,
   Food and Drugs Control Administration
   Ist Floor, Block No.-8,Dr. Jivraj Mehta Bhawan
   Gandhi Nagar-382010 (GUJARAT)

4. Sh. Pramod K Jain,
   Director, Food and Drugs Admn.,
   IPHB Building ALTINO, Panaji, Goa-403001.

5. Sh. R.M.Sharma,
   State Drugs Controller, Haryana,
   Dte. General of Health Services,
   Civil Dispensary, Sector-20,
   Panchkula (HARYANA).

6. Mr. M. A. Khateeb,
   The Controller,
   Drugs & Food Control Organisation,
   J &K, Patoli Magotrian,
   P.O. Janipur Jammutavi
   Pin-180001 (J&K)

7. Dr. B. Sripathi Rao,
   Drugs Controller,
   Drugs Control Department, Next to Carlton House
   Palace Road, Banglore-560001 (KARNATAKA)

8. Mr. P.P.George,
   Dy. Drugs Controller,
   Thiruvananthapuram-695037 (KERALA)

9. Mr. D.M. Chincholkar
Food and Drugs Administration
Idgah Hills,
Bhopal-462001 (M.P.)

10. Mr. Amitabh Chandra
The Commissioner
Food and Drugs AdministrationOpp. R.B.I. Building
Bandra, Bombay-400051 (MAHARASHTRA)

11. Mr. Devistone Swer
ADC
O/o The Director of Health Services
Meghalaya, Shillong-793001

12. Mr. Lal Sawarna
Director of Health Services,
Mizoram,
Chaltong, Aizwal-793001 (MIZORAM)

13. Mr. R.F. Lotha,
Addl. Drugs Controller
Dte. of Health Services
Nagaland, Kohima-797001

14. Mr. J.P. Misra
The State Drugs Controller (Orissa)
New Nandan Kanan Road,
Bhubneshwar-751017 (ORISSA)

15. Mr. Bhag Singh
The State Drugs Controller Authority,
Deptt. of Director of Health Services, Punjab,
Sector 34-A, Chandigarh (PUNJAB)

16. Dr.T.K. Rai
Dy. Drugs Controller & LA,
Deptt. of Health & F.W.Sikkim, Gangtok-737101

17. Mr.Mihir Kumal Pal,
Deputy Drug Controller
Garkha Basti Office Complex,
P.O. Kunjaban, Agartala-799006
(TRIPURA)

18. Mr. N. Selvaraju,
Director of Drugs Control,
Tamil Nadu,

19. Mr. S. G. Prasad,
The State Drugs Controller
Swasthya Seva Mahanideshalaya (U.P.),
Swasthya Bhawan, Aushadhi Kaksha,
Lucknow-6, (U.P.)

20. Dr. S. K. Roy Choudhury,
Director,
The Drugs Control, West Bengal,
P-16, India Exchange Place Extn. 17 Building , 5th Floor, Kolkata 700073.

21. Mr. Gurdip Singh
Drugs Controller & Licensing Authority,
Punjab,
Chandigarh.

22. Mr. P.K.Jaggi,
Asst.Drugs Controller, Drugs Control Deptt.,
Govt. of National Capital Territory of Delhi,
F-17, Karkardooma, Shahdara, Delhi-110032.

23. Dr. Dharmesh Aggarwal,
Director of Medical Health Services,
Diu & Daman.

24. Mr. Madan Mohan Prasad,
State Drugs Controller cum Chief Licensing Authority,
Jharkhand, Namkum, Ranchi-834010

List of participants from CDSCO and other Central Organisations

25.	Mr. A.B.Ramteke, JDC(I) CDSCO- Hq.
26.	Mr. P. K. Rastogi, ADC(I) CDSCO, Hq.
27.	Shanthy Gunasekaran,, CDSCO, South Zone.
28.	Mr. A. K. Pradhan, T. O. CDSCO, Hq.
29.	Dr. Ravi Kant Sharma, T. O. CDSCO, HQ.
30.	Mr. A.R.Singh CDSCO, Hq.
31.	Mrs. Manjula Chandra TO CDSCO, Hq.
32.	Mr. Ajay Kumar Khanna TO CDSCO, Hq.
33.	Mr. S.P.Shani, TO CDSCO, Hq.
34.	Mrs. Swati Srivastava, DI CDSCO, Hq.
35.	Mr. Sunil Joshi TO CDSCO, Hq.
36.	Mr. Gaurav Kumar, STA CDSCO, Hq.
37.	Mr. Aseem Sahu, STA CDSCO, Hq.
38.	Mrs. Anita Vegas T.A CDSCO, Hq.
39.	Mrs. Kavita Sharma, STA CDSCO.
40	Mr. R. K. Rishi, CDSCO, Hq.
41.	Mr. Sunil Kulshreshtra, STA, CDSCO, Hq.
42.	Mr. Som Nath Basu, STA, CDSCO, Hq.
43.	Daisy Sharma, TDA CDSCO, Hq.
44.	Mr. V. Bachchas, PS to (DCI) CDSCO, Hq.
45.	Dr. Inderjeet Singh, STA

	CDSCO, Hq.
46.	Dr. C.Sokhey, Advisor (WHO)
47.	Mr. Lalit Kishore, WHO Consultant
48.	Mr. Anoj Panwar, CDSCO Hq.
49.	Mrs. Sudha Jose, TA CDSCO, Hq.
50.	Mrs. Anita Rawat, DEO, CDSCO, Hq.