XYZ Pharmaceutical (Pvt) Ltd.										
	Title: Annual Plan (Internal Audit)	Document Number	XY/QA/SOP/001 (Annex. 1)							
	Thic. Thinual I tall (Thichial Than)	Revision Number	00							
Logo		Effective Date	DD.MM.YYYY							
		Form No.	IAP/001/YYYY							
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S #	Area of Audit	Responsibility	Auditors	No. of Training Programme (YYYY)										Signature			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Auditee	Auditors
1																	
2																	
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