

XYZ Pharmaceutical (Pvt) Ltd.

Standard Operating Procedure (SOP)

DEPARTMENT: Quality Assurance	SOP NO.: XY/QA/SOP/001	PAGE NO.: Page 1 of 2
		REVISION NO.: 00
	ISSUE DATE: DD-MM-YYYY	SUPERSEDES REVISION NO: N/A
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TITLE:		
PREPARED BY:	CHECKED BY:	APPROVED BY:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
DATE:	DATE:	DATE:

1. **OBJECTIVE**

To lay down the procedure for

2. **SCOPE**

This procedure is applicable to ----- Department

3. **RESPONSIBILITY**

- ABC
- XYZ

4. **SAFETY INSTRUCTIONS**

- N/A

5. **PROCEDURE**

5.1 OPERATION

6. **RELATED DOCUMENTS**

SOP Format - Annex. I

7. **DISTRIBUTION INDEX**

Original Copy will be retained by Quality Assurance Department.

DISTRIBUTION INDEX		
Distributed To	Copy No.	Received By/Date

8. **ABBREVIATIONS**

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9. REVISION HISTORY

Revision No	Issue Date	Supersedes		Reason of Change/ Description
		Revision No.	Dated	