Annexure-A

To be filled by ESI Institution/Hospitals after sent samples of Drugs for testing.

ESI Institution Name	Drug/item Name	Batch No.	Mfg. By	Date of Mfg. (DOM)	Date of Expiry (DOE)	RC drugs/ Jan-Aushadhi Drugs/CPSE Drugs/Others	If RC Drugs (RC No.)	Item No.	Date of Sampling	Name of Testing Laboratories

ANNEXURE-B

To be filled by ESI Institution/Hospitals, if sent samples of Drugs is declared NSQ by Testing Laboratories:

ESI Institution Name	Drug/item Name	Batch No.	Mfg. By	Date of Mfg. (DOM)	Date of Expiry (DOE)	RC drugs/ Jan-Aushadhi Drugs/CPSE Drugs/Others	If RC drugs (RC No.)	Item No.	Report No./Date	Name of Testing Laboratories