

### ISLAMIC REPUBLIC OF IRAN MINSTRY OF HEALTH AND MEDICAL EDUCATION

REF: 665/146419 12/2/2018 Date:

# CERTIFICATE OF PHARMACEUTICAL PRODUCT

This certificate conforms with the format recommended by the World Health Organization.

Exporting / Certifying	country:
Islamic Republic of Iran	

Importing / Requesting country: Syria

## 1.1. Name and dosage form of the product: Oncocap, 500 mg Tablet

1.2. Active ingredient(s) and amount(s) per unit dose;

Capecitabine, 500 mg Tablet

1.3. Excipient(s) and amount(s) per unit dose:

Lactose Anhydrous USP 38/NF 32, Croscarmellose Sodium USP 38/NF 32, Microcrystalline Cellulose USP 38/NF 32, Hydroxypropyl Methylcellulose USP 38/NF 32, Magnesium Stearate USP 38/NF 32, Purified water USP 38 /NF 32, OPADRY In house, Methanol USP 38 /NF 32, Dichloromethane USP 38/NF 32

1.4. Is this product licensed to l	be placed in the market for use in the exporting country?	
☑Yes □No		
1.5. Is this product actually in t	he market in the exporting country?	
☑Yes □No		
2.A.1. Number of product licen	se and date of issue:	
The registration number of Oncocar	500 mg is: 4425988429744583 and the date of issue is: 20.May.201	ľ

#### 2.A.2. Product license holder (name and address):

Baran Chemical & Pharmaceutical Co. 1st Floor, No. 4, Alborz the First Alley, North Isargaran Ave., North Yadegar Emam Highway, Tehran, Iran. Tel: (+98) 21 22072571

# 2.A.3. Status of product license holder:

☑a □b □c

The product license holder manufactures the dosage form in Sobhan Oncology Pharmaceutical Co. manufacturing site.

Address: No. 357, 3th St., Sanat 2 Blvd., Rasht Industrial City, Rasht, Iran, P.O. Bux: 4337188657



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2.A.4. Is a summary basis for approval appended?  ☑Yes □No	* *
2.A.5. Is the attached, officially approved product information the license?	complete and consistent with
□Yes □No ☑ Not provided	
3.1. Does the certifying authority arrange for periodic inspect plant in which the dosage form is produced?	ion of the manufacturing
☑Yes □No □ Not provided	
3.2. Periodicity of routine inspections (years):	
At least once a year	
3.3. Has the manufacture of this type of dosage form been insp  ☑ Yes □ No	pected?
3.4. Do the facilities and operations conform with the GMP as	recommended by the World
Health Organization?	**************************************
All the facilities and operations conform with the GMP as recommende	d by the WHO.
4.1. Does the information submitted by the applicant satisfy the	ne certifying authority on all
aspects of the manufacture of the product?  ☑Yes □No	
Address of the certifying authority:	
Division of Pharmaceutical and Narcotic Affairs of Ministry of H	ealth
Food and Drug Adm.	
MOH	
FDA Bldg., No. 3, Fakhr-E-Razi St., Enghelab Ave., Tehran 1314	7715311, IRAN
P.O.Box: 13145-719	
Tel: (+98)-21-66466939	
Fax: (-98)-21-66469142	

