**Certificate of Variation(s) Approval on Registered Herbal Products / Dietary Supplement/ Medicated Cosmetics**

**APPROVAL No.:**   **DATE:**

|  |  |
| --- | --- |
| **Registration No. & date** |  |
| **Product Name ( Trade )** |  |
| **Generic & Strength** |  |
| **Dosage Form** |  |
| **Shelf Life** |  |
| **Pack Size** |  |
| **Packaging Materials** |  |
| **MAH**  |  |
| **Manufacturer(s)** |  |
| **Agent** |  |

**Minor Variation Details:**

|  |  |  |
| --- | --- | --- |
| **Minor Variation Type** | **Existing Details** | **Approved Changes** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **NOTES / CONDITIONS:** |  |
| **IMPLEMENTATION DATE:** |  |

**Dr. Aisha Ibrahim Al-Ansari**
Director, Pharmacy & Drug Control Department