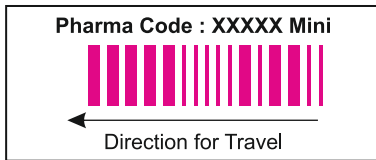


Foil width 221 mm



Note : Pharma Code will be repeat after every 200 mm for reading feasibility on machine.

ajanta pharma limited Name & Signature _____ Checked By : _____ Verified By : _____ Approved By : _____ Date : _____		Packaging Department For : Export Market Co-ordinator Name : Prakash Software : Corel Draw Date : 27.09.2022 New Item Code : 30XXXXXX Item Type : Foil Artist Name : Vijay Product Name : Kamagra 100 mg Tabs. Earlier Item Code : P29067 Material : 0.025 mm Foil Width 221 mm Actual Size : Size 53 x 69 mm Split: 3+69+4+69+4+69+3 Folding Size : NA Varnish : NA Print Repeat : NA Drawing No. : 603 CA40 01 002 REV2 CMYK / Pantone : Pantone 355 C Black Reason for Change : Registered Trade mark removed, Registration no. updated as per buyer requirement. Foil thickness changed from 0.02 mm to 0.025 mm.	
Front Panel: 		Back Panel / Side Panel Composition <input type="checkbox"/> Barcode <input type="checkbox"/> Colour <input type="checkbox"/> Warnings / Schedule H <input type="checkbox"/> Dosage <input type="checkbox"/> Caution / Schedule G <input type="checkbox"/> Storage <input type="checkbox"/> Statutory Contents <input type="checkbox"/> Made in India <input type="checkbox"/> Directions for use <input type="checkbox"/> Company's Name <input type="checkbox"/> Neutral code <input type="checkbox"/> H.O. Address <input type="checkbox"/> Factory + H.O. Address <input type="checkbox"/> Factory Address <input type="checkbox"/> Red line <input type="checkbox"/> Toll Free No. / Email ID <input type="checkbox"/> Other <input type="checkbox"/>	
		Side Panels BRAND NAME <input type="checkbox"/> PTN <input type="checkbox"/> CKL <input type="checkbox"/> CTGN <input type="checkbox"/> LL <input type="checkbox"/> TP <input type="checkbox"/> DHJ <input type="checkbox"/> GHT <input type="checkbox"/> PMR <input type="checkbox"/> Others: <input type="checkbox"/> Pharma Code <input type="checkbox"/> Item Code <input type="checkbox"/> Colour Code <input type="checkbox"/> LIF <input type="checkbox"/> Reference Sample <input type="checkbox"/> Printed License No. <input type="checkbox"/> Back-side Printing <input type="checkbox"/> O.P.Zone / DGFT <input type="checkbox"/> Change Parts <input type="checkbox"/> MOH approved a/w <input type="checkbox"/> Buyer/IBM approval <input type="checkbox"/>	
NOTE TO PRINTERS: THE CD OUTPUT MAY / MAY NOT BE MATCHING WITH THE OUTPUT. FOR THIS COLOUR MATCH AS PER ATTACHED SAMPLE WITH A/W IF IT IS NOT MATCHING WITH THE GIVEN REFERENCE SAMPLE THE PM/PROOF REJECTION WILL BE SUPPLIERS RESPONSIBILITY. FOR CARTON GRAIN DIRECTION PERPENDICULAR TO MAIN CREASE. / REMARK: BLOCK PROOF REQUIRE BEFORE PRINTING.			