Dear Sir,

 Thanks for your confirmation for the proposal.

 We are proposing following Dates for the Audit and training cGMP GAP Audit:

|  |  |  |
| --- | --- | --- |
| Sr.no | Date | Total Days |
| From | To |
| 1 | 05/08/2024 | 06/08/2024 | 02 |
| 2 | 07/08/2024 | 07/08/2024 | Half Day Of Discussion On Audit Conclusion And Training Needs Subject |
| 3 | 08/08/2024 | 09/08/2024 | 02Training On Selected Subjects |
|  | Day 1:

|  |  |  |
| --- | --- | --- |
| From | To |  |
| 10.30am | 12.30pm | Training |
| 12.30pm | 1.30pm | Discussion |
| 1.30pm | 4.30pm | Training |
| 4.30pm | 5.00pm | Discussion |

 | Day 2:

|  |  |  |
| --- | --- | --- |
| From | To |  |
| 10.30am | 12.30pm | Training |
| 12.30pm | 1.30pm | Discussion |
| 1.30pm | 4.30pm | Training |
| 4.30pm | 5.00pm | Discussion |
| 5.00pm | 6.00pm | Discussion |

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