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 | 02  Training 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 | |  | |