

MINSITRY OF HEALTH BHUTAN FOOD AND DRUG AUTHORITY CERTIFICATION SERVICES

ATTENDANCE SHEET FOR AUDIT OPENING AND CLOSING MEETING

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1.	Name	\cap t	the	Δ n	nlicani	F/I	icensee:
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- 2. Application Registration No/License No:
- 3. Address:
- 4. Type of Audit:
- 5. Date of Audit:

S.N	Name and Role in Audit	Opening Meeting Signature	Closing Meeting Signature
For th	e Client		
For C	ertification Services, BFDA	,	

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