


Client Name	M/s. HUMAN BIOLOGICALS INSTITUTE (A DIVISION OF INDIAN IMMUNOLOGICALS LIMITED)	
Equipment Name	DYNAMIC PASS BOX – 2 Way	
Equipment SL.No	08809252090	
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### 13.0 POST APPROVAL OF PROTOCOL:

Protocol preparation, Review and Approval is the responsibility of the following undersigned authorized persons.

NAME	DESIGNATION & DEPARTMENT	SIGNATURE	DATE
<b>M/s. AHLADA CLEAN ROOM TECH PVT LTD</b>			
<b>Executed By</b>			
<i>P. Venugopal</i>	<i>Engineer &amp; CRE</i>	<i>[Signature]</i>	<i>21.01.2026</i>
<b>M/s. HUMAN BIOLOGICALS INSTITUTE (A DIVISION OF INDIAN IMMUNOLOGICALS LIMITED)</b>			
<b>Reviewed By</b>			
<i>P. Sukuman</i>	<i>Sr. Manager Production</i>	<i>[Signature]</i>	<i>21.01.26.</i>
<i>J. Gopi</i>	<i>Sr. Manager &amp; Engineering</i>	<i>[Signature]</i>	<i><del>21.01.26</del> 21.01.26</i> <i>[Initials]</i>
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