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| **Date.** | **Tracking Number** | **CCR No.** | **Mode of Monitoring** | **Reference document No.** | **Final conclusion** | **Closure****Date** | **Ensured by****QA****(Sign & Date)** |
| **Effective/ Not effective**  |
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**Periodic Review of Change Control:**

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| Month | January | February | March | April | May | June | July | August | September | October | November | December |
| Reviewed bySign & Date |  |  |  |  |  |  |  |  |  |  |  |  |