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| Change Control Number |  |
| Inform by |  |
| Date |  |
| Time | From To |
| Brief Details of Change : | |

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| **LIST OF PARTICIPANTS** | | | | | |
| Sr. **No.** | **Name** | | **Department** | **Designation** | **Sign/Date** |
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| **Summary of comment from other concern**  **Department:** | |  | | | |
| **Reviewed by**  **QA Head** | |  | | | |

**NOTE:** To be used only to inform Changes to concern persons within Location.