



**PAVIOUR PHARMACEUTICALS PVT. LTD.**  
**DELHI**  
**PHARMACOVIGILANCE DEPARTMENT**

# Pharmaceutical Technical Complaint (PTC) Report Form for Registered Products

Please complete and forward this form to Paviour Pharmaceuticals Pvt. Ltd., 311-312, Suneja Tower-1, District Centre, Janakpuri, New Delhi – 110058 within 24 hours of becoming aware of the PTC.

Email ID: [drugsafety@paviour.org](mailto:drugsafety@paviour.org)

Name of Reporter			
Address			
E-mail			
Phone number			
<b>If healthcare professional, state qualification</b>			
<input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Care giver <input type="checkbox"/> others, please state _____			
<b>COMPLAINT INFORMATION</b>			
Product name:	Batch No.:	Expiry date:	
No. of affected products:			
<p>Was the medication already administered to a patient?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, did the patient experience an adverse reaction?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, please give details of the event on a separate Adverse Drug Reaction Reporting Form.</p>			
Details of the complaint / technical deficiency:			
<p>Return of sample(s) to Paviour Pharmaceuticals Pvt. Ltd. Regd. Office, Central Incoming Goods initiated?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Address:      311-312, Suneja Tower-1 District Centre, Janak Puri, New Delhi - 110058</p>			
<p><b>Important: Please add photos of the concerned product if possible! This is of utmost importance, when no sample can be returned (e.g. in case of breakage of glass).</b></p>			