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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.