



**MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY
CERTIFICATION SERVICES**

ATTENDANCE SHEET FOR AUDIT OPENING AND CLOSING MEETING

1. Name of the Applicant/Licensee:
2. Application Registration No/License No:
3. Address:
4. Type of Audit:
5. Date of Audit:

| S.N | Name and Role in Audit | Opening Meeting Signature | Closing Meeting Signature |
|---|------------------------|------------------------------|------------------------------|
| For the Client | | | |
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| For Certification Services, BFDA | | | |
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