

**Company Logo**

**XYZ Pharmaceuticals**

**ANNEXURE-IV**

**JUSTIFICATION FORM FOR DELAY IN CLOSURE OF DEVIATION**

Date: \_\_\_\_\_

Deviation No.: \_\_\_\_\_

Initiating Department: \_\_\_\_\_

Date of Initiation: \_\_\_\_\_

Justification for delay:

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Tentative Completion Date: \_\_\_\_\_

Initiator Name: \_\_\_\_\_

Sign / Date:

\_\_\_\_\_

Initiating Department Head Name: \_\_\_\_\_

Sign / Date: \_\_\_\_\_

Remarks (By QA Head):

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Approved / Rejected by QA Head: \_\_\_\_\_

Sign / Date: \_\_\_\_\_