



<p><b>Attachment-4</b></p> <p><b>Template for Memo/Note to file</b></p>
---

Study No. with version and date	
Study Title	
Name and Address of Site	
Date of filing this document	
Description of Non-Compliance to planned monitoring visits	
Reason of Non-compliance	
Corrective action	
Preventive action	

	Prepared By	Approved By
Name		
Role of person		
Signature & Date		

**\*Note:** Follow date convention process as per institution/hospital in the entire document.