



भारत सरकार Government of India  
वित्त मंत्रालय Ministry of Finance  
राजस्व विभाग Department of Revenue

केन्द्रीय नारकोटिक्स ब्यूरो **Central Bureau of Narcotics**

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F. No. XVI/9/1/N/Policy/2018

Date: 12/11/2018

## **PUBLIC NOTICE**

### **Application for Allotment of Additional Quota of Medicinal Opium for the year 2018**

Application is invited from interested parties for allocation of additional quota of Medicinal Opium. An application should be made in enclosed proforma along with requisite documents (if required) either through post or e-mail at the latest by 22<sup>nd</sup> November, 2018.

Accordingly, applicants should ensure that application is received accompanied by all valid documents (if required) on or before 22<sup>nd</sup> November, 2018 either by mail or post

**BY ORDER**  
**NARCOTICS COMMISSIONER**

## APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF MEDICINAL OPIUM FOR THE CALENDAR YEAR 2018

### I. Details of the Applicant / Company:-

(a)	Name & address (with pin code) of the company Tel No., Fax No.			
(b)	E-mail ID of the company for making correspondence			
(c)	Quota allotted in 2018			
(c)	quota lifted in 2018-			
	Opening balance as on 01.01.2018	Qty received in 2018 (till date)	Qty. consumed	Closing balance as on 30.10.2018
(e)	Quantity desired as additional allocation (in Kg.)			

**Self attested** copies of the following documents should also be submitted if these documents having validity at least up to 31/12/2018 were not submitted earlier:-

- a) Copy of valid Drug Manufacturing License (Form 25 & 26) along with approved product list issued by the concerned State Government authority.
- b) Copy of valid Possession License (NDPS 1 / MD VI / M.D. IV / L-I / L-II / N.D.L.D. / N.D.R.C. or any other license for possession of narcotic drug(s) as the case may be) mentioning the name of the narcotic drug applied for along with the possession limit.

The undersigned hereby declare that the above information submitted is complete and correct. It is also certified that I have gone through the aforesaid instructions.

Signature of Authorized signatory

Name: .....  
Date: .....  
Place: .....  
Mobile No.: .....  
E-mail ID:.....