



भारत सरकार Government of India
वित्त मंत्रालय Ministry of Finance
राजस्व विभाग Department of Revenue
केन्द्रीय नारकोटिक्स ब्यूरो **Central Bureau of Narcotics**
19, माल रोड, मुरार, ग्वालियर – 474006 19, The Mall, Morar, Gwalior (M.P.) - 474006

F. No. XVI/13/11/N/Policy/2019

Dated, the 31ST July, 2019

PUBLIC NOTICE

Application for allotment of Additional Quota of Medicinal Opium for the year 2019

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 through post or e-mail (supdt-quota@cbn.nic.in) by 20th August, 2019.

For the purpose of cut-off date, application received through post or e-mail (supdt-quota@cbn.nic.in) between 01.08.2019 to 20.08.2019 will only be considered as having been received within time limit.

BY ORDER
NARCOTICS COMMISSIONER

**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF
MEDICINAL OPIUM FOR THE CALENDAR YEAR 2019**

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 2019			
(d)	Quota lifted in 2019-			
	Opening balance as on 01.01.2019	Qty received in 2019 (till date)	Qty. consumed in 2019 (till date)	Closing balance as on 31.07.2019
(e)	Quantity desired as additional allocation (in Kg.)			

Self-attested copies of the following documents should also be submitted only if these documents having validity at least up to 31/12/2019 **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.
- c) Copy of consumption details up to 31st July, 2019

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:.....