

**APPLICATION FORM FOR ALLOTMENT OF QUOTA OF NARCOTIC DRUG FOR THE  
CALENDAR YEAR 2015**

**NOTE:** All the Columns are to be filled Mandatorily with appropriate response. Inappropriate/ No-response will cause delay in processing of application. All the documents listed below are to be submitted invariably along with the application.

*Calendar of allotment of narcotic drugs: Filing of application for 2015 starts from: 2.12.2014; Last date for receipt of application: 30.6.2015; Last date for replying to the queries by Applicant Company: 20.7.2015 and process of allocation for the Quota year 2015 ends: 31.7.2015*

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

(a)	Name & address <b>(with pin code)</b> of the company Tel No., Fax No.	
(b)	The name and address of jurisdictional / Divisional Commissionerate of Central Excise	
(c)	Whether the company is registered with Central Excise? If yes, ECC No. may be mentioned. (A copy of Registration certificate may be enclosed).	
(d)	Company's PAN (A copy of PAN may be enclosed).	
(e)	The name of the place and the address on which the factory is situated / where the Narcotic drug is intended to be used <b>along with Pin Code</b>	
(f)	Whether the company has been allotted any such quota of Narcotic drug earlier? If so, indicate the details and enclose a copy thereof.	

**II Details of Narcotic Drug and its procurement:-**

(a)	Name of the Narcotic Drug required	
(b)	Quantity of drug required for 2015	(in Kg.)
(c)	How the Drug is proposed to be sourced <b>(Name and address of the supplier should be mentioned)</b>	
(d)	Proposed month of lifting the drug.	

**III Details of quota allotted and its utilization during 2014:-**

(a)	Total quantity allocated (copies to be enclosed)	
(b)	Opening balance as on 1.1.2014	
(c)	(i) Quantity procured indigenously <b>(invoiced in 2014)</b>	
	(ii) Quantity imported	
(d)	Quantity utilized	
	(i) Quantity utilized for manufacture of formulation / preparation mentioned in Schedule III to the 1961 convention	
	(ii) Quantity utilized for medical and scientific purposes	
	(iii) Quantity utilized for purpose other than (i) & (ii) above if any, along with the details thereof	
(e)	Manufacturing losses, if any (Should be shown separately from Col.(d) above)	
(f)	Balance quantity in stock as on 31.12.2014	

#### IV Details of lifting of Narcotic Drug:-

(a)	Whether your company have lifted the whole quantity which have been allocated in 2014	
(b)	If no, the reason for less / non-lifting of Narcotic Drug should be given with supporting documents, if any.	

#### V Purpose of Narcotic Drug allotment:-

(a)	Manufacture of formulation / preparation for <b>domestic consumption</b>	
(b)	Manufacture of formulation / preparation for <b>export</b>	
(c)	Manufacture of <b>other drugs</b>	
(d)	For Test & Analysis Purpose	
(e)	Other purpose viz. Research, BA/BE Studies, etc. (please specify)	

#### VI. Self / 3<sup>rd</sup> party details:-

(a)	Whether the formulations are company's <b>own</b> products or <b>3<sup>rd</sup> party(s)</b> products	
(b)	If the formulations are 3 <sup>rd</sup> party products, then indicate the name(s) of such 3 <sup>rd</sup> party(ies) along with product name(s). (Copies of such 3 <sup>rd</sup> party agreements clearly indicating the name of formulations should be enclosed)	

#### VII. Availability of Requisite Documents for allocation:-

(a)	Whether valid <b>Drug Manufacturing Licence</b> for use of the drug in preparation is available. If so	
	(i) Licence No.	
	(ii) Name of Issuing Authority	
	(iii) Validity Period	
(b)	If the Quota allocation is for Test & Analysis purpose:	
	(i) Test Licence No. issued by <b>State FDA / DCGI</b>	
	(ii) Validity of Test Licence	
(c)	Whether Possession licence for the drug applied for is available? If so,	
	(i) Licence No.	
	(ii) Name of Issuing Authority	
	(iii) Validity period	
	(iv) Possession Limit of the requested Drug	(in kg.)

## VIII Others:-

(a)	Name and address of concerned State Drug Controller (complete postal address with <b>pin code</b> ).	
(b)	Whether the documents mentioned below (self attested) have been enclosed? If no, reason thereof.	
(c)	Whether your company has submitted all the four quarterly returns along with sale details to CBN in the year 2014? If not, the reason thereof.	

**Note:** Separate application (with complete set of documents) has to be made for each Narcotic Drug. The applicant should enclose Demand Draft for Rs.50/- as processing fee drawn in favour of Drawing & Disbursing Officer, Central Bureau of Narcotics, Gwalior. **Self attested** copies of the following documents should also be submitted:-

1. List of Directors with office and residential address along with telephone number.
2. List of Authorised signatories with their specimen signature duly attested by Managing Director of the company.
3. Copy of valid Drug Manufacturing Licence (Form 25 & 26) along with approved product list issued by the concerned State Government authority.
4. Test Licence issued by State FDA / DCGI (where applicable).
5. Copy of valid Possession Licence (NDPS 1 / MD VI / M.D. IV / L-I / L-II / N.D.L.D. / N.D.R.C. or any other licence 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.
6. Copy of calculation sheet for the consumption of Drug in 2014.
7. Copy of distribution details of finished products strictly in the manner prescribed in condition No. iv of the past allotment order.
8. Copy of quota allotment order(s) of previous year if any
9. Copy of Central Excise Registration, if registered
10. Copy of company's PAN
11. Copy of 3<sup>rd</sup> party manufacturing agreements clearly indicating name and composition of products agreed to be manufactured and duly signed by the parties to such agreement.
12. A Joint undertaking by the parties to the 3<sup>rd</sup> party agreement to the effect that both the parties will remain responsible for any misuse/ diversion/ illicit trade of Codeine base formulations.
13. Incomplete application shall be returned.
14. Details of Narcotic drug procured in the previous year (1<sup>st</sup> January to 31<sup>st</sup> December **2014**) in the following proforma (Copies of all the four quarterly returns along with sale details (with complete postal address of consignees) may be submitted.

Quarter	Opening Stock	Qty. procured	Total consumption		Closing stock
			Qty. consumed for manufacture formulations	Processing of Loss	
1 <sup>st</sup> Quarter					
2 <sup>nd</sup> Quarter					
3 <sup>rd</sup> Quarter					
4 <sup>th</sup> Quarter					
<b>Total:</b>					

The undersigned hereby declare that the above information submitted is complete and correct.

Signature of Authorized signatory

Name:.....

Date.....

Place.....

**Mobile No**.....

***ABUSE/MISUSE OF NARCOTIC DRUG IS A SOCIAL CRIME,  
REFRAIN FROM IT.***