



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/9/1/N/Policy/2018

Dated, the

11th October, 2018

PUBLIC NOTICE

Application for Allotment of Additional Quota of Codeine Phosphate for the year 2018

Application is invited from interested parties for allocation of additional quota of Codeine Phosphate. An application should be made in enclosed proforma along with requisite documents (if required) either through post or through e-mail at the latest by 10th November, 2018.

Accordingly, applicants should ensure that application is received accompanied by all valid documents (if required) on or before 10th November, 2018 either by mail or post

BY ORDER
NARCOTICS COMMISSIONER

**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF
CODEINE PHOSPHATE 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			
(d)	Quota lifted in 2018-			
	Opening balance as on 01.01.2018	Qty received in 2018 (till date)	Qty. consumed	Closing balance as on 30.09.2018
(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.
- c) Copy of 3rd party manufacturing agreements clearly indicating name and composition of products agreed to be manufactured and duly signed by the parties to such agreement along with Joint undertaking by the parties to the effect that both the parties will remain responsible for any misuse/diversion/illicit trade of Codeine based formulations.(if not already submitted for initial allocation)

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: