

**Quarterly Return Form (Manufacturers of Bulk Drugs)**

**Registration No.**

**Quarter (mm/yyyy)**

**Following Details to be furnished for each manufactured substance**

**Substance Name**

**Opening balance**

**Production**

**Details of Captive Consumption (List all Psychotropic/Non Psychotropic Substances derived)**

<b>Quantity (used Of substance under reporting)</b>	<b>Type Of Substance obtained (Psychotropic / Non-Psychotropic)</b>	<b>Name of substance obtained</b>	<b>Quantity obtained</b>

**Process Loss**

**Other Losses**

**Destruction of Expired goods at own premises**

**Used for Research**

**Used for Testing/Quality Control**

**Given out as sample**

<b>Details of transactions with parties other than those to be registered with CBN (Consolidated Transaction Party Name wise)</b>						
<b>Sr. No.</b>	<b>Quantity</b>	<b>Party Type (Doctor/Retailer / Hospital/ Institutional Supplier/ Govt. Supplier)</b>	<b>Name</b>	<b>Address</b>	<b>State</b>	<b>District</b>

<b>Transaction Details with parties to be registered/to be registered with CBN (Date wise Party Wise)</b>							
<b>Sr. No.</b>	<b>Transaction Type (Domestic procurement/Sale / Returned/ Received back)</b>	<b>Date</b>	<b>Quantity</b>	<b>CBN Registration No. of consignee</b>	<b>If CBN Registration No. Not Available</b>		
					<b>Name</b>	<b>Address</b>	<b>State</b>

<b>Transaction Details with parties for Import/Export (Date wise Party Wise)</b>				
<b>Sr. No.</b>	<b>Transaction Type (Import/Export/ Returned/ Received back)</b>	<b>Date</b>	<b>Quantity</b>	<b>CBN Import/Export Authorisation No.</b>

Closing balance