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F.No. XVI/13/07/N/Q/Pol./2024

Dated- 15/10/2024

## **PUBLIC NOTICE**

### **Online Application for allotment of 3<sup>rd</sup> Additional Quota of Codeine Phosphate for the year 2024**

Online Application is invited from interested parties for allocation of **3<sup>rd</sup> additional quota of Codeine Phosphate**. It is mentioned that online applications through Unified CBN Portal (<https://cbnonline.gov.in>) shall be entertained for above said purposes.

For the purpose of cut-off date, the applications received through Unified CBN Portal (<https://cbnonline.gov.in>) **during the period from 16.10.2024 to 30.10.2024** shall only be considered as having been received within time limit.

#### **Please be careful that: -**

1. The applicants may submit their online applications for want of 3<sup>rd</sup> additional quota of Codeine Phosphate ***only during the period from 16.10.2024 to 30.10.2024***. Therefore, the applications submitted for this purpose before 16.10.2024 or after 30.10.2024 shall not be considered.
2. The applications for this purpose, received through any other mode i.e. by post/ by email/ by hand, shall not be entertained.

#### **Mandatory Documents required to be uploaded in the “Other Documents” Section of the online application: -**

1. Pdf file of duly filled and signed “Application form for Additional Allotment of Quota of Codeine Phosphate for the Calander year 2024”. The proforma of Application Form is attached with this Public Notice.
2. Self-authenticated **Pdf files** of the quarterly returns in **Annexure-I and Annexure-II** of all the completed quarters (i. e. 1st, 2nd and 3rd quarters ending on 31st March, 30th June and 30th September, respectively) of the current Calander Year 2024. The proforma of **Annexure-I and Annexure-II** are attached with this Public Notice.

**BY ORDER  
NARCOTICS COMMISSIONER**

**APPLICATION FORM FOR 3<sup>rd</sup> ADDITIONAL ALLOTMENT OF QUOTA OF  
CODEINE PHOSPAHTEFOR THE CALENDAR YEAR 2024**

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

(a)	Name & Address (with pin code) of the Company Tel No.				
(b)	E-mail ID of the company for making correspondence				
(c)	<b><u>Details of Quota Allocated as well as quantity lifted during the current year 2024</u></b>				
	<b>Name of Allocation</b>	<b>Quota Allocated Quantity in 2024 (in Kgs)</b>	<b>Quantity lifted from GOAW's in 2024 (in Kgs)</b>	<b>Remark</b>	
	1. Main Allocation				
	a) Provisional Allocation				
	b) Final Allocation				
	<b>TOTAL</b>				
	2. 1 <sup>ST</sup> Additional, if allocated				
	3. 2 <sup>nd</sup> Additional, if allocated				
	4. Any Other Allocation				
(d)	<b><u>Details of quantity consumed during the current year 2024 and balance as on date.</u></b>				
	<b>Opening balance as on 01.01.2024 (in Kgs)</b>	<b>Quantity (in Kgs) received in 2024 (up to date of submission of application)</b>	<b>Qty. consumed in 2024 (up to date of submission of application)</b>	<b>Closing balance (as on date of submission of application)</b>	<b>Remark, if any</b>
(e)	<b>Quantity desired as additional allocation (in kgs)</b>				

**Required Documents: -**

- (1) Annexure-I as well as Annexure-II:** Self-authenticated Pdf files of the Annexure-I and Annexure-II showing stock, consumption and sale details of the completed quarters of the calendar year 2024.

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.

**Seal and Signature of Authorized signatory**

Name .....

Date .....

Place .....

Mobile No.....

E-mail ID .....

Annexure-I

## Quarterly return for manufacture, consumption/utilization and sale of Codeine Phosphate

Return for the quarter ending on.....

Allotment order No(s).....	F. No.....
1. Name of manufacturer:	
2. Address with Mob. No.:	
3. Name of narcotic Drug: <b><u>Codeine Phosphate</u></b>	
4. Details of Manufacturing & Sales:	

NOTE: Quota allotted for the particular year be reflected in the Quarterly returns of the same year.

Opening Balance		Receipts Drug during the Quarter						Total Stock during the Quarter		Consumption						Sale			Closing balance		Remarks, if any			
		Domestic procurement			Import					Formulations manufactured		Bulk Drug consumed				Domestic sale	Export					Total of Sale		
Bulk drug (in Kg.)	Preparation (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of bulk drug procured (in Kg.)	Quantity of formulations procured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of Bulk imported (in Kg.)	Quantity of formulations imported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Bulk Drug (in kgs.) (Col. 1+4+7)	Formulations (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 2+5+8)	Brand name (with strength) of formulation manufactured	Quantity of formulation manufactured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of bulk drug consumed in preparation of formulations (in Kg.)	Quantity of bulk drug consumed in Test & Analysis (in Kg.)	Processing loss of bulk drug, if any (in Kg.)	Total of bulk drug consumed (in Kg.)(Col. 13+14+15)	Quantity of formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Codeine Phosphate in sold formulations (in Kg.)	Quantity of formulation Exported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Codeine Phosphate in Exported formulations (in Kg.)	Total of formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col.17+19)	Total Quantity of bulk drug in sold formulations (in Kg.) (Col. 18+20)	Bulk drug (in Kg.) (Col. 9-16)	Preparation (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 10-21)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

Certified that the information given above is correct and the relevant records are available with me/ us.

Date.....

Seal and Signature of Authorized signatory  
 Name: .....  
 Designation: .....  
 Mob. No: .....

**Note:** - This quarterly return should be self-authenticated by the authorized signatory with Seal of the applicant company.

**Annexure-II**

**Quarterly return for manufacture and sale of Formulations of Codeine Phosphate**

*Return for the quarter ending on.....*

1. Name of manufacturer: 2. Address with Mob. No.: 3. Name of narcotic Drug: <b><u>Codeine Phosphate</u></b> 4. Details of Manufacturing &Sales:
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**Details of Manufacturing &Sales during the quarter:**

Sl. No.	Name of the formulation of Codeine Phosphate	Type of the formulation (Tablets / Syrup/ Amps./ vials etc)	Strength of Codeine Phosphate in the formulation	Opening Balance of the formulation at the beginning of the quarter	Quantity of formulations procured during the quarter			Total quantity of formulations manufactured during the quarter	Total Stock of formulations during the quarter (Col. 5+8+9)	Total quantity of formulation Sold	Date of selling	Sold in Domestic Market or Exported?	Details of the Consignee to whom the preparation has been sold				Sale Invoice Number	Closing Balance of the formulation (Col. 10-11)
					From domestic market	From import	Total receipts						Name	Complete address	State/ Country	Contact No.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

**Certified that the information given above is correct and the relevant records are available with me/ us.**

**Date.....**

**Seal and Signature of Authorized signatory**

**Name:** .....

**Designation:** .....

**Mob. No:** .....

**Note:** - This quarterly return should be self-authenticated by the authorized signatory with Seal of the applicant company.