

भारत सरकार
वित्त मंत्रालय
केन्द्रीय नारकोटिक्स ब्यूरो
19, माल रोड, मुरार, ग्वालियर-474006



Government of India
Ministry of Finance
Central Bureau of Narcotics
19, The Mall, Morar, Gwalior (M.P.) – 474006

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F.No. XVI/13/07/N/Q/Pub./2025

Dated- 06/06/2025

PUBLIC NOTICE

Online Application for allotment of 1st Additional Quota of Medicinal Opium for the year 2025

Online Application is invited from interested parties for allocation of 1st additional quota of Medicinal Opium. It is mentioned that only 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 16.06.2025 to 30.06.2025** 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 1st additional quota of Medicinal Opium only during the period from 16.06.2025 to 30.06.2025. Therefore, the applications submitted for this purpose before 16.06.2025 or after 30.06.2025 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 Medicinal Opium for the Calendar year 2025”. 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 (which has been completed as on date of submission of online application) of the current Calendar Year 2025. The proforma of **Annexure-I** and **Annexure-II** are attached with this Public Notice.

**BY ORDER
NARCOTICS COMMISSIONER**

APPLICATION FORM FOR 1st ADDITIONAL ALLOTMENT OF QUOTA OF MEDICINAL OPIUM FOR THE CALENDAR YEAR 2025

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) | <u>Details of Quota Allocated as well as quantity lifted during the current year 2025</u> | | | | |
| | Name of Allocation | Quota Allocated Quantity in 2025 (in Kgs) | Quantity lifted from GOAW's in 2025 (in Kgs) | Remark | |
| | 1. Main Allocation | | | | |
| | a) Provisional Allocation | | | | |
| | b) Final Allocation | | | | |
| | 2. Any Other Allocation | | | | |
| | TOTAL | | | | |
| (d) | <u>Details of quantity consumed during the current year 2025 and balance as on date</u> | | | | |
| | Opening balance as on 01.01.2025 (in Kgs) | Quantity (in Kgs) received in 2025 (upto date of submission of application) | Qty. consumed in 2025 (upto date of submission of application) | Closing balance as on date (upto date of submission of application) | Remark, if any |
| | | | | | |
| (e) | Quantity desired as additional allocation (in kgs) | | | | |

Required Documents: -

- (1) Annexure-I and Annexure-II:** Self-authenticated Pdf file of the Annexure-I and Annexure-II showing stock, consumption and sale details of the completed quarters of the calendar year 2025.

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

Quarterly return for manufacture, consumption/utilization and sale of Medicinal Opium (Narcotic Drug)

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: Medicinal Opium | |
| 4. Details of Manufacturing & Sales: | |

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

| Opening Balance | | Received Drug during the Quarter | | | | | | Total Stock during the Quarter | | Consumption | | | | | | Sale | | | | | | Closing balance | | |
|--------------------|--|----------------------------------|---|--|-------------------|--|--|----------------------------------|--|---------------------------|----|--|---|--|--|---|---|---|--|---|--|--|--|--------------------------------|
| | | 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.), if any | Quantity of formulations imported (in unit i.e. tablets / Syrup/ Amps./ vials etc), if any | 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 Narcotic Drugs in sold formulations (in Kg.) | Quantity of formulation Exported (in unit i.e. tablets / Syrup/ Amps./ vials etc), if any | Quantity of Narcotic Drugs in Exported formulations (in Kg.), if any | 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) |
| 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.

Quarterly return for manufacture and sale of Formulations of Medicinal Opium (Narcotic Drug)*Return for the quarter ending on.....*

1. Name of manufacturer:
2. Address with Mob. No.:
3. Name of narcotic Drug: Medicinal Opium
4. Details of Manufacturing & Sales:

Details of Manufacturing & Sales during the quarter:

| Sl. No. | Name of the formulation of | Type of the formulation (Tablets / Syrup/ Amps./ | Strength of Narcotic Drugs in the formulation | Opening Balance of the formulation at the beginning of the | 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, if any | 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 |
| | | | | | | | | | | | | | | | | | | |
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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.