***Annexure-I***

**Annual Return for manufacture, consumption/utilization and sale of Narcotic Drug.**

***Return for the year ending on 31.12.2024.*** (As required under Rule 67(E)(3) of NDPS Rules, 1985)

**Allotment order No(s).……………………………………………………………………………………… F. No…………………………………………………..**

1. **Name and address of manufacturer:……………………………………………………………………………………………………….**
2. **Name of narcotic Drug: …………………………………………………………………………….**
3. **Details of Manufacturing &Sales:………………………………………………………………**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Opening Balance as on 1.1.2024** | | **Receipts Drug during the Year** | | | | | | **Total Stock during the Year** | | **Consumption** | | | | | | | **Sale** | | | | | | **Closing balance as on 31.12.2024** | | **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 Narcotic Drug in sold formulations (in Kg.)** | **Quantity of formulation Exported (in unit i.e. tablets / Syrup/ Amps./ vials etc)** | **Quantity of Narcotic Drug 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+12-21)** |  |
|  |
| ***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**

**Signature and Seal of the Officer** **Name:** ……………………………………………………

**of the State FDA/ State Excise** **Designation:** ………………………………………….

**Mob. No:** ……………………………………………….

**Note:** - **1.** For each narcotic drug, separate return shall be filed.

1. This Return has to be attested by State FDA/ State Excise and is to be submitted along with the application for quota for the year-2025.

***Annexure-II***

**Annual Return for manufacture and sale of Formulations of Narcotic Drug**

***Return for the year ending on 31.12.2024.***

1. **Name and address of Manufacturer:…………………………………………………………………………………………**
2. **Name of narcotic Drug: ……………………………………………………………..**
3. **Details of Manufacturing &Sales:……………………………………………….**

**Details of Manufacturing & Sales during the year 2024:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the formulation of Narcotic Drug** | **Type of the formulation (Tablets / Syrup/ Amps./ vials etc)** | **Strength of Narcotic Drug in the formulation** | **Opening Balance of the formulation at the beginning of the year i.e. 01.01.2024** | **Quantity of formulations procured during the year** | | | **Total quantity of formulations manufactured during the year** | **Total Stock of formulations during the year (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 as on 31.12.2024 (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**

**Signature and Seal of the Officer** **Name:** ……………………………………………………

**of the State FDA/ State Excise** **Designation:** ………………………………………….

**Mob. No:** ……………………………………………….

**Note:** - **1.** For each narcotic drug, separate return shall be filed.

1. This Return has to be attested by State FDA/ State Excise and is to be submitted along with the application for quota for the year-2025.