**Application form for ----- additional allotment of quota of MEDICINAL OPIUM for the calendar year ---------**

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

|  |  |  |
| --- | --- | --- |
| (a) | Name & Address (with pin code) of the CompanyTel No. |  |
| (b) | E-mail ID of the company for making correspondence |  |
| (c) | **Details of Quota Allocated as well as quantity lifted during the current year ---------** |
| **Name of Allocation** | **Quota Allocated Quantity in the current year -------****(in Kgs)** | **Quantity lifted from GOAW’s in the current year -------** **(in Kgs)** | **Remark** |
| 1. Main Allocation
 |  |  |  |
| 1. Provisional Allocation
 |  |  |  |
| 1. Final Allocation
 |  |  |  |
| **TOTAL** |  |  |  |
| 1. 1st additional, if allocated
 |  |  |  |
| 1. 2nd additional, if allocated
 |  |  |  |
|  | 1. Any other Allocation
 |  |  |  |
| (d) | **Details of quantity consumed during the current year ------------ and balance as on date** |
| **Opening balance as on 1st January of the current year****(in Kgs)** | **Quantity (in Kgs) received in current year****(up to date of submission of application)** | **Qty. consumed in current year****(up to date of submission of application)** | **Closing balance as on date (up to date of submission of application)** | **Remark, if any** |
|  |  |  |  |  |
| (e) | **Quantity desired as additional allocation (in kgs)** |  |

**Required Documents: -**

1. **Quarterly Reports in Annexure-III and Annexure-IV:** Self-authenticated Pdf file of the Annexure-III and Annexure-IV showing stock, consumption and sale details of the completed quarters of the current calendar year ---------.

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 ………………………..