

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

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 -----</u>				
	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				
	a) Provisional Allocation				
	b) Final Allocation				
	TOTAL				
	2. 1 st additional, if allocated				
	3. 2 nd additional, if allocated				
	4. Any other Allocation				
(d)	<u>Details of quantity consumed during the current year ----- and balance as on date</u>				
	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