**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF MEDICINAL OPIUM FOR THE CALENDAR YEAR 2023**

1. **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) | **Details of Quota Allocated as well as quantity lifted during the year 2023** | | | | |
| **Name of Allocation** | | **Quota Allocated Quantity in 2023**  **(in Kgs)** | **Quantity lifted from GOAW’s in 2023**  **(in Kgs)** | **Remark** |
| 1. Main Allocation | |  |  |  |
| 1. Provisional Allocation | |  |  |  |
| 1. Final Allocation | |  |  |  |
| 1. Any Other Allocation | |  |  |  |
| **TOTAL** | |  |  |  |
| (d) | **Details of quantity consumed during the year 2023 and balance as on date** | | | |  |
| **Opening balance as on 01.01.2023**  **(in Kgs)** | **Quantity (in Kgs) received in 2023 (till date)** | **Qty. consumed in 2023 (till date)** | **Closing balance as on date** | **Remark** |
|  |  |  |  |  |
| (e) | **Quantity desired as additional allocation (in kgs)** | |  | | |

**Required Documents: -**

1. Copy of consumption details up to the date of filing of application (including quarterly returns of completed quarters of 2023.
2. Self-attested copies of the following documents should also be submitted, if validity of previously submitted document has been expired or not submitted earlier: -
3. Copy of valid Drug Manufacturing License (Form 25 & 26) along with approved product list issued by the concerned State Government authority.
4. Copy of valid Possession License (NDPS 1 / MD VI / M.D. IV / L-I / L-II / N.D.L.D. / N.D.R.C. or any other license for possession of narcotic drug(s) as the case may be) mentioning the name of the narcotic drug applied for along with the possession limit.

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.

Signature of Authorized signatory

Name:……………………………….

Date…………………………………

Place………………………………

Mobile No…………………...……

E-mail ID:……………………………