

Quarterly return for manufacture, consumption/utilization and sale of Codeine Phosphate

Return for the quarter ending on.....

Allotment order No(s).....

F. No.....

1. Name and address of manufacturer:.....

2. Name of narcotic Drug.....

3. Details of Manufacturing & Sales:.....

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

Opening Balance		Receipts Drug during the Quarter						Total Stock during the Quarter		Consumption						Sale						Closing balance		Remarks, if any
		Domestic procurement			Import					Formulations manufactured		Bulk Drug consumed				Domestic sale		Export		Total of Sale				
Bulk drug (in Kg.)	Preparation with Batch No. details (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of bulk drug procured (in Kg.)	Quantity of formulations with their Batch No. procured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of Bulk imported (in Kg.)	Quantity of formulations imported with Batch No. (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Bulk Drug (in kgs.) (Col. 1+4+7)	Formulations with Batch No. (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 2+5+8)	Brand name (with strength) of formulation manufactured with all Batch no. of each brand	Batchwise 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 Batchwise formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in sold formulations (in Kg.)	Quantity of formulation Exported with Batch No. details(in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in Exported formulations (in Kg.)	Total of Batchwise 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 with Batch No. details (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

Name:

Designation:

Mob. No:

Note: - This quarterly return should be self-authenticated by the authorized signatory with Seal of the applicant company.