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F.No. XVI/13/07/N/Q/Pub./2025 Dated- 08 /07/2025

PUBLIC NOTICE

Revised format for Quarterly Return of Codeine Phosphate

Reference is invited towards this office Public Notice dated 13.12.2024 vide which formats for Annual and Quarterly Returns to be filed were prescribed with regard to Allotment of Quota of Narcotic Drugs.

2. Attention is also drawn towards Condition no. (iii) of Quota Allocation Certificate which mandates the allottees to submit Quarterly Return containing details of Receipt, Consumption and Sale of Narcotic Drugs to this department in prescribed format by 15th of the month following the quarter.

3. In this regard, it has come to notice that many firms/ companies who take quota of **Codeine Phosphate** from this department are not submitting quarterly returns in the prescribed format along-with complete details adhering to the prescribed timelines.

4. Keeping in view of the above as well as the reported diversion of codeine phosphate preparations into illicit channels, a revised format of Quarterly Returns for Codeine Phosphate is devised and the same is enclosed with this Public Notice as Annexure I and II. Further, it is to inform that if quarterly returns are not submitted within 15 days of ending of quarter by manufacturers to whom quota has been allotted, their use of allocated quota will be withheld and their future application for quota allocation of Codeine Phosphate will not be entertained till submission of appropriate returns.

These directions shall come into force with immediate effect

Encl: As above

BY ORDER
NARCOTICS COMMISSIONER

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.

Quarterly return for manufacture and sale of Formulations of Codeine Phosphate

Return for the quarter ending on.....

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

Details of Manufacturing & Sales during the quarter:

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 with its Batch No. at the beginning of the quarter	Quantity of formulations procured with their Batch No. details during the quarter			Total quantity of formulations manufactured with Batch No. details of each formulation during the quarter	Total Stock of formulations with Batch No. details during the quarter (Col. 5+8+9)	Total quantity of Batchwise 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 with Batch No. (Col. 10-11)
					From domestic market	From import	Total receipts						Name	Complete address	Brand Name with Batch details sold	State/ Country	Contact No.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

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.