


भारत सरकार वित्त मंत्रालय केन्द्रीय नारकोटिक्स ब्यूरो 19, माल रोड, मुरार, ग्वालियर-474006	 सत्यमेव जयते	Government of India Ministry of Finance Central Bureau of Narcotics 19, The Mall, Morar, Gwalior (M.P.) – 474006
☎(PBX) : (91) 751-2368996; FAX: (91) 751-2368111/ 2368577; E-MAIL: supdt-quota@cbn.nic.in		
F.No. XVI/13/09/N/Q/Pub-Notice/2024		Dated- 13/12/2024

Public Notice

Online Application for Allotment of Quota of Narcotics Drugs for the year 2025-Reg.: - This office is inviting **Online Applications for Quota Allocation of Narcotics Drugs for the year 2025**. The details for existing/ new applicants as well as time line for submitting applications for Provisional/ Main/ Final/ Additional Allocations are as under: -

Sl. No.	Particular	Timeline for submitting applications
1	Applications for Provisional Quota Allocation of Medicinal Opium/ Codeine (by existing companies).	From 1 st January, 2025 to 31 st January, 2025.
2	Application for Main/ Final allocation by existing companies who applied or not applied for Provisional Quota Allocation of Medicinal Opium/ Codeine.	For Medicinal Opium- At any time during the period from 1 st February, 2025 to 30 th November, 2025. For Codeine- At any time during the period from 1 st February, 2025 to 30 th November, 2025.
3	Application by New Companies for Quota Allocation of Medicinal Opium/ Codeine	For Medicinal Opium- At any time during the period from 1 st January, 2025 to 30 th November, 2025. For Codeine- At any time during the period from 1 st January, 2025 to 30 th November, 2025.
4	Application for Quota Allocation of Narcotics Drugs for Export and Government Supply purposes	For Medicinal Opium- At any time during the period from 1 st January, 2025 to 30 th November, 2025. For Codeine- At any time during the period from 1 st January, 2025 to 30 th November, 2025. For other Narcotic Drugs- At any time during the period from 1 st January, 2025 to 30 th November, 2025.
5	Application for Quota Allocation of Narcotics Drugs other than Medicinal Opium/ Codeine	At any time during the period from 1 st January, 2025 to 30 th November, 2025.
6	Application for Additional Quota Allocation of Narcotics Drugs (Medicinal Opium/ Codeine)	Separate Public Notices will be issued at the appropriate times.

NOTE:

1. **Application received after due date:** - No application, received after due date as mentioned above, shall be entertained.
2. **No Application in offline mode:** - It is also mentioned that **only online application THROUGH Unified CBN Portal (<https://cbnonline.gov.in>) shall be entertained** for above said purposes. Applications received through any other mode i.e. by dak/ by email, shall not be entertained.
3. **Soft copies (word & PDF files) of Proforma's of Annual Return (Annexure-I and Annexure-II) and Quarterly Return (Annexure-III and Annexure-IV) can also be downloaded from official CBN website www.cbn.nic.in.**

BY ORDER
NARCOTICS COMMISSIONER

Annexure-I

Annual Return for manufacture, consumption/utilization and sale of Narcotic Drug.

Return for the year ending on 31.12.2024. (As required under Rule 67(E)(3) of NDPS Rules, 1985)

Allotment order No(s).....	F. No.....
1. Name and address of manufacturer:.....	
2. Name of narcotic Drug:	
3. Details of Manufacturing &Sales:.....	

Opening Balance as on 1.1.2024		Receipts Drug during the Year						Total Stock during the Year	Consumption								Sale			Closing balance as on 31.12.2024		Remarks, if any		
		Domestic procurement			Import				Formulations manufactured		Bulk Drug consumed				Domestic sale		Export	Total of Sale						
Bulk drug (in Kg.)	Preparation (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of bulk drug procured (in Kg.)	Quantity of formulations procured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of Bulk imported (in Kg.)	Quantity of formulations imported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Bulk Drug (in Kgs.) (Col. 1+4+7)	Formulations (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 2+5+8)	Brand name (with strength) of formulation manufactured	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 formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in sold formulations (in Kg.)	Quantity of formulation Exported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in Exported formulations (in Kg.)	Total of 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 (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 10-21)	
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.....

Signature and Seal of the Officer
of the State FDA/ State Excise

Seal and Signature of Authorized signatory

Name:

Designation:

Mob. No:

Note: - 1. For each narcotic drug, separate return shall be filed.

2. This Return has to be attested by State FDA/ State Excise and is to be submitted along with the application for quota for the year-2025.

Annual Return for manufacture and sale of Formulations of Narcotic Drug

Return for the year ending on 31.12.2024.

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

Details of Manufacturing & Sales during the year 2024:

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 at the beginning of the year i.e. 01.01.2024	Quantity of formulations procured during the year			Total quantity of formulations manufactured during the year	Total Stock of formulations during the year (Col. 5+8+9)	Total quantity of 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 as on 31.12.2024 (Col. 10-11)
					From domestic market	From import	Total receipts						Name	Complete address	State/ Country	Contact No.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

Certified that the information given above is correct and the relevant records are available with me/ us.

Date.....

Signature and Seal of the Officer
of the State FDA/ State Excise

Seal and Signature of Authorized signatory

Name:
Designation:
Mob. No:

Note: - 1. For each narcotic drug, separate return shall be filed.

2. This Return has to be attested by State FDA/ State Excise and is to be submitted along with the application for quota for the year-2025.

Annexure-III

Quarterly return for manufacture, consumption/utilization and sale of Narcotic Drug

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			
		Domestic procurement				Import				Formulations manufactured		Bulk Drug consumed				Domestic sale	Export					Total of Sale		
Bulk drug (in Kg.)	Preparation (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of bulk drug procured (in Kg.)	Quantity of formulations procured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of Bulk imported (in Kg.)	Quantity of formulations imported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Bulk Drug (in Kgs.) (Col. 1+4+7)	Formulations (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 2+5+8)	Brand name (with strength) of formulation manufactured	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 formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in sold formulations (in Kg.)	Quantity of formulation Exported (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in Exported formulations (in Kg.)	Total of 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 (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 10-21)	
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 Narcotic Drug

Return for the quarter ending on.....

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

Sl. No.	Name of the formulation of Narcotic Drug	Type of the formulation (Tablets / Syrup/ Amps./	Strength of Narcotic Drug in the	Opening Balance of the formulation at the beginning of the	Quantity of formulations procured during the quarter			Total quantity of formulations manufactured during the quarter	Total Stock of formulations during the quarter (Col. 5+8+9)	Total quantity of 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 (Col. 10-11)
					From domestic market	From import	Total receipts						Name	Complete address	State/Country	Contact No.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

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.