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

Return for the quarter ending on ………………………………………….

**Allotment order No(s). ……………………………………………………………………………………… F.No…………………………………………………..**

1. **Name of manufacturer:**
2. **Address with Mob. No.:**
3. **Name of narcotic Drug:**
4. **Details of Manufacturing & Sales:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Opening Balance** | | **Receipt** | | | | | | **Consumption** | | | | | **Sale** | | | | | | | **Closing balance** | | **Remarks, if any** |
| **Domestic**  **procurement** | | | **Import** | | | **Domestic sale** | | | | **Export** | | |
| Of preparation (in Kg.) | Of bulk drug (in Kg.) | Name of Consignor | Quantity of bulk drug  procured (in Kg.) | Total (progressive total of  Column 4) | Name of Consignor | Quantity imported (in Kg.) | Total (progressive total of  Column 7) | Quantity of bulk drug  consumed (in Kg.) | Quantity of preparations  manufactured (in Kg.) | Processing loss, if any (9-10) (in Kg.) | Brand name (with strength) of formulation manufactured | Quantity of formulation  manufactured (in unit i.e. tablets / Amps../ vials etc | Name of consignee | Address of consignee | Quantity sold (in Kg.) | Total (progressive total of Column 16) | Name of foreign consignee | Quantity sold (in Kg.) | Total (progressive total of Column 19) | Of preparation {1+10-  (17+20)} (in Kg.) | Of bulk drug (2+5+8-9) (in Kg.) |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

**Signature:** …………………………………………………………

**Name:** ………………………………………………………………

**Designation:** …………………………………………………….

**Mob. No:** ………………………………………………………….

**Note: - …**

1. For each narcotic drug, separate return shall be filed.
2. This return is to be sent to the Narcotics Commissioner on or before 15th of the month following the quarter to which the statistical data return at the following address: **Narcotics Commissioner, 19, The Mall, Morar, Gwalior-474006**
3. A copy of above return (in Microsoft Excel worksheet) shall also be emailed to [narcommr@cbn.nic.in](mailto:narcommr@cbn.nic.in).