

## 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 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+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.

**Annexure-IV**

**Quarterly return for manufacture and sale of Formulations of Narcotic Drug**

*Return for the quarter ending on.....*

<b>1. Name and address of Manufacturer:</b> ..... <b>2. Name of narcotic Drug:</b> ..... <b>3. Details of Manufacturing &amp; Sales:</b> .....
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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.