

भारत सरकार  
वित्त मंत्रालय  
केन्द्रीय नारकोटिक्स ब्यूरो  
19, माल रोड, मुरार, ग्वालियर-474006



Government of India  
Ministry of Finance  
Central Bureau of Narcotics  
19, The Mall, Morar, Gwalior (M.P.) – 474006

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**F.No. XVI/13/07/N/Q/Pol./2024** **Dated- 25/07/2024**

## **PUBLIC NOTICE**

### **Online Application for allotment of 1st Additional Quota of Codeine Phosphate for the year 2024**

Online Application is invited from interested parties for allocation of 1st additional quota of Codeine Phosphate. It is mentioned that only online applications through Unified CBN Portal (<https://cbnonline.gov.in>) shall be entertained for above said purposes.

For the purpose of cut-off date, the applications received through Unified CBN Portal (<https://cbnonline.gov.in>) during the period from 01.08.2024 to 20.08.2024 shall only be considered as having been received within time limit.

***NOTE: - Please note that, subject to availability of estimates, the applications received for 1st Additional allocation of Codeine Phosphate will be processed only after closing date for receipts of applications i.e. after 20.08.2024.***

#### **Please be careful that: -**

1. The window on the online portal for submitting applications for allocation of 1st additional quota of Codeine Phosphate will remain open during 01.08.2024 to 20.08.2024 only and hence, before 01.08.2024 or after 20.08.2024, no one will be able to submit any online application for this purpose.
2. The applications for this purpose, received through any other mode i.e. by post/ by email/ by hand, shall not be entertained.

#### **Mandatory Documents required to be uploaded in the “Other Documents” Section of the online application: -**

1. Pdf file of duly filled and signed “Application form for Additional Allotment of Quota of Codeine Phosphate for the Calander year 2024”. The proforma of Application Form is attached with this Public Notice.
2. Pdf files of the self-authenticated quarterly returns of all those quarters of current year 2024, which has been completed as on date of submission of online application. The proforma of the same is also attached with this Public Notice.

BY ORDER  
NARCOTICS COMMISSIONER

**APPLICATION FORM FOR 1<sup>st</sup> ADDITIONAL ALLOTMENT OF QUOTA OF  
CODEINE PHOSPAHTE FOR THE CALENDAR YEAR 2024**

**I. Details of the Applicant / Company: -**

(a)	Name & Address (with pin code) of the Company Tel No.				
(b)	E-mail ID of the company for making correspondence				
(c)	<b><u>Details of Quota Allocated as well as quantity lifted during the current year 2024</u></b>				
	<b>Name of Allocation</b>	<b>Quota Allocated Quantity in 2024 (in Kgs)</b>	<b>Quantity lifted from GOAW's in 2024 (in Kgs)</b>	<b>Remark</b>	
	1. Main Allocation				
	a) Provisional Allocation				
	b) Final Allocation				
	2. Any Other Allocation				
	<b>TOTAL</b>				
(d)	<b><u>Details of quantity consumed during the current year 2024 and balance as on 31.07.2024</u></b>				
	<b>Opening balance as on 01.01.2024 (in Kgs)</b>	<b>Quantity (in Kgs) received in 2024 (upto 31.07.2024)</b>	<b>Qty. consumed in 2024 (upto 31.07.2024)</b>	<b>Closing balance as on 31.07.2024</b>	<b>Remark</b>
(e)	<b>Quantity desired as additional allocation (in kgs)</b>				

**Required Documents: -**

- (1)** Copy of the self-authenticated quarterly returns of first quarter (January to March, 2024) and second quarter (April to June, 2024) of current year 2024.

The undersigned hereby declare that the above information submitted is complete and correct. It is also certified that I have gone through the aforesaid instructions.

**Seal and Signature of Authorized signatory**

Name .....

Date .....

Place .....

Mobile No .....

E-mail ID .....

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

Return for the quarter ending on .....

Alotment 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		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 7)	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	Of preparation (in Kg.)	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 .....

**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.