

भारतसरकार वित्तमंत्रालय केन्द्रीय नारकोटिक्सब्यूरो 19, मालरोड, मुरार, ग्वालियर- 474006		Government of India Ministry of Finance Central Bureau of Narcotics 19, The Mall, Morar, Gwalior (M.P.) – 474006
(PBX) : (91) 751-2368996/ 2368997; FAX: (91) 751-2368111/ 2368577; E-MAIL: supdt-quota@cbn.nic.in,		
F.No.-XVI/13/07/N/Q/Pub./2025		Dated: 24/12/2025

Public Notice

Online Application for Allotment of Quota of Narcotics Drugs for the year 2026-

Reg.: - This office invites online applications for the allotment of quota for narcotic drugs for the year 2026. The timeline for submitting applications for provisional/ main/ final/ additional/ export/ government supply allocations for existing/ new applicants is as follows:”:-

Sl. No.	Particular	Timeline for submitting applications
1	Applications for Provisional Quota Allocation of Medicinal Opium/ Codeine (by existing companies) .	From 1 st January, 2026 to 31 st January, 2026.
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, 2026 to 30 th November, 2026. For Codeine- At any time during the period from 1 st February, 2026 to 10 th November, 2026.
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, 2026 to 30 th November, 2026. For Codeine- At any time during the period from 1 st January, 2026 to 10 th November, 2026.
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, 2026 to 30 th November, 2026. For Codeine- At any time during the period from 1 st January, 2026 to 10 th November, 2026. For other Narcotic Drugs- At any time during the period from 1 st January, 2026 to 30 th November, 2026.
5	Application for Quota Allocation of Narcotics Drugs other than Medicinal Opium/ Codeine	At any time during the period from 1 st January, 2026 to 30 th November, 2026.
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), Quarterly Return (Annexure-III, Annexure-IV, Annexure 1 and Annexure 2) can also be downloaded from official CBN website <http://cbn.gov.in/>**

BY ORDER
NARCOTICS COMMISSIONER

भारतसरकार वित्तमंत्रालय केन्द्रीय नारकोटिक्सब्यूरो 19, मालरोड, मुरार, ग्वालियर- 474006	 स्वयमेव गवने	Government of India Ministry of Finance Central Bureau of Narcotics 19, The Mall, Morar, Gwalior (M.P.) – 474006
(PBX) : (91) 751-2368996/ 2368997; FAX: (91) 751-2368111/ 2368577; E-MAIL: supdt-quota@cbn.nic.in,		Dated: 24/12/2025
F.No.-XVI/13/07/N/Q/Pub./2025		

सार्वजनिक सूचना

वर्ष 2026 के लिए नारकोटिक दवाओं के कोटे के आवंटन हेतु ऑनलाइन आवेदन - संदर्भ: -

यह कार्यालय वर्ष 2026 के लिए नारकोटिक दवाओं के कोटे के आवंटन हेतु ऑनलाइन आवेदन आमंत्रित करता है। मौजूदा/नए आवेदकों के लिए अनंतिम/मुख्य/अंतिम/अतिरिक्त/निर्यात/सरकारी आपूर्ति आवंटन के लिए आवेदन जमा करने की समय-सीमा इस प्रकार है:

क्र. सं.	विवरण	आवेदन जमा करने की समय-सीमा
1	अस्थायी कोटा के लिए आवेदन औषधीय अफीम/कोडीन का आवंटन (मौजूदा कंपनियों द्वारा)।	1 जनवरी, 2026 से 31 जनवरी, 2026 तक।
2	मौजूदा कंपनियों द्वारा मुख्य/अंतिम आवंटन के लिए आवेदन, जिन्होंने औषधीय अफीम/कोडीन के प्रविजनल कोटा आवंटन के लिए आवेदन किया था या नहीं किया था।	मेडिसिनल अफीम के लिए- 1 फरवरी, 2026 से 30 नवंबर, 2026 की अवधि के दौरान किसी भी समय। कोडीन के लिए- 1 फरवरी, 2026 से 10 नवंबर, 2026 की अवधि के दौरान किसी भी समय।
3	नई कंपनियों द्वारा औषधीय अफीम/कोडीन के कोटा आवंटन के लिए आवेदन।	मेडिसिनल अफीम के लिए- 1 जनवरी, 2026 से 30 नवंबर, 2026 की अवधि के दौरान किसी भी समय। कोडीन के लिए- 1 जनवरी, 2026 से 10 नवंबर, 2026 की अवधि के दौरान किसी भी समय।
4	निर्यात और सरकारी आपूर्ति उद्देश्यों के लिए नारकोटिक दवाओं के कोटा आवंटन के लिए आवेदन।	मेडिसिनल अफीम के लिए- 1 जनवरी, 2026 से 30 नवंबर, 2026 की अवधि के दौरान किसी भी समय। कोडीन के लिए- 1 जनवरी, 2026 से 10 नवंबर, 2026 की अवधि के दौरान किसी भी समय। अन्य नारकोटिक दवाओं के लिए- 1 जनवरी, 2026 से 30 नवंबर, 2026 की अवधि के दौरान किसी भी समय।
5	औषधीय अफीम/कोडीन के अलावा अन्य नारकोटिक दवाओं के कोटा आवंटन के लिए आवेदन।	1 जनवरी, 2026 से 30 नवंबर, 2026 की अवधि के दौरान किसी भी समय।
6	नशीली दवाओं (औषधीय अफीम/कोडीन) के अतिरिक्त कोटा आवंटन के लिए आवेदन।	सही समय पर अलग-अलग पब्लिक नोटिस जारी किए जाएंगे।

ध्यान दें:

- तय तारीख के बाद मिले आवेदन: - ऊपर बताई गई तय तारीख के बाद मिले किसी भी आवेदन पर विचार नहीं किया जाएगा।
- ऑफलाइन मोड में कोई आवेदन नहीं: - यह भी बताया जाता है कि ऊपर बताए गए उद्देश्यों के लिए केवल यूनिफाइड CBN पोर्टल (<https://cbnonline.gov.in>) के माध्यम से ऑनलाइन आवेदन ही स्वीकार किए जाएंगे। किसी अन्य माध्यम से, यानी डाक/ईमेल द्वारा प्राप्त आवेदनों पर विचार नहीं किया जाएगा।
- वार्षिक रिटर्न (अनुलग्नक-I और अनुलग्नक-II), त्रैमासिक रिटर्न (अनुलग्नक-III, अनुलग्नक-IV, अनुलग्नक 1 और अनुलग्नक 2) के प्रोफार्मा की सॉफ्ट कॉपी (वर्ड और PDF फाइलें) आधिकारिक CBN वेबसाइट <http://cbn.gov.in/> से भी डाउनलोड की जा सकती हैं।

नारकोटिक्स कमिश्नर के आदेश से

Annual Return for manufacture, consumption/utilization and sale of Narcotic Drug (Annexure i)

Return for the year ending on 31.12.2025. (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 1.1.2025	Receipts Drug during the Year						Total Stock during the Year	Consumption						Sale			Closing balance as on 31.12.2025	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.....

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 (Annexure ii)

Return for the year ending on 31.12.2025.

1. Name and address of Manufacturer:.....

2. Name of narcotic Drug:

3. Details of Manufacturing & Sales:.....

Details of Manufacturing & Sales during the year 2025:

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. 01.01.2025	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 31.12.2025 (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-2026.

Quarterly return for manufacture, consumption/utilization and sale of Narcotic Drug (Annexure iii)

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				
	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.

Quarterly return for manufacture and sale of Formulations of Narcotic Drug (Annexure iv)

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./	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.

Annexure-1

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	13	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.