

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+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.

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