

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				
	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.