

भारत सरकार  
वित्त मंत्रालय  
केन्द्रीय नक्सोपचार 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

(PBX) : (91) 751-2368996/ 2368997; FAX: (91) 751-2368111/ 2368577; GRAM: NARCOM; E-MAIL: [supdt-quota@cbn.nic.in](mailto:supdt-quota@cbn.nic.in)

F. No.XVI/13/01/N/Q/Policy/2020

Date: 31.07.2020

## **PUBLIC NOTICE**

### **Application for allotment of Additional Quota of Medicinal Opium for the year 2020**

Application is invited from interested parties for allocation of additional quota of Medicinal Opium. An application should be made in enclosed proforma along with requisite documents through post or e-mail ([supdt-quota@cbn.nic.in](mailto:supdt-quota@cbn.nic.in)) by 20<sup>th</sup> August, 2020.

For the purpose of cut-off date, application received through post or e-mail ([supdt-quota@cbn.nic.in](mailto:supdt-quota@cbn.nic.in)) between 01.08.2020 to 20.08.2020 will only be considered as having been received within time limit.

**BY ORDER**

**NARCOTICS COMMISSIONER**

**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF  
MEDICINAL OPIUM FOR THE CALENDAR YEAR 2020**

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

(a)	Name & address (with pin code) of the company Tel No., Fax No.			
(b)	E-mail ID of the company for making correspondence			
(c)	Quota allotted in 2020			
(d)	Quota lifted in 2020-			
	Opening balance as on 01.01.2020	Qty received in 2020 (till date)	Qty. consumed in 2020 (till date)	Closing balance as on 31.07.2020
(e)	Quantity desired as additional allocation (in Kg.)			

**Self attested** copies of the following documents should also be submitted only if these documents having validity at least up to 31/12/2020 **were not submitted earlier:-**

- a) Copy of valid Drug Manufacturing License (Form 25 & 26) along with approved product list issued by the concerned State Government authority.
- b) Copy of valid Possession License (NDPS 1 / MD VI / M.D. IV / L-I / L-II / N.D.L.D. / N.D.R.C. or any other license for possession of narcotic drug(s) as the case may be) mentioning the name of the narcotic drug applied for along with the possession limit.
- c) Copy of consumption details up to 31<sup>st</sup> July, 2020

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.

Signature      of      Authorized  
signatory  
Name:.....  
Date.....  
Place.....  
Mobile No.....  
E-mail ID:.....