



भारत सरकार Government of India  
वित्त मंत्रालय Ministry of Finance  
राजस्व विभाग Department of Revenue

केन्द्रीय नारकोटिक्स ब्यूरो **Central Bureau of Narcotics**  
19, माल रोड, मुरार, ग्वालियर – 474006 19, The Mall, Morar, Gwalior (M.P.) - 474006

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F. No. XVI/13/02/N/Q/Policy/2021

Dated, the 20<sup>th</sup> October, 2021

## **PUBLIC NOTICE**

### **Application for allotment of Additional Quota of Medicinal Opium for the year 2021**

Application is invited from interested parties for allocation of additional quota of Medicinal Opium. An application should be made in enclosed pro-forma along with requisite documents through post or e-mail ([suptd-narco@cbn.nic.in](mailto:suptd-narco@cbn.nic.in)) by 10<sup>th</sup> November, 2021.

Accordingly, applicants should ensure that application is received accompanied by all valid documents (if required) on or before 10<sup>th</sup> November, 2021 either by mail ([suptd-narco@cbn.nic.in](mailto:suptd-narco@cbn.nic.in)) or post

BY ORDER  
NARCOTICS COMMISSIONER

**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF MEDICINAL  
OPIUM FOR THE CALENDAR YEAR 2021**

**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 2021			
(d)	Quota lifted in 2021-			
	Opening balance as on 01.01.2021	Qty received in 2021 (30.09.2021)	Qty. consumed in 2021 (30.09.2021)	Closing balance as on 30.09.2021
(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 31/12/2021 **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.

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:.....

