



सत्यमेव जयते

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

F. No. XVI/13/11/N/Policy/2019

Dated, the 31<sup>ST</sup> July, 2019

## **PUBLIC NOTICE**

### **Application for Allotment of additional Quota of Codeine Phosphate for the year 2019**

Attention is invited to guidelines for allocation of Codeine Phosphate uploaded on the CBN website on 23.02.2016. As already mentioned in Para 7 (v), proforma for application of additional allocation will be uploaded in the month of July and applicants desirous of making such applications should submit it latest by 20<sup>th</sup> August, 2019.

Accordingly, all the desirous applicants may submit application in the 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 2019. 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 01.08.2019 to 20.08.2019 will only be considered as having been received within time limit.

**BY ORDER**  
**NARCOTICS COMMISSIONER**

**APPLICATION FORM FOR ADDITIONAL ALLOTMENT OF QUOTA OF  
CODEINE PHOSPHATE FOR THE CALENDAR YEAR 2019**

**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 2019			
(d)	Quota lifted in 2019-			
	Opening balance as on 01.01.2019	Qty received in 2019 (till date)	Qty consumed in 2019 (till date)	Closing balance as on 31.07.2019
(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 31/12/2019 **were not submitted earlier:-**

- Copy of valid Drug Manufacturing License (Form 25 & 26) along with approved product list issued by the concerned State Government authority.
- 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.
- Copy of consumption details up to 31<sup>st</sup> July, 2019

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:.....