

भारत सरकार
वित्त मंत्रालय
केन्द्रीय नारकोटिक्स 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

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F. No.XVI/13/05/N/Q/Policy/2022-pt-I Date: 24.11.2022

PUBLIC NOTICE

Application for allotment of Additional Quota of Codeine Phosphate for the year 2022

Application is invited from interested parties for allocation of additional quota of Codeine Phosphate. Application should be made in enclosed pro-forma along with requisite documents through post or e-mail (suptd-narco@cbn.nic.in) by 5th December, 2022.

For the purpose of cut-off date, application received through post or e-mail (suptd-narco@cbn.nic.in) between **01.12.2022 to 05.12.2022** 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 2022

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 2022			
(d)	Quota lifted in 2022			
	Opening balance as on 01.01.2022	Qty received in 2022 (till 31.10.2022)	Qty. consumed in 2022 (till 31.10.2022)	Closing balance as on 31.10.2022
(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 31/12/2022 **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 31st October, 2022 (including quarterly returns of completed quarters of 2022)

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:.....