# Annual return for manufacture, consumption/ utilization and sale of Narcotic Drugs

Return for the year ending on ……… (As required under Rule 67(E)(3) of NDPS Rules, 1985)

**Allotment order No(s) ……………………………………………………………………………………… F.No …………………………………………………..**

1. **Name of manufacturer:**
2. **Address with Mob. No.:**
3. **Name of narcotic Drug:**
4. **Details of Manufacturing & Sales:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Opening Balance** | | **Receipt** | | | | | | **Consumption** | | | | | **Sale** | | | | | | | **Closing balance** | | Remarks, if any |
| **Domestic procurement** | | | **Import** | | | **Domestic sale** | | | | **Export** | | |
| Of preparation (in Kg.) | Of bulk drug (in Kg.) | Name of Consignor | Quantity of bulk drug procured (in Kg.) | Total (progressive total of Column 4) | Name of Consignor | Quantity imported (in Kg.) | Total (progressive total of Column 7) | Quantity of bulk drug consumed (in Kg.) | Quantity of preparations manufactured (in Kg.) | Processing loss, if any (9- 10) (in Kg.) | Brand name (with strength) of formulation | Quantity of formulation  manufactured (in unit  i.e. tablets/ Amps. | Name of consignee | Address of consignee | Quantity sold (in Kg.) | Total (progressive total of Column 16) | Name of foreign consignee | Quantity sold (in Kg.) | Total (progressive total of Column 19) | Of preparation {1+10-  (17+20)} (in Kg.) | Of bulk drug (2+5+8-9) (in Kg.) |
| ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** | ***10*** | ***11*** | ***12*** | ***13*** | ***14*** | ***15*** | ***16*** | ***17*** | ***18*** | ***19*** | ***20*** | ***21*** | ***22*** | ***23*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Certified that the information given above is correct and the relevant records are available with**

**me/ us. Date ……….**

**Signature**: …………………………….

**Name**: …………………………………

**Designation:** …………….... ……….

**Signature and Seal of the Officer of the State FDA/ State Excise** **Mob. No**: …………………………......

**Note:**

1. For each narcotic drug, separate return shall be filed.
2. This Return has to be attested by State FDA/ State Excise and is to be submitted along with the application for quota for the next year.