

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

(PBX) : (91) 751-2368996; FAX: (91) 751-2368111/ 2368577; E-MAIL: supdt-quota@cbn.nic.in

F.No. XVI/13/07/N/Q/Pol./2024

Dated- 19/06/2024

PUBLIC NOTICE

Online Application for allotment of 1st Additional Quota of Medicinal Opium for the year 2024

Online Application is invited from interested parties for allocation of 1st additional quota of Medicinal Opium. It is mentioned that online applications through Unified CBN Portal (<https://cbnonline.gov.in>) shall only be entertained for above said purposes.

For the purpose of cut-off date, the applications received through Unified CBN Portal (<https://cbnonline.gov.in>) during the **period from 21.06.2024 to 06.07.2024** shall only be considered as having been received within time limit.

Please be careful that: -

1. The window on the online portal for submitting applications for allocation of 1st additional quota of Medicinal Opium will remain open during 21.06.2024 to 06.07.2024 only and hence, before 21.06.2024 or after 06.07.2024, no one will be able to submit any online application for this purpose.
2. The applications for this purpose, received through any other mode i.e. by post/ by email/ by hand, shall not be entertained.

Mandatory Documents required to be uploaded in the “Other Documents” Section of the online application: -

1. Pdf file of duly filled and signed “Application form for Additional Allotment of Quota of Medicinal Opium for the Calander year 2024”. The proforma of Application Form is attached with this Public Notice.
2. Pdf files of the self-authenticated quarterly returns of all those quarters of current year 2024, which has been completed as on date of submission of online application. The proforma of the same is also attached with this Public Notice.

BY ORDER
NARCOTICS COMMISSIONER

**APPLICATION FORM FOR 1st ADDITIONAL ALLOTMENT OF QUOTA OF
MEDICINAL OPIUM FOR THE CALENDAR YEAR 2024**

I. Details of the Applicant / Company: -

(a)	Name & Address (with pin code) of the Company Tel No.				
(b)	E-mail ID of the company for making correspondence				
(c)	<u>Details of Quota Allocated as well as quantity lifted during the current year 2024</u>				
	Name of Allocation	Quota Allocated Quantity in 2024 (in Kgs)	Quantity lifted from GOAW's in 2024 (in Kgs)	Remark	
	1. Main Allocation				
	a) Provisional Allocation				
	b) Final Allocation				
	2. Any Other Allocation				
	TOTAL				
(d)	<u>Details of quantity consumed during the current year 2024 and balance as on date</u>				
	Opening balance as on 01.01.2024 (in Kgs)	Quantity (in Kgs) received in 2024 (till date)	Qty. consumed in 2024 (till date)	Closing balance as on date	Remark
(e)	Quantity desired as additional allocation (in kgs)				

Required Documents: -

- (1)** Copy of the self-authenticated quarterly returns of all those quarters of current year 2024, which has been completed as on date of submission of online application.

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.

Seal and Signature of Authorized signatory

Name

Date

Place

Mobile No

E-mail ID

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

Return for the quarter ending on

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:	

NOTE: Quota allotted for the particular year be reflected in the Quarterly returns of the same year.

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 manufactured	Quantity of formulation manufactured (in unit i.e. tablets / Amps./ vials etc)	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

Seal and Signature of Authorized signatory

Name:

Designation:

Mob. No:

Note: - This quarterly return should be self-authenticated by the authorized signatory with Seal of the applicant company.