

Quarterly Return Form (Wholesalers of Bulk Drugs)

Registration No.

Quarter (mm/yyyy)

Following Details to be furnished for each wholesaled substance

Substance Name

Opening balance

Destruction of Expired goods at own premises

Given out as sample

Other Losses (Damages/Natural Calamities)

Procurement / Sale Details:

Details of transactions with parties other than those to be registered with CBN (Consolidated Transaction Party Name wise)						
Sr. No.	Quantity	Party Type (Doctor/Retailer / /Hospital/ Institutional Supplier/ Govt. Supplier)	Name	Address	State	District

Transaction Details with parties registered/to be registered with CBN (Date wise Party Wise)								
Sr. No.	Transaction Type (Domestic procurement/Sale Returned/ Received back)	Date	Quantity	CBN Registration No.	If CBN Registration No. Not Available			
					Name	Address	State	District

Transaction Details with parties for Import/Export (Date wise Party Wise)				
Sr. No.	Transaction Type (Import/Export/ Returned/ Received back)	Date	Quantity	CBN Import/Export Authorisation No.

Closing balance