	Quarterly Return Form (Wholesalers of Preparations)					
Registration No.						
Quarter (mm/yyyy)						
Following Details to be	furnished for each used substance					
Substance Name						
Opening balance : (Preparation)						

Con	solidated details	s (Trade Name W	/ise)	
Sr. No.	Trade Name	Amount of Salt/Unit (mg.)	Unit	Quantity in Kgs.
Destruction of Expired go	ods at Own Pre	mises		
Given out as sample				
Other losses (Damages/Na	tural Calamitie	s)		
, J				

Detai	Details of transactions with parties other than those to be registered with CBN									
(Con	(Consolidated Transaction Party wise and Trade Name Wise)									
Sr. No.	Trade Name	Amount of salt/unit (mg.)	Unit	Quantity (In Kgs.)	Party Type (Doctor/ Retailer / Hospital/ Institutional Supplier/ Govt. Supplier)	Name	Address	State	District	

Sr. No	Transaction Type (Domestic procurement/ Sale / Returned/ Received back)		_	 No. of Units	Qua ntity	CBN Registra tion No.	If CBN Registration No. Not Available			
							Name	Addre ss	State	District

Trai	Transaction Details with parties for Import/Export (Date wise Party Wise Trade Name Wise)								
Sr. No	Transaction Type (Import/ Export/ Returned/ Received back)	Date	Trade Name	Amount of salt/unit (mg.)	No. of Units	Quantity	CBN Import/Export Authorisation No.		

Closing balance:	
(Preparation)	