भारत सरकार
वित्त मंत्रालय
केन्द्रीय नारकोटिक्स ब्यूरो
19, माल रोड, मुरार, ग्वालियर–474006

सत्यमेव जयते

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/Pub./2025 **Dated- 15 /09/2025**

PUBLIC NOTICE

Online Application for allotment of 2nd Additional Quota of Codeine Phosphate for the year 2025

Online Application is invited from interested parties for allocation of 2nd ***additional quota of Codeine Phosphate***. It is mentioned that online applications received only through the Unified CBN Portal ***(https://cbnonline.gov.in)*** shall be entertained for this purpose.

For the purpose of cut-off date, only the applications received through Unified CBN Portal (https://cbnonline.gov.in) **during the period from 16.09.2025 to 30.09.2025** shall be considered as having been received within time limit.

Please be careful that: -

1. The applicants may submit their online applications for want of 2nd additional quota of Codeine Phosphate ***only during the period from 16.09.2025 to 30.09.2025***. Therefore, the applications submitted for this purpose before 16.09.2025 or after 30.09.2025 shall not be considered.

2. No physical application received through Dak or Email or by hand shall be entertained for this purpose.

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 Codeine Phosphate for the Calander year 2025". The proforma of Application Form is attached with this Public Notice.

2. Self-authenticated **Pdf files as well as Excel files** of the quarterly returns in **Annexure-I and Annexure-II** of all the completed quarters (i.e. 1st and 2nd quarters ending on 31st March and 30th June, respectively) of the current Calendar Year 2025. The proforma of **Annexure-I and Annexure-II** are attached with this Public Notice.

BY ORDER
NARCOTICS COMMISSIONER

APPLICATION FORM FOR 2nd ADDITIONAL ALLOTMENT OF QUOTA OF CODEINE PHOSPAHTEFOR THE CALENDAR YEAR 2025

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)	**Details of Quota Allocated as well as quantity lifted during the current year 2025**				
	Name of Allocation		**Quota Allocated Quantity in 2025 (in Kgs)**	**Quantity lifted from GOAW's in 2025 (in Kgs)**	**Remark**
	1. Main Allocation				
	a) Provisional Allocation				
	b) Final Allocation				
	TOTAL				
	2. Any Other Allocation/1st Additional				
(d)	**Details of quantity consumed during the current year 2025 and balance as on date.**				
	Opening balance as on 01.01.2025 (in Kgs)	**Quantity (in Kgs) received in 2025** ***(up to date of submission of application)***	**Qty. consumed in 2025** ***(up to date of submission of application)***	**Closing balance** ***(as on date of submission of application)***	**Remark, if any**
(e)	**Quantity desired as additional allocation (in kgs)**				

Required Documents: -

(1) Annexure-I as well as Annexure-II: Self-authenticated Pdf file as well as Excel files of the Annexure-I and Annexure-II showing stock, consumption and sale details of the completed quarters of the calendar year 2025.

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 .....

Annexure-I

Quarterly return for manufacture, consumption/utilization and sale of Codeine Phosphate

Return for the quarter ending on……

Allotment order No(s)…… F. No……..

1. **Name and address of manufacturer:……**
2. **Name of narcotic Drug……**
3. **Details of Manufacturing & Sales:……**

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

Opening Balance		Receipts Drug during the Quarter						Total Stock during the Quarter		Consumption						Sale						Closing balance		Remarks, if any
		Domestic procurement			Import					Formulations manufactured		Bulk Drug consumed				Domestic sale		Export		Total of Sale				
Bulk drug (in Kg.)	Preparation with Batch No. details (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of bulk drug procured (in Kg.)	Quantity of formulations with their Batch No. procured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Name of Consignor	Quantity of Bulk imported (in Kg.)	Quantity of formulations imported with Batch No. (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Bulk Drug (in kgs.) (Col. 1+4+7)	Formulations with Batch No. (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 2+5+8)	Brand name (with strength) of formulation manufactured with all Batch no. of each brand	Batchwise Quantity of formulation manufactured (in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of bulk drug consumed in preparation of formulations (in Kg.)	Quantity of bulk drug consumed in Test & Analysis (in Kg.)	Processing loss of bulk drug, if any (in Kg.)	Total of bulk drug consumed (in Kg.) (Col. 13+14+15)	Quantity of Batchwise formulation sold (in unit i.e. tablets / Syrup/	Quantity of Narcotic Drug in sold formulations (in Kg.)	Quantity of formulation Exported with Batch No. details(in unit i.e. tablets / Syrup/ Amps./ vials etc)	Quantity of Narcotic Drug in Exported formulations (in Kg.)	Total of Batchwise formulation sold (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col.17+19)	Total Quantity of bulk drug in sold formulations (in Kg.) (Col. 18+20)	Bulk drug (in Kg.) (Col. 9-16)	Preparation with Batch No. details (in unit i.e. tablets / Syrup/ Amps./ vials etc) (Col. 10+12-21)	
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*

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.

Annexure-II

Quarterly return for manufacture and sale of Formulations of Codeine Phosphate

Return for the quarter ending on…….

1. **Name and address of Manufacturer:……**
2. **Name of narcotic Drug: ……**
3. **Details of Manufacturing & Sales:……**

Details of Manufacturing &Sales during the quarter:

Sl. No.	Name of the formulation of Narcotic Drug	Type of the formulation (Tablets / Syrup/ Amps./ vials etc)	Strength of Narcotic Drug in the formulation	Opening Balance of the formulation with its Batch No. at the beginning of the quarter	Quantity of formulations procured with their Batch No. details during the quarter			Total quantity of formulations manufactured with Batch No. details of each formulation during the quarter	Total Stock of formulations with Batch No. details during the quarter (Col. 5+8+9)	Total quantity of Batchwise formulation Sold	Date of selling	Sold in Domestic Market or Exported?	Details of the Consignee to whom the preparation has been sold					Sale Invoice Number	Closing Balance of the formulation with Batch No. (Col. 10-11)
					From domestic market	From import	Total receipts						Name	Complete address	Brand Name with Batch details sold	State/ Country	Contact No.		
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*13*	*17*	*18*	*19*	*20*

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.