

- (ज) कंपनी की रुपरेखा ।  
 (झ) निदेशक बोर्ड/कंपनी/फर्म के स्वामी भागीदार द्वारा सम्यक रूप से प्राधिकृत, प्राधिकृत हस्ताक्षरियों के नमूना हस्ताक्षर के साथ कंपनी/फर्म के दो प्राधिकृत हस्ताक्षरियों के ब्यौरे ।

[फा. सं. एन/11012/3/2010-एनसी-II]

सत्य नारायण दास, अवर सचिव

**MINISTRY OF FINANCE**

**(Department of Revenue)**

**NOTIFICATION**

New Delhi, the 26th March, 2013

**G.S.R. 191(E).**—In exercise of the powers conferred by section 9A of the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985), the Central Government hereby makes the following Order, namely:-

**1. Short title and commencement.**— (1) This Order may be called the Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013.

(2) It shall come into force on the date of its publication in the Official Gazette.

**2. Definitions.**— (1) In this Order, unless the context otherwise requires, —

- (a) "Act" means the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985);  
 (b) "Appendix" means the Appendix appended to this Order;  
 (c) "Form" means a form annexed to this Order;  
 (d) "Schedule" means the Schedules annexed to this Order.

(2) Words and expressions used herein and not defined, but defined in the Act shall have the same meaning as defined in the Act.

**3. Power to include Controlled Substance in Schedules.**- The Central Government may, by notification in the Official Gazette, include any controlled substance in one or more Schedules.

**4. Prohibition of manufacture, trade and commerce, possession and consumption of controlled substance in 'Schedule-A'.—** (1) No person shall manufacture, distribute, sell, purchase, possess, store, or consume any controlled substance included in Schedule-A without a unique registration number in Form-A issued by the Zonal Director of Narcotics Control Bureau:

Provided that the requirement of registration under this clause shall be complied within a period of 180 days of the coming into force of this Order:

Provided further that the Government or autonomous institutions, Schools or Colleges or Universities recognised by the Government, registered Scientific Societies and Hospitals using any controlled substance in Schedule-A for educational, scientific and analytical purposes are exempted from the registration.

(2) Every application for registration under sub-clause (1) shall be made in Form-B to the Zonal Director of Narcotics Control Bureau having jurisdiction over the area.

- (3) The Zonal Director of Narcotics Control Bureau shall issue a unique registration number in Form-A or deny the registration within thirty working days from the date of receipt of an application in Form-B.
- (4) In case the registration number is not issued within the stipulated time period or denied, the Zonal Director of Narcotics Control Bureau or any other officer authorised by him in this regard shall inform the applicant the reasons thereof.
- (5) Every person who has been registered under sub-clause (1) shall maintain daily accounts in Form-C or Form-D, as the case may be and the records of the daily accounts shall be preserved for a minimum period of five years from the date of last entry.
- (6) Every person who has been registered under sub-clause (1) shall file quarterly return in Form-E or Form-F, as the case may be, to the concerned Zonal Director of the Narcotics Control Bureau having jurisdiction over the area.
- (7) The return of every quarter shall be filed before the last day of the month following that quarter.
- (8) Every person who has been registered under sub-clause (1) shall immediately report regarding any loss or disappearance of the controlled substance in Schedule-A to the concerned Zonal Director of Narcotics Control Bureau within whose area of jurisdiction such loss or disappearance occurred and a copy of the report shall also be endorsed to the Director General, Narcotics Control Bureau, New Delhi .

*Explanation. 1.-* For the purpose of this clause, the area of jurisdiction of a Zonal Director of Narcotics Control Bureau shall be the area as specified in the Appendix.

*Explanation. 2.-* For the purpose of this Clause, the expression "quarters" shall be January to March, April to June, July to September and October to December of every year.

**5. Surrender of registration.-** A holder of a registration number issued under sub-clause (1) of clause 4 may, if he so desires, surrender his registration by giving notice in writing to the issuing authority and obtaining acknowledgement therefor.

**6. Disposal of stocks on surrender of registration.-** The stocks of controlled substance in Schedule-A as may be in the possession of a holder of a registration number issued under sub-clause (1) of clause 4, on the surrender of his registration, shall be disposed of in such manner as may be specified by the issuing authority in this behalf.

**7. Transport of controlled substance in Schedule-A.—** (1) No consignment of controlled substance in Schedule-A shall be moved from one place to another place, within India, except when it is accompanied by a consignment Note in Form-G.

(2) The consignment Note shall be prepared in triplicate and the original and duplicate copies of the consignment Note shall be sent along with the consignment to the consignee, who shall return the duplicate copy to the consignor for retention after endorsing on the original and duplicate copies the particulars of quantity received by him.

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(3) In case of non-receipt of duplicate copy by the consignee, duly endorsed by the consignee acknowledging the receipt of the consignment of controlled substance, the consignor shall report loss or disappearance of the consignment in the manner provided in sub-clause (8) of clause 4 within forty-five days from the date of dispatch of the consignment.

(4) In the case of any consignment of controlled substance in Schedule-A is imported into India, such consignment from the port of entry to any warehouse or factory or business establishment or premises of the importer or consumer, as the case may be, shall be accompanied by a Bill of Entry.

(5) The consignment Note or the Bill of Entry, as the case may be, shall be preserved for a minimum period of five years by the consignor and the consignee or importer, as the case may be.

(6) No transporter shall carry any consignment of controlled substance in Schedule-A without a consignment Note or Bill of Entry.

(7) The transporter shall produce the consignment Note or Bill of Entry, as the case may be, when required by an officer empowered under section 42 of the Act.

(8) (a) Whenever controlled substance in Schedule-A are transported by motorised tankers or otherwise by packages, all the inlets and outlets of such tankers or packages, as the case may be, shall be sealed with tamper-proof seals each of which shall have identifiable description and such seal shall be affixed at the premises of the consignor and removed at the premises of the consignee.

(b) The description of tamper-proof seal affixed on such tankers or packages shall be entered on the consignment Note or Bill of Entry of each consignment.

(c) No person shall use or possess any tamper-proof seal which has identifiable description on it identical to another tamper-proof seal.

(9) Whenever a consignment of controlled substance in Schedule-A is transported from the area which comes within the jurisdiction of a Zonal Director of the Narcotics Control Bureau to an area which comes within the jurisdiction of another Zonal Director of the Narcotics Control Bureau, the consignor shall send a quarterly report to the latter Zonal Director in Form-H.

*Explanation.1.-* For the purpose of this clause, the expression "Bill of Entry" shall have the same meaning as defined in the Customs Act, 1962 (52 of 1962).

*Explanation.2.-* For the purpose of this clause, the jurisdiction of a Zonal Director of Narcotics Control Bureau shall be the area as specified in the Appendix.

**8. Selling of controlled substance in Schedule-A.**— No person shall sell a controlled substance in Schedule-A to a buyer who does not possess a valid registration number issued under sub-clause (1) of clause 4:

Provided that a controlled substance may be sold to a buyer specified in second proviso to sub-clause (1) of clause 4 without a registration number.

**9. Destruction of controlled substance in Schedule-A.**— (1) Any person intending to destroy a controlled substance in Schedule-A shall apply in Form-I to the concerned Zonal Director of the Narcotics Control Bureau having jurisdiction over the area.

(2) The Zonal Director of the Narcotics Control Bureau shall, within a period of thirty days of the receipt of an application in Form-I, appoint a Committee comprising a Gazetted Officer of the Narcotics Control Bureau, Superintendent of Central Excise of the concerned range and an authorised representative of the applicant for supervising the destruction of controlled substance in Schedule-A and any such destruction shall be carried out within a period of thirty days from the appointment of the Committee.

*Explanation.*— For the purpose of this clause, the jurisdiction of a Zonal Director of Narcotics Control Bureau shall be the area as specified in the Appendix.

**10. Export of controlled substance in Schedule-B.** — (1) No person shall export any controlled substance in Schedule-B except in accordance with the conditions of the No Objection Certificate issued by the Narcotics Commissioner.

(2) Anyone who intends to export a controlled substance in Schedule-B shall apply to the Narcotics Commissioner in Form-J for a No Objection Certificate.

(3) The Narcotics Commissioner shall issue or deny the No Objection Certificate within a period of twenty one working days from the date of receipt of application and in case the No Objection Certificate is not issued within the stipulated time period or denied, the Narcotics Commissioner or any other officer authorised by him in this regard shall inform the applicant the reasons thereof.

(4) The No Objection Certificate for export issued by Narcotics Commissioner shall be valid for a single consignment only.

(5) Every exporter shall submit the details and documents relating to the export, such as invoice, cargo manifests, customs, transport and shipping documents relating to the export of the controlled substance in Schedule-B which shall contain the details such as name of the controlled substance, quantity, name and address of the consignee, exporter and the importer, to the Narcotics Commissioner within a period of seven days of export.

**11. Import of controlled substance in Schedule-C.**— (1) No person shall import any controlled substance in Schedule-C except in accordance with the conditions of the No Objection Certificate issued by the Narcotics Commissioner.

(2) Anyone who intends to import a controlled substance included in Schedule-C shall apply to the Narcotics Commissioner in Form-K for a No Objection Certificate.

(3) The Narcotics Commissioner shall issue or deny the No Objection Certificate within twenty one working days from the date of receipt of application and in case the No Objection Certificate is not issued within the stipulated time period or denied, the Narcotics Commissioner or any other officer authorised by him in this regards shall inform the applicant the reasons thereof.

(4) The No Objection Certificate for import issued by the Narcotics Commissioner shall be valid for a single consignment only.

(5) Every importer shall submit the details and documents relating to the import, such as invoice, cargo manifests, customs, transport and shipping documents relating to the import of the controlled substance in Schedule-C which shall contain the details such as name of the controlled substance, quantity and the name and address of the consignee, exporter and the importer, to the Narcotics Commissioner within a period of seven days of import.

**12. Labeling of consignment for export or import.**— (1) Every container or vessel containing a controlled substance in a consignment for export or in a consignment which is imported shall be labeled prominently giving details of the name and quantity of the controlled substance, name and address of the exporter and importer and the consignee if any.

(2) The documents relating to the import or export of the controlled substance such as invoice, cargo manifests, customs, transport and shipping documents shall contain the details such as name of the controlled substance, quantity and the name and address of the consignee, exporter and the importer and the documents shall be preserved for a minimum period of five years.

**13. Repeal and savings.**— (1) The Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 1993 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken or purported to have been done or taken under the order repealed by sub-clause (1) shall, in so far as it is not inconsistent with the provisions of this order, be deemed to have been done or taken under the corresponding provisions of this order.

**SCHEDULE****[See clause 2 (d)]**

**SCHEDULE -A** (Schedule-A substances are those controlled substance whose manufacture, distribution, sale, purchase, possession, storage and consumption is subject to controls as specified in this Order.)

1. Acetic anhydride
2. N-Acetylanthranilic acid
3. Anthranilic acid
4. Ephedrine and its salts
5. Pseudoephedrine and its salts

**SCHEDULE-B** (Schedule-B substances are those controlled substance whose export from India is subject to controls as specified in this Order.)

1. Acetic anhydride
2. N- Acetylanthranilic acid
3. Anthranilic acid
4. Ephedrine, its salts and preparations thereof
5. Ergometrine and its salts
6. Ergotamine and its salts
7. Isosafrole
8. Lysergic acid and its salts
9. 3,4-methylenedioxyphenyl-2-propanone
10. Methyl ethyl ketone
11. Norephedrine (Phenylpropanolamine), its salts and preparations thereof
12. 1-phenyl-2-propanone
13. Phenylacetic acid and its salts
14. Piperonal
15. Potassium permanganate
16. Pseudoephedrine, its salts and preparations thereof
17. Safrole and any essential oil containing 4% or more safrole

**SCHEDULE -C** (Schedule-C substances are those controlled substance whose import into India is subject to controls as specified in this Order.)

1. Acetic anhydride
2. N-Acetylanthranilic acid
3. Anthranilic acid
4. Ephedrine, its salts and preparations thereof
5. Ergometrine and its salts
6. Ergotamine and its salts
7. Isosafrole
8. Lysergic acid and its salts
9. 3,4-Methylenedioxyphenyl-2-propanone
10. Methyl ethyl ketone
11. Norephedrine (Phenylpropanolamine), its salts and preparations thereof
12. 1-phenyl-2-propanone
13. Phenylacetic acid and its salts
14. Piperonal
15. Potassium permanganate
16. Pseudoephedrine, its salts and preparations thereof
17. Safrole and any essential oil containing 4% or more safrole

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## APPENDIX

## Area of jurisdiction of a Zonal Director of Narcotics Control Bureau

| SI. No. | Area                                                                                                           | Area jurisdictional Zonal Director of Narcotics Control Bureau                                                                                                                           |
|---------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.      | Delhi, National Capital Region (NCR) and Haryana.                                                              | Zonal Director,<br>Narcotics Control Bureau,<br>Delhi Zonal Unit,<br>West Block No. 1, Wing No. 7,<br>2 <sup>nd</sup> Floor, R.K. Puram, New Delhi – 110066.<br>Fax No. 011-26181449     |
| 2.      | State of Rajasthan (excluding the areas of the State included in National Capital Region)                      | Zonal Director,<br>Narcotics Control Bureau,<br>Jodhpur Zonal Unit,<br>Sector – 18E, Chaupasani Housing Board,<br>Jodhpur, Rajasthan.<br>Fax No. 0291-2510092                            |
| 3.      | States of Uttar Pradesh (excluding the areas of the State included in National Capital Region) and Uttrakhand. | Zonal Director,<br>Narcotics Control Bureau,<br>B-912, Sector-A, CID Colony,<br>Mahanagar Lucknow, Uttar Pradesh.<br>Fax No. 0522-2339411                                                |
| 4.      | States of West Bengal, Odisha, Sikkim and Union territory of Andaman and Nicobar islands.                      | Zonal Director,<br>Narcotics Control Bureau,<br>Eastern Zonal Unit, Kolkata,<br>4/2 Karaya Road, 3 <sup>rd</sup> Floor,<br>Kolkata, West Bengal – 700017.<br>Fax No. 033-22891957        |
| 5.      | States of Maharashtra and Goa.                                                                                 | Zonal Director,<br>Narcotics Control Bureau,<br>Mumbai Zonal Unit,<br>3 <sup>rd</sup> Floor, Exchange Building, Sprott Road,<br>Ballard Estate,<br>Mumbai, Maharashtra – 400001.         |
| 6.      | States of Kerala, Tamil Nadu and the Union territories of Puducherry and Lakshadweep.                          | Zonal Director,<br>Narcotics Control Bureau,<br>Chennai Zonal Unit,<br>C-3A, Rajaji Bhawan,<br>Besant Nagar, Chennai, Tamil Nadu – 600090.<br>Fax No. 044-24910937                       |
| 7.      | States of Punjab, Himachal Pradesh and the Union territory of Chandigarh.                                      | Zonal Director,<br>Narcotics Control Bureau,<br>Chandigarh Zonal Unit,<br>Electric Store Building,<br>Near Chitkara Int. School,<br>Sector -25(Wes), Chandigarh.<br>Fax No. 0172-2780108 |

|     |                                                                                         |                                                                                                                                                                                                                                                       |
|-----|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.  | State of Jammu and Kashmir.                                                             | Zonal Director,<br>Narcotics Control Bureau, Jammu Zonal Unit,<br>Chandan Vihar, H. No. 1, Lane-1,<br>Lower Roop Nagar, Muthi Camp, Jammu,<br>Jammu and Kashmir - 180005.<br>Fax No. 00191-2598029                                                    |
| 9.  | State of Gujarat and the Union territories of Daman and Diu and Dadra and Nagar Haveli. | Zonal Director,<br>Narcotics Control Bureau,<br>Ahmedabad Zonal Unit,<br>2 <sup>nd</sup> & 3 <sup>rd</sup> Floor, Screen Building,<br>Drive-in-Cinema, Drive-in-Road,<br>Thaltej, Ahmedabad, Gujarat - 380 054.<br>Fax No. 079-27497330               |
| 10. | States of Madhya Pradesh and Chhattisgarh.                                              | Zonal Director,<br>Narcotics Control Bureau,<br>Indore Zonal Unit,<br>19/C/A/SLICE-5, Scheme No. 78,<br>"Aranya", P.O.-Vijay Nagar,<br>Indore, Madhya Pradesh - 452 010.<br>Fax No. 0731-2557701.                                                     |
| 11. | States of Bihar and Jharkhand.                                                          | Zonal Director,<br>Narcotics Control Bureau,<br>Patna Zonal Unit,<br>67, Kautilya Nagar,<br>Near VB College Patna-14, Bihar.<br>Fax No. 0612-2296159.                                                                                                 |
| 12. | States of Assam, Arunachal Pradesh, Meghalaya, Mizoram, Nagaland, Tripura and Manipur.  | Zonal Director,<br>Narcotics Control Bureau,<br>Guwahati Zonal Unit,<br>House No. 25, S.K. Baruah Road,<br>1 <sup>st</sup> bye-lane, Dispur, Guwahati, Assam-781006.<br>Fax No. 0361-2229375                                                          |
| 13. | States of Karnataka and Andhra Pradesh.                                                 | Zonal Director,<br>Narcotics Control Bureau,<br>Bangalore Zonal Unit,<br>7/1&2, Priyanka Vilas, Ramanna Garden<br>Kattigenahalli, Bagalur Main Road,<br>Post - Air Force Station Yelahanka,<br>Bangalore, Karnataka - 560063.<br>Fax No. 080-28478316 |



**FORM-A****[See sub-clause (1) of clause 4]**

**Registration for manufacture / distribution / sale / purchase / possession / storage /  
consumption of controlled substance in Schedule-A**

Registration No \_\_\_\_\_

Date of issue: \_\_\_\_\_

\_\_\_\_\_ (Name and address) \_\_\_\_\_ is hereby registered to (strikeout  
whichever is not applicable)

(1) Manufacture

|  |
|--|
|  |
|  |
|  |
|  |

(3) Sale

(5) Possession

(7) Consumption

(2) Distribution

(4) Purchase

(6) Storage

(8) Others (Please specify)

|  |
|--|
|  |
|  |
|  |
|  |

following controlled substance in Schedule-A

| Sl. No. | Name of controlled substance in Schedule-A | Details of the premises |
|---------|--------------------------------------------|-------------------------|
|         |                                            |                         |
|         |                                            |                         |

2. This registration is subject to the conditions stated below and to such other conditions as may be specified in the order for the time being in force under the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985).

|                      |
|----------------------|
| <b>Official Seal</b> |
|----------------------|

Signature.....

Name in block letter.....

Designation.....

**Conditions of registration**

1. This registration is not transferable.
2. This registration shall be kept on the approved premises and shall be produced at the request of an officer designated / authorised for the purpose by the authority issuing this registration.
3. No controlled substance in Schedule-A, other than the substance for which this registration has been issued, shall be manufactured in the respective premises mentioned herein.
4. The holder of this registration shall inform the authority issuing this registration in writing in the event of any change in the constitution of the person or the entity operating under the registration. Where any change in the constitution of the person or the entity takes place the current registration shall be deemed to be valid for a maximum period of three months from the date on which the change takes place, unless in the meantime, a fresh registration has been taken from the authority issuing this registration in the name of the person or the entity with the changed constitution.





- (G) Definite boundaries of the business premises  
(Description should correspond to the land revenue records)

- 1) North : \_\_\_\_\_  
 2) South : \_\_\_\_\_  
 3) East : \_\_\_\_\_  
 4) West : \_\_\_\_\_

- (H) Details of property holding rights of the applicant with respect to the business premises for which registration is applied for (Please put  $\checkmark$  in appropriate box):

|                                                    |  |              |  |
|----------------------------------------------------|--|--------------|--|
| Ownership                                          |  | Lease / Rent |  |
| If owned whether                                   |  | Mortgaged    |  |
|                                                    |  | Hypothecated |  |
| Please specify details of mortgage / hypothecation |  |              |  |

- (I) Name designation and address of the person signing this Application Form and of the authorised persons:

- 1) Person signing this Application Form:

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Name                                                                                                                                             |                                              |
| Designation                                                                                                                                      |                                              |
| Address                                                                                                                                          |                                              |
| Contact numbers                                                                                                                                  |                                              |
| e-mail ID                                                                                                                                        |                                              |
| Conviction / pending cases under the Narcotic Drugs and Psychotropic Substances Act, 1985 (If yes, details should be given in a separate sheet). | Yes (Y) / No (N)<br><input type="checkbox"/> |
| Specimen signature                                                                                                                               |                                              |
| One copy of photo identity card issued by a Government Organisation / Election Commission to be attached                                         |                                              |

Note: (1) Above details in respect of all authorised persons shall be given in a separate sheet.

(2) Copy of the authorisation letter in respect of all persons shall be attached

**Part-III**

(A) Business transaction Numbers obtained from Government Agencies / Departments:

|                                                                  |  | Validity up to |
|------------------------------------------------------------------|--|----------------|
| Central excise registration number                               |  |                |
| Central sales tax number                                         |  |                |
| State sales tax number                                           |  |                |
| Sales tax registration number                                    |  |                |
| Customs registration number                                      |  |                |
| Directorate General of Foreign Trade's Import Export Code Number |  |                |
| Registrar of Companies CIN Number                                |  |                |
| Licence (s) issued under the Drugs and Cosmetics Act, 1940       |  |                |
| Others (please specify)                                          |  |                |

**DECLARATION**

I, \_\_\_\_\_ hereby declares that the information given in this Application Form is true, correct and complete in every respect and that I am authorised to sign on behalf of the applicant.

Date:

Place

(Signature of the applicant / authorised person with stamp)

**List of enclosures:**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_

**Note:**

- (1) Application Form should be signed on each page by the applicant / authorised person.
- (2) Any information not available at the time of submitting this Application Form shall be provided as and when available, even after the issue of registration.

**FORM-C**  
[See sub-clause (5) of clause 4]

**Register of manufacture of controlled substances in Schedule-A**

Registration number issued under sub-clause (1) of clause 4: \_\_\_\_\_

Month: \_\_\_\_\_ Name of controlled substance: \_\_\_\_\_

| Date | Quantity in hand at the beginning of the day | Quantity of the substance manufactured | Details of quantity of controlled substance sent out of the factory |               |                                                                                                             |
|------|----------------------------------------------|----------------------------------------|---------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------|
|      |                                              |                                        | Serial No.                                                          | Quantity sent | To Whom sent (Registration number, name and address of the person and location of the premises to be given) |
| 1    | 2                                            | 3                                      | 4                                                                   | 5             | 6                                                                                                           |
|      |                                              |                                        |                                                                     |               |                                                                                                             |

| Total quantity sent out of the factory | Handling losses, if any | Quantity in hand at the close of the day | Initial of the authorised person |
|----------------------------------------|-------------------------|------------------------------------------|----------------------------------|
| 7                                      | 8                       | 9                                        | 10                               |
|                                        |                         |                                          |                                  |

**Note:**

- (1) The quantity shall be indicated in kilograms.
- (2) This record shall be maintained on day-to-day basis and entries shall be made for each day the establishment opens for work irrespective of whether there is any transaction or not and entries shall be completed for each day before the close of the day and the person authorised to maintain the accounts shall put his initial after the entries. Each page of the register shall contain the running serial number.
- (3) If more than one controlled substance is dealt with, separate register shall be maintained for each of such substances.

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**FORM-D****[See sub-clause (5) of clause 4]****Register of consumption, sale, import or export of controlled substance in Schedule-A**

Registration number issued under sub-clause (1) of clause 4: \_\_\_\_\_

Month: \_\_\_\_\_

Name of controlled substance: \_\_\_\_\_

| Date: | Quantity in hand at the beginning of the day | Details of quantity of the substance received / imported |          |                                                                                      |                                    |
|-------|----------------------------------------------|----------------------------------------------------------|----------|--------------------------------------------------------------------------------------|------------------------------------|
|       |                                              | Sl. No.                                                  | Quantity | From whom received (Registration number, name and address of the person to be given) | Consignment Note/Bill of Entry No. |
| 1     | 2                                            | 3                                                        | 4        | 5                                                                                    | 6                                  |
|       |                                              |                                                          |          |                                                                                      |                                    |

| Details of quantity of the substance distributed/sold/exported /consumed |          |                                                                                                                    |                                   |          |                         |
|--------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|-------------------------|
| Sl. No.                                                                  | Quantity | To whom sold / sent (Registration number, name and address of the person and location of the premises to be given) | Consignment Note / Issue Slip No. | Consumed | Purpose for consumption |
| 7                                                                        | 8        | 9                                                                                                                  | 10                                | 11       | 12                      |
|                                                                          |          |                                                                                                                    |                                   |          |                         |

| Handling loss, if any | Quantity in hand at the close of day | Initial of the authorised person |
|-----------------------|--------------------------------------|----------------------------------|
| 13                    | 14                                   | 15                               |
|                       |                                      |                                  |

**Note:**

- (1) The quantity shall be indicated in kilograms.
- (2) This record shall be maintained on day-to-day basis and entries shall be made for each day the establishment opens for work irrespective of whether there is any transaction or not and entries shall be completed for each day before the close of the day and the person authorised to maintain the accounts shall put his initial after the entries. Each page of the register shall contain the running serial number.
- (3) If more than one controlled substance is dealt with, separate register shall be maintained for each of such substances.
- (4) In case of import / export, in place of registration number, number and date of the No Objection Certificate issued by the Narcotics Commissioner shall be indicated.
- (5) Strike out whichever is not applicable.

**FORM-E****[See sub-clause (6) of clause 4]****Quarterly return of manufacture of controlled substance in Schedule-A**

Return for the quarter ending on.....

1. Registration number issued under sub-clause (1) of clause 4
2. Name of the manufacturer
3. Address
4. Name of the controlled substance
5. Opening balance of the controlled substance at the beginning of the quarter
6. Details of manufacture and sale

| Manufacture  |          | Sale |                                                                                                 |                      |              |
|--------------|----------|------|-------------------------------------------------------------------------------------------------|----------------------|--------------|
| Date         | Quantity | Date | To whom sold (Registration Number, Name and address of the person and location of the premises) | Consignment Note No. | Quantity     |
|              |          |      |                                                                                                 |                      |              |
| <b>Total</b> |          |      |                                                                                                 |                      | <b>Total</b> |

7. Closing balance at the end of the quarter
8. Whether the return is filed within the due date: Yes / No
9. If the return is not filed within the due date, specify details of the fine paid for delay in submission of the return

Certified that the information given below is correct and the relevant records are available with me/us.

Signature:  
Name:  
Designation:

Date .....

**Note:**

- (1) The quantity should be indicated in kilograms.
- (2) For each controlled substance, separate return shall be sent.
- (3) This return is to be sent to the concerned Zonal Director of the Narcotics Control Bureau.
- (4) In case of import / export, in place of registration number, number and date of the No Objection Certificate issued by the Narcotics Commissioner shall be indicated.



**FORM-F**  
[See sub-clause (6) of clause 4]

**Quarterly return of receipt, import, sale, consumption or export of controlled substance**

Return for the quarter ending on .....

1. Registration number issued under sub-clause(1) of clause 4
2. Name of the seller, distributor, exporter, importer or consumer
3. Address
4. Name of the controlled substance
5. Opening balance of the controlled substance at the beginning of the quarter
6. Details of quantity received and sold, consumed or exported

| Receipt / Import |                                                                   |                                         |                              |       |
|------------------|-------------------------------------------------------------------|-----------------------------------------|------------------------------|-------|
| Date             | Received / imported from whom<br>(Name and address of the person) | Consignment Note No. / Bill of Entry No | Quantity received / imported | Total |
|                  |                                                                   |                                         |                              |       |

| Sale, Consumption or export |                                                  |                      |                                     |       |
|-----------------------------|--------------------------------------------------|----------------------|-------------------------------------|-------|
| Date                        | To whom sent<br>(Name and address of the person) | Consignment Note No. | Quantity sold / consumed / exported | Total |
|                             |                                                  |                      |                                     |       |

7. Closing balance at the end of the quarter
8. Whether the return is filed within the due date: Yes / No

Certified that the information given above is correct and the relevant records are available with me/us.

Signature:  
Name:  
Designation:

Date .....

**Note:**

- (1) The quantity should be indicated in kilograms.
- (2) For each controlled substance, separate return shall be sent.
- (3) Strike out whichever is not applicable.
- (4) In case of import / export, number and date of the No Objection Certificate issued by the Narcotics Commissioner shall be indicated under the column imported from whom / to whom sent.
- (5) This return is to be sent to the concerned Zonal Director of the Narcotics Control Bureau.

**FORM-G**  
[See sub-clause (1) of clause 7]

**Consignment Note**  
(To accompany a consignment of controlled substance)

| Sl. No.                             | Date and time of dispatch of the consignment                                                                                                                                                                                                                                                                                  |                                     |                |                        |  |              |            |  |  |  |  |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|------------------------|--|--------------|------------|--|--|--|--|
| 1.                                  | Registration Number of the consignor issued under sub-clause (1) of clause 4:                                                                                                                                                                                                                                                 |                                     |                |                        |  |              |            |  |  |  |  |
| 2.                                  | Name and address of the consignor :                                                                                                                                                                                                                                                                                           |                                     |                |                        |  |              |            |  |  |  |  |
| 3.                                  | Name and address of the consignee :                                                                                                                                                                                                                                                                                           |                                     |                |                        |  |              |            |  |  |  |  |
| 4.                                  | Registration number of the consignee issued under sub-clause (1) of clause 4:                                                                                                                                                                                                                                                 |                                     |                |                        |  |              |            |  |  |  |  |
| 5.                                  | Description and quantity of the consignment :-                                                                                                                                                                                                                                                                                |                                     |                |                        |  |              |            |  |  |  |  |
|                                     | <table border="1"> <thead> <tr> <th rowspan="2">Particulars of Controlled Substance</th> <th rowspan="2">No. of package</th> <th colspan="2">Quantity (in Kilogram)</th> </tr> <tr> <th>Gross Weight</th> <th>Net Weight</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Particulars of Controlled Substance | No. of package | Quantity (in Kilogram) |  | Gross Weight | Net Weight |  |  |  |  |
| Particulars of Controlled Substance | No. of package                                                                                                                                                                                                                                                                                                                |                                     |                | Quantity (in Kilogram) |  |              |            |  |  |  |  |
|                                     |                                                                                                                                                                                                                                                                                                                               | Gross Weight                        | Net Weight     |                        |  |              |            |  |  |  |  |
|                                     |                                                                                                                                                                                                                                                                                                                               |                                     |                |                        |  |              |            |  |  |  |  |

6. Mode of transport (Particulars of the transporter, registration number of the vehicle, R.R. / L. R. if the Transport is by Railway or Goods Transport, if any).
7. The total number of temper-proof seals affixed on motorised tankers / other packages and each of their description

Signature of the consignor with date  
(Name in capital letters)

7. Date and time of receipt by the consignee and his remarks

Signature of the consignee  
(Name in capital letters)

**Note :**

- (1) The consignment Note should be serially numbered on annual basis.
- (2) The consignor should record a certificate on the cover page of each book containing consignment Notes indicating the number of pages contained in the consignment Note-Book.
- (3) The books containing consignment Notes used or currently under use shall be produced to the authorised officer whenever called upon.

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**FORM-H**  
**[See sub-clause (9) of clause 7]**

**Quarterly report on transport of controlled substance to a consignee outside the zone of a consignor**

Return for the quarter ending on .....

1. Registration Number of the consignor issued under sub-clause (1) of clause 4:
2. Name of the consignor :
3. Address :
4. Name of the controlled substance :
5. Details of the consignments sent to the area of jurisdiction of the Zonal Director, Narcotics Control Bureau to whom the report is sent.

| Sl. No. | Dated on which sent | Quantity | To whom sent (indicate registration number issued under sub-clause (1) of clause 4, name and address) | Consignment Note No. | Mode of transport |
|---------|---------------------|----------|-------------------------------------------------------------------------------------------------------|----------------------|-------------------|
|         |                     |          |                                                                                                       |                      |                   |

Signature:  
Name in block letter:  
Designation:

Date .....

**Note:**

- (1) The quantity shall be indicated in kilograms
- (2) For each controlled substance a separate return shall be sent.

**FORM-I**  
[See sub-clause (1) of clause 9]

**Application for destruction of Controlled Substance in Schedule – A**

|     |                                                                                                                                              |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.  | Registration Number issued under sub-clause (1) of clause 4                                                                                  |  |
| 2.  | Name and address of the applicant                                                                                                            |  |
| 3.  | Name of the controlled substance                                                                                                             |  |
| 4.  | Quantity of controlled substance to be destroyed                                                                                             |  |
| 5.  | Type of packing and number of packages                                                                                                       |  |
| 6.  | Place of storage of the controlled substance, if different from Sr. No.2 above                                                               |  |
| 7.  | Reasons why such destruction is required                                                                                                     |  |
| 8.  | Manner and place where the controlled substance is proposed to be destroyed.                                                                 |  |
| 9.  | Whether the quantity of controlled substance is appearing in Form 2 or 3 Register, if yes enclose copy of the relevant page of the register. |  |
| 10. | Whether the quantity of controlled substance is appearing in the returns filed, if yes enclose copy of the last return filed.                |  |

Date:

Place:

Signature:

Name:

Designation

**Note:**

- (1) The quantity shall be indicated in kilograms.
- (2) For destruction of each controlled substance in Schedule-A, separate application shall be sent.
- (3) This application is to be sent to the concerned Zonal Director of the Narcotics Control Bureau.

**FORM-J**  
**[See sub-clause (2) of clause 10]**

**Application form for export of controlled substance in Schedule-B**

|                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
|-------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|------------------------------------------------------------|
| 1. Exporter (name, address, telephone and fax number):<br><br>Drug/ Trade Licence number: _____ |          | 2. NOC Number:<br>Date of issue:<br>Place of issue:<br>*Valid upto:<br><i>(To be filled up by Central Bureau of Narcotics)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                      |                                                            |
| 3. Central Excise registration number and issuing authority:                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
| 4. Importer (name and address)<br><br>Licence or registration number: _____                     |          | 5. Issuing authority (name, address and tele-facsimile numbers):<br>Narcotics Commissioner of India,<br>Central Bureau of Narcotics, Ministry of Finance,<br>19, The Mall, Morar, Gwalior, Madhya Pradesh-474006,<br>INDIA<br>Tel. No. : 91-751-2368121 and 2368996/2368997<br>Fax No. : 91-751-2368111/2368577<br>Website: <a href="http://cbn.nic.in">http://cbn.nic.in</a> , <a href="https://cbnonline.gov.in">https://cbnonline.gov.in</a><br>Email: <a href="mailto:narcom@sanchamet.in">narcom@sanchamet.in</a> , <a href="mailto:narcommr@cbn.nic.in">narcommr@cbn.nic.in</a> |                         |                      |                                                            |
| 6. Other operator/agent (name and address)                                                      |          | 7a. Import Certificate/ NOC No. :<br>7b. Issuing authority (name and address) :<br><br>Telephone No. :<br>Fax number :                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |                                                            |
| 8. Ultimate Consignee (in case of re-sale) (name and address) :                                 |          | 9. Point of exit from India :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10. Mode of transport : |                      |                                                            |
|                                                                                                 |          | 11. Point of entry into importing country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12. Route :             |                      |                                                            |
| 13. Full name of substances to be exported:                                                     | Quantity | Weight/ Volume per unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. HS number           | 15. CAS number       | 16. Net weight of controlled substance :<br>(In Kilograms) |
| (1)                                                                                             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
|                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
|                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
| Number of packets/cartons:                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | 17. % of mixture :   |                                                            |
| Weight/Volume of each packet/carton                                                             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                      |                                                            |
| Cost per unit/kg :                                                                              |          | In Rs. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | In US \$ .....          |                      |                                                            |
| Total cost :                                                                                    |          | In Rs. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | In US \$ .....          | 18. Invoice number : |                                                            |

| <b>BACKGROUND INFORMATION TO BE SUBMITTED BY EXPORTERS</b>                                                                                                                                                                                                                                 |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <i>(The questions below are information about transaction and are intended to assist the Central Bureau of Narcotics to deal expeditiously with this application. Failure to provide full answers may lead to a delay in the issue of the NOC)</i>                                         |             |
| 19. Is the export for the purpose of re-export? If so please provide details.                                                                                                                                                                                                              | YES/NO      |
| 20. Has your company been authorised previously by the Central Bureau of Narcotics to export the chemical(s)? If so, please provide references and dates for last 3 exports.<br>(1).....<br>(2).....<br>(3).....                                                                           | YES/NO      |
| 21. Is the consignee a new customer for this chemical. If so, what is nature of customer's business?<br>To what use will the chemicals be put?                                                                                                                                             | YES/NO      |
| 22. Was the order made directly or through a broker? If through broker please provide name and address :                                                                                                                                                                                   | YES/NO      |
| 23. a) What is the means of payment for the transaction?<br>b) Name and address of payee _____<br>c) Name and address of banker who will remit the payment _____<br>d) Name and address of the bank in which the payment will be received _____                                            |             |
| 24. Please give details of customer's instructions for packaging and labeling of consignment:<br>.....                                                                                                                                                                                     |             |
| 25. Is the consignment destined for, or will it transit, a free trade zone, free port or bonded warehouse? If so please provide details :                                                                                                                                                  | YES/NO      |
| 26. Has authorisation for the import been obtained from the competent authorities of the importing country?<br>As evidence please attach original copies of import authorisation /NOC and any other relevant documentation.                                                                | YES/NO      |
| 27. Are you a manufacturer exporter? If so, from where you procure the raw material/finished product? Name and address of supplier/manufacturer along with the quantity and price thereof. Copy of the drug licence of the supplier of the raw material, wherever applicable.              | YES/NO      |
| 28. Are you a trader exporter? If so, from where you procure the controlled substance(s)? Name and address of supplier/manufacturer along with the quantity and price thereof. Copy of the drug licence of the supplier/ manufacturer of the controlled substance(s), wherever applicable. |             |
| 29. Declaration by applicant:<br><br>I confirm that, to the best of my belief, all the information provided in this application is true.<br><br>Signature : ..... Position in company/firm : .....                                                                                         |             |
| Name : ..... (Applicant)<br>Representing : .....<br>Date : .....                                                                                                                                                                                                                           | Stamp/ Seal |

**List of documents to be submitted along with application form**

- (i) copy of the registration under sub-clause (1) of clause 4 of this order if the controlled substance is also in Schedule-A
- (ii) Purchase order placed by the buyer / agent for the proposed export;
- (iii) Original import certificate issued by the competent authority of the importing country (wherever applicable);

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