Annex-II

Application Form for NOC/Authorization

Subject: **Import/Export/Distribution/Sale of Precursor Chemical namely _____**

Dear Sir,

We, M/s _____ Registration No._____ request in the honour of the Competent Authority i.e. the Secretary, Ministry of Narcotics Control to grant us NOC/Authorization for the import/export/distribution/sale of precursor chemical namely _____. IF-II with all information and relevant documents is enclosed.

2. We hereby declare that we will comply with all instructions issued by the Competent Authority to control the diversion of the said chemical from licit trade to illicit manufacturing of narcotic drugs. We also declare that we will extend our full cooperation to the Competent Authority to prevent diversion of precursor chemicals.

Yours _____

Signature _____

Full Name _____

Designation _____

Stamp _____

IF-II

1. Name of firm _____
2. Registration No._____
3. Name of Chemical to be imported / exported / distributed / sold _____

   _____
4. Quantity to be imported / exported / distributed / sold _____

   _____
5. Present Stock position _____
6. Name of exporting / importing firm _____
7. Name of Exporting Country_____
8. Expected Schedule for Utilization _____

   _____
9. Per annum production _____

Signature _____

Full Name _____

Designation _____

Stamp _____

IF-III

1. Name of firm _____ ___
2. Registration No._____
3. Name of Chemical _____
4. Imported quantity _____
5. Copy of bill of adding _____
6. Copy of Bill of Entry of the current consignment _____
7. Copy of Stock Register having the entry of the consignment _____

   _____
8. Date on which the consignment was released from Customs_____

   _____
9. Proposed schedule of utilization _____

Signature _____

Full Name _____

Designation _____

Stamp _____

IF-IV

Consumption Report for the Year- - - - - - -

NAME OF FIRM----------
REGISTRATION NO. ----------
NAME OF CHEMICAL IMPORTED/EXPORTED/DISTRIBUTED----------
NAME OF PRODUCT MANUFACTURED----------

Period	Previous Balance	Local Purchase	Imported from (firm & country)	NOC number & date	Total Stock	Consumption	Balance
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Total							

Above report is up till (dd/mm/yyyy)_____

Name_____
Designation_____

SIGNATURE & STAMP OF AUTHORIZED PERSON

Annex-A

Sales Detail

M/s _____

Sr. No.	Name of Firm	Quantity purchased	Date of purchase	NOC No and date (issued to purchasing firm)	Contacts Details Phone/Fax/E-mail Website etc

SIGNATURE OF AUTHORIZED PERSON

