**DETAIL OF QUANTITY OF CONTROLLED SUBSTANCE(S) TO BE DESTROYED/DISPOSED OFF**

Name of firm/applicant……………………………….. Address………………………………………….DML/or DSL No...............................................

1. **DETAIL OF APIs (RAW MATERIAL/PRECURSOR CHEMICAL(s))**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Name of Controlled Substance(s)** | **Allocation/Import Authorization/NOC # with date** | **Batch No.** | **Import Invoice No with Date** | **Quantity to be destroyed**  | **Date of expiry** | **Reasons of Destruction** | **Remarks, if any** |
|  |  |  |  |  |  |  |  |  |

1. **DETAIL OF FINISHED PRODUCTS (Locally Manufactured/Finished Import)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. #**  | **Brand Name of the Drug with Dosage Form** | **Registration #** | **Composition of the Controlled Substance** | **Batch No.** | **Date of Manufacture** | **Import Invoice No with Date (for Finished import)** | **Pack size** | **Quantity in hand to be destroyed** | **Date of expiry** | **Reasons Of Destruction** | **Remarks** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Pack size of the Finish Drug  | Strength |  |  |  |  |  |  |
| Pack size |  |  |  |  |  |  |
| 2 | Unit Packs to be destroyed. |  |  |  |  |  |  |
| 3 | Quantity of Controlled Substance in above stated quantity of product |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| ***\*****Add rows if required.* |  | **Name, Seal & Signature**C.E.O/MANAGING DIRECTOR/AUTHORIZED PERSON |