**Check List for Allocation of Quota of Registered Pharmaceutical Products Containing Narcotic/ Controlled Substances to the Tertiary Care Hospitals**

**Located in Islamabad Capital Territory (ICT), Islamabad.**

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| **Sr. #** | | **Name of Document** | **Yes/No** | **Page#** | **Remarks** |
| **1** |  | Application is for first time/routine allocation or for Supplementary Quota. |  |  | First time/ Routine/Supplementary |
| **2** |  | Documented evidence for previous allocation |  |  |  |
|  | (a) | Copy of Recommendation letter by DRAP |  |  |  |
|  | (b) | Copy of approval/NOC letter issued by Ministry of Narcotics Control, Islamabad |  |  |  |
|  | (c) | Copy of Purchased invoices with signature date and stamp of In charge Head of Pharmacy Department of Hospital and countered signed by Head (MS/CEO/ED) of the hospital. |  |  |  |
|  | (d) | Extension letter for purchase of controlled drugs (if applicable) |  |  |  |
|  | (e) | Copy of previous consumption verification report by panel |  |  |  |
| **5** |  | Consumption detail of last allocation as per format foryear ………… |  |  | ………Ampoules/Oral unit dose |
| **6** |  | Average consumption of last allocation per month |  |  | ………Ampoules/Oral unit dose |
| **7** |  | Percentage consumption of previous allocation **(Not less than 60%)** |  |  |  |
| **8** |  | * The Hospitals/Institutions shall submit the Undertaking on stamp paper stating that the quota granted previously has been consumed in the licit use for patient care management and new quota will also be consumed for licit use and maximum precaution will be taken to avoid any possible diversion/pilferage. * All other documents/information submitted information are true and correct. |  |  |  |

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| **Name, Seal & Signature**  CEO/MD of Hospital/Institute |

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| **Name, Seal & Signature**  CEO/MD/Head of Pharmacy Department of Hospital/Institute |