**CHECK LIST FOR ALLOCATION OF QUOTA OF CONTROLLED SUBSTANCE(S)**

Name of Applicant firm with complete Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Controlled Substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity Demanded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Name of Document** | **Yes/No** | **Page#** | **Quantity****(where applicable)** | **Remarks** |
| **1** | 1.1 | Application is for | **I**. Routine allocation  | **II.** First Time  |  |  |  |  |
| **III.** Enhancement  |
| **2** | 2.1 | Notarize Undertaking on stamp paper for fulfillment of conditions of previous allocation letter as per **format**. |  |  |  |  |
| **3** | 3.1 | Sales reported in the IMS along with IMS data, if applicable. |  |  |  |  |
| **4** | 4.1 | Quota allocation letter and Import Authorization for the year , 2017 |  |  |  |  |
|  | 4.2 | Quota allocation letter and Import Authorization for the year, 2016 |  |  |  |  |
|  | 4.3 | Quota allocation letter and Import Authorization for the year, 2015 |  |  |  |  |
| **5** | 5.1 | Notarized Copies of Purchase invoices cleared/attested by Assistant Director, DRAP (for Imported Controlled Substances) and Notarized Copies of Purchase Invoices (for Locally Purchased Controlled Substances). |  |  |  |  |
| **6** | 6.1 | Manufacturing record for the year, 2017 as per **format**. |  |  |  |  |
|  | 6.2 | Manufacturing record for the year , 2016 as per **format**. |  |  |  |  |
|  | 6.3 | Manufacturing record for the year , 2015 as per **format**. |  |  |  |  |
| **7** | 7.1 |  Consumption for the year 2017 supported by documents of sales record as per **format**. |  |  |  |  |
|  | 7.2 | Consumption for the year 2016 supported by documents of sales record as per **format**. |  |  |  |  |
|  | 7.3 | Consumption for the year 2015 supported by documents of sales record as per **format**. |  |  |  |  |
|  | 7.4 | Consumption for the each year supported by documents of sales record as per **format**. (If Applicable). |  |  |  |  |
|  | 7.5 | Average consumption for the three years |  |  |  |  |
|  | 7.6 | Percentage (%) of Consumption of last allocation (Manufacturing and Sales) |  |  |  |  |
| **8** | 8.1 | Consumption certificate from concerned Assistant Director, DRAP for the **Morphine, Pethidine, Codeine, Buprenorphine, Phenobarbitone, Alprazolam, Diazepam, Pentazocine and Fentanyl.** |  |  |  |  |
| **9** | 9.1 | Undertaking on stamp paper for licit manufacturing as per **format**. |  |  |  |  |
| **10** | 10.1 | Copy of the valid Registration letter of the drug (with status of renewal) |  |  |  |  |
| **11** | 11.1 | Copy of valid Drug Manufacturing License (with status of renewal) |  |  |  |

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| **Name, Seal & Signature of MD/CEO/Authorized Person**  |