**SALE RECORD FOR THE YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w.e.f. 1ST JANUARY TO 31ST DECEMBER)**

**TO BE SUBMITTED ALONG WITH THE APPLICATION OF QUOTA ALLOCATION FOR THE YEAR\_\_\_\_\_\_\_\_\_\_**

NAME OF THE CONTROLLED SUBSTANCE …………………………CARRY OVER FINISHED STOCKS FROM PERVIOUS YEAR …………Kg/Gram

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Name (Brand) of the Drug**  | **Registration #** | **Pack Size** | **Batch Number** | **Date of Manufacture** | **Quantity of Packs Manufactured** | **Name of the Distributor (s) with Address, City and Province** | **Quantity Sold** | **Warranty Number/ Sale Invoice with date** | **Remarks** |
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| 1 | Pack size with strength of Finished Drug of Commercial Packs and Physician sample \* | Strength |  |  |  |  |  |  |  |
| Pack size |  |  |  |  |  |  |  |
| 2 | Total Unit Packs sold |  |  |  |  |  |  |  |
| 3 | Quantity of raw material consumed (Gram/Kg) |  |  |  |  |  |  |  |
| 4 | Total Unit Packs unsold (lying in warehouse) |  |  |  |  |  |  |  |
| 5 | Quantity of raw material for Unit Packs unsold (Gram/Kg) |  |
| 6 | Total Quantity of raw material consumed (Gram/Kg) |  |

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| --- | --- | --- |
| **Name, Seal & Signature**DIRECTOR/ MANAGER SALES | **Name, Seal & Signature**AUTHORIZED WARRANTOR | **Name, Seal & Signature**MANAGING DIRECTOR/ CHIEF EXECUTIVE OFFICER |
|  |  |  |

\*Add row(s) where required