**SECONDARY SALE RECORD/DATA 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)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. #**  | **Brand Name of the Drug**  | **Registration #** | **Pack Size** | **Batch Number** | **Date of Receiving**  | **Quantity of Packs Received** | **Name of the Distributor (s)/Chemist/Pharmacy with Complete Address to whom the stock(s) sold** | **Quantity Sold** | **Warranty Number/ Sale Invoice with date** | **Remarks** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Pack size with strength of the Finished Drug of Commercial packs **\*** | 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**Managing Director/ Chief Executive Officer/Proprietor Of The Distributor  |  | **Name, Seal & Signature**Managing Director/Chief Executive Officer Of The Manufacturer |

 **\***Add row(s) where required.