

FORM NO. 3-J
[See rule 52 R (1)(d)]

ESTIMATE OF ANNUAL REQUIREMENT OF ESSENTIAL NARCOTIC DRUGS

Estimate for the year		:		Date of submitting estimate		:	
1.	Number and date of the current certificate of recognition			:			
2.	Name of the Recognised Medical Institution			:			
3.	Details of the estimated annual requirement of essential narcotic drugs			:			
Sl.No	Name of essential narcotic drug	Quantity disbursed during the previous year	Estimated annual requirement	Revised estimated annual requirement	Reason for revision		
(1)	(2)	(3)	(4)	(5)	(6)		

Please attach copy of the original estimate

Full Name/Designation (if any)

Signature of the overall in charge