

**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)**

Date:

Place:

Seal:

**Signature of the overall in charge**

Signature:

Full Name:

Designation: