

FORM NO. 3J

[See rule 52T(1)]

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 the essential narcotic drug	Quantity disbursed during 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."