**"FORM NO. 3B**

[See rule 52A(3)]

**SPECIAL AUTHORISATION FOR POSSESSION OF**

**ESSENTIAL NARCOTIC DRUGS BY REGISTERED MEDICAL PRACTITIONER**

Authorisation No_____ Date of issue_____

……is hereby authorised to possess the following essential narcotic drugs on the premises situated at……for use in his practice.

Name of essential narcotic drug Quantity

(1)

(2)

2. The authorisation shall be in force from ……..to……..

3. The authorisation is subject to the conditions stated below and to such other conditions as may be specified under the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985) and the rules made thereunder.

Signature……

Designation……..

**Conditions of authorisation**

1. This authorisation is not transferable.
2. This authorisation and any certificate of renewal in force shall be kept on the approved premises and shall be produced at the request of an officer detailed for the purpose by the issuing authority.